

# Long-Term Care COVID-19 Commission Meeting

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



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MEETING OF THE LONG-TERM CARE COVID-19 COMMISSION

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--- Held via Zoom Videoconferencing, with all  
participants attending remotely, on the 11th day of  
February, 2021, 10:30 a.m. to 11:50 a.m.

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BEFORE:

The Honourable Frank N. Marrocco, Commission Chair;  
Angela Coke, Commissioner.

PRESENTERS:

Participant 1;  
Participant 2;  
Participant 3;  
Participant 4;  
Participant 5;  
Participant 6.

PARTICIPANTS:

Alison Drummond, Assistant Deputy Minister,  
Long-Term Care Commission Secretariat;  
Ida Bianchi, Senior Legal Counsel, Long-Term Care  
Commission Secretariat;  
Angeline Hawthorn, Senior Policy Analyst, Long-Term  
Care Commission Secretariat;  
Dawn Palin Rokosh, Director, Operations, Long-Term

1 Care Commission Secretariat;  
2 Alain Doust, Team Lead, Long-Term Care Commission  
3 Secretariat;  
4 Union Representative 1;  
5 Union Representative 2;  
6 Union Representative 3;  
7 Union Representative 4;  
8 Union Representative 5.

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10 ALSO PRESENT:

11 McKaya McDonald, Stenographer/Transcriptionist.

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1 -- Upon commencing at 10:33 a.m.

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3 COMMISSION CHAIR FRANK MARROCCO: Good  
4 morning, everybody.

5 PARTICIPANT 4: Good morning.

6 PARTICIPANT 1: Good morning.

7 ALISON DRUMMOND: So there's just one  
8 more person coming in, so we should be able to  
9 start in just a couple minutes.

10 IDA BIANCHI: Okay. Good morning,  
11 Participant 6.

12 PARTICIPANT 6: Good morning.

13 IDA BIANCHI: Is that all we're waiting  
14 for Alison? Do you know?

15 You're on mute.

16 ALISON DRUMMOND: Just a second. I'm  
17 just checking.

18 IDA BIANCHI: Okay.

19 ALISON DRUMMOND: So I'll wave when you  
20 can start.

21 IDA BIANCHI: Okay. Great.

22 Okay. Good morning, everyone. My name  
23 is Ida Bianchi, and I'm one of the lawyers at the  
24 Long-Term Care Commission, and I'm one of the  
25 facilitators today. My co-facilitator is Alison

1 Drummond who is the assistant deputy minister in  
2 charge of the commission secretariat.

3 I want to thank -- start by thanking  
4 the unions we work with for their incredible effort  
5 at getting folks here to share information with the  
6 commissioners and the rest of the commission team.

7 It's very important for us to hear from  
8 you. The firsthand experience really helps to  
9 breathe life into the issues that the commission  
10 has been asked to weigh in on. So thank you very  
11 much, all of you, for coming.

12 I do -- as many of you saw this  
13 morning, I, myself, have had connectivity issues,  
14 and that's a perennial problem in the world we live  
15 in today. So I may get kicked off. You may get  
16 kicked off. If you do get kicked off, I suggest  
17 you reach out to Angeline Hawthorn who you have an  
18 email for, and she'll put you back in the meeting.

19 The session is being recorded today by  
20 a court reporter who's present, McKaya McDonald.  
21 She won't be saying anything, but she'll be busy  
22 capturing your words. And the transcripts are  
23 going to be posted on our website which is why we  
24 haven't identified you by your name, and probably  
25 your union representatives have explained that to

1 you so that does guarantee you a little bit of  
2 anonymity, but it doesn't mean that the transcript  
3 is confidential.

4           And if you have any concerns about  
5 sharing information that you think might identify  
6 you even if your name's not identified, I would  
7 suggest that you don't share it in the meeting. If  
8 you feel it's important for us to know, you can  
9 reach out to Angeline later who can set up a  
10 telephone call, and we can take that information  
11 over the phone confidentially.

12           So we're going to begin the session  
13 today with some introductory remarks from  
14 Commissioner Angela Coke who is the lead  
15 commissioner for the meeting today. Commissioner  
16 Frank Marrocco is also present and listening. And  
17 I -- Commissioners Kitts, the third commissioner,  
18 would have loved to be here, but he had a conflict  
19 in his schedule but sends his regrets.

20           We will start by posing a question to  
21 you and then asking for your answers. And we'll go  
22 in the order that you came into the meeting, so  
23 we'll start with Participant 1 and finish with  
24 Participant 6.

25           In order to hear from you all on both

1 questions, we ask that you try to limit yourself to  
2 four minutes for the answer. I know that that's  
3 really not a lot of time to share information that  
4 is probably difficult and painful for you, and I'm  
5 sorry about that. We would love to give you more  
6 time, but we have only two hours, and we would like  
7 to hear from everyone that's in the meeting.

8 Alison will lead the round on the  
9 second question, and, again, you'll have four  
10 minutes to answer that question as well. If  
11 there's anything you aren't able to cover in your  
12 first speaking time, you could add that to the  
13 second round of -- when you're answering the second  
14 question.

15 I'd like to now turn it over to  
16 Commissioner Coke who will open the session.

17 Thank you, Commissioner Coke.

18 COMMISSIONER ANGELA COKE: Thank you,  
19 Ida.

20 Good morning, everyone, and thank you  
21 for participating in this meeting. My name is  
22 Angela Coke, and I am one of the three  
23 commissioners appointed by the government to lead  
24 this commission.

25 As mentioned, chair of our commission,



1 Frank Marrocco, is here with us today, and the  
2 other commissioner, Dr. Jack Kitts, sends his  
3 regrets.

4 So as you know, this independent  
5 commission was set up to investigate the spread of  
6 COVID-19 in long-term care homes including how  
7 residents, staff, and families were impacted.

8 Governments often set up commissions or  
9 inquiries when tragic events occur, and their  
10 purpose is to investigate what happened and why and  
11 to make recommendations to ensure it doesn't happen  
12 again.

13 Now, most commissions and inquiries are  
14 established after a tragedy has occurred. Ours is  
15 a little bit different in that we are carrying out  
16 our work in the middle of this ongoing crisis.  
17 And, you know, given the urgency of the situation,  
18 we have been carrying out our investigation by  
19 primarily interviewing people and organizations who  
20 may have information that's relevant to our  
21 mandate, and that's helped us to work quickly. We  
22 have already made two sets of interim  
23 recommendations to assist the government in dealing  
24 with the pandemic as it's unfolding.

25 Now, as I mentioned, one of the key

1 issues that we've been asked to investigate is how  
2 residents, staff, family members, and others have  
3 been impacted by the spread of COVID. And we've  
4 already heard from residents and family  
5 associations and from union representatives, but we  
6 really, really need to hear directly from you, the  
7 staff that are working in the homes, and we're very  
8 grateful that you've agreed to participate in this  
9 meeting. I cannot stress enough the importance of  
10 hearing from you, your personal experiences, your  
11 voices. And so, again, I thank you very much for  
12 taking the time to be with us today.

13           What we would like to do, though, is,  
14 before I turn it back over to our facilitators, I  
15 would ask you to just join me in observing a moment  
16 of silence for the residents and the staff of  
17 long-term care homes who have died from COVID-19.

18           Thank you.

19           IDA BIANCHI: Thanks, Commissioner  
20 Coke. I forgot to mention earlier in my opening  
21 comments it would be great if you could mute  
22 yourself as we proceed. There's always a bit of  
23 noise in the background. My dog tends to bark at  
24 really inconvenient times, and so it would be  
25 helpful if all of us kept ourselves on mute until

1 we talk -- until we speak.

2 Participant 1, I'm going to start with  
3 you, and I'm going to read the question that we'd  
4 like an answer for.

5 Please tell us about your experience  
6 working in long-term care during the pandemic. How  
7 has the pandemic impacted you, your job, and your  
8 ability to provide care?

9 PARTICIPANT 1: Hi there. It's been  
10 devastating, to say the least, and -- sorry, I'm  
11 really nervous to speak.

12 IDA BIANCHI: It's okay. Take your  
13 time. We really want to hear from you, so you have  
14 an audience of sympathetic listeners. So,  
15 please...

16 PARTICIPANT 1: I think for a lot of us  
17 on the front lines, it was very devastating and  
18 heartbreaking. And, you know, the directives were  
19 constantly changing, so our heads were spinning at  
20 times. And we were trying to do the best care that  
21 we could with the tools and resources that were --  
22 that we had.

23 And, you know, we became each other's  
24 support system. There wasn't a lot of support, so  
25 PSWs were supporting each other through this and

1 trying to be there as best we could for our  
2 residents as well as their families couldn't be  
3 there. And --

4 Sorry, I'll read the question again. I  
5 probably got off track there. I know at the start  
6 of our COVID outbreak -- I'm actually not from the  
7 northern region. I couldn't attend the one in my  
8 region due to my -- I work afternoons.

9 But at the start of our outbreak in the  
10 facility I work in, I was modified, and there was  
11 several other staff members that were, too. And at  
12 the beginning of our outbreak, a lot of our staff  
13 couldn't work due to personal reasons leaving us,  
14 you know, very little staff available. So us  
15 modified workers jumped in to help out where the  
16 help was needed.

17 And during the first few weeks of the  
18 outbreak, the directives for the PPE were all over  
19 the place. Every day, every minute of the day, it  
20 was changing. It was wear a mask one day and don't  
21 wear a mask the next. It was wear a gown and mask  
22 for your whole shift in and out of all the rooms,  
23 and it was don't do that. It was -- it was all  
24 over the place. Everything we learned about  
25 donning and doffing was basically thrown out the

1 window.

2 We were denied N95s. You know, the  
3 staffers -- we were trying to stand up for  
4 ourselves as best we could, but we were told no, we  
5 weren't allowed those.

6 We were having to work with very, very  
7 short -- very short staff. There was only a small  
8 handful of us. I would say I -- there was more --  
9 but on my shift, there was, you know, a small  
10 handful each and every day coming in that were --  
11 you know, did not contract COVID.

12 At the time, at the first few weeks of  
13 our outbreak in April, a lot of our staff, I  
14 believe, contracted COVID due to the misdirective  
15 of the PPE. And, you know, so then we were even  
16 quite a bit shorter of staff, and --

17 Yeah, sorry. I'm trying to go back and  
18 remember everything. I know it's been a little  
19 while, but yeah. And then -- I'm sorry.

20 IDA BIANCHI: That's okay. How about  
21 if I ask you do you remember how many staff were --  
22 like, how many residents each staff was responsible  
23 for on a shift you worked on?

24 PARTICIPANT 1: Yeah. We were -- my --  
25 on my shift, we were responsible for 12 residents

1 if we were fully staffed. When the outbreak hit  
2 and as it proceeded, it was going upwards to  
3 residents/PSW.

4 And these are -- I worked on the  
5 COVID -- the COVID floor, so these were very sick  
6 residents. And, you know, we really did the best  
7 we could. It was devastating.

8 IDA BIANCHI: That's --

9 PARTICIPANT 1: It really was -- it  
10 really was devastating.

11 IDA BIANCHI: That's a lot of people to  
12 have to be responsible for their care on a shift.  
13 I'm sorry. That's --

14 PARTICIPANT 1: Yeah, I note the one --  
15 the one area of our building had no PSWs, and I had  
16 to train newcomers and take care of  
17 residents. And there, unfortunately, was not much  
18 training going on.

19 I mean, it's one of those things.  
20 You're taking care of residents or you're training.  
21 You just can't do both, unfortunately. And I  
22 apologized to the girls and the way we went -- I  
23 did the best I could.

24 And --

25 IDA BIANCHI: Thanks.

1 PARTICIPANT 1: Yeah.

2 IDA BIANCHI: Thanks, Participant 1.  
3 Participant 2, would you like me to  
4 read the question again?

5 PARTICIPANT 2: I have the question in  
6 front of me, but thank you.

7 So --

8 IDA BIANCHI: Okay.

9 PARTICIPANT 2: Thank you for allowing  
10 me the opportunity to speak. I'm an RPN, and I  
11 have worked for over -- for about nine years in the  
12 field.

13 We haven't had COVID within the home,  
14 luckily. But we've been on several outbreaks due  
15 to staff members testing positive on several  
16 occasions, and it's been hard because staff don't  
17 know what to do. The directions keep on changing,  
18 sometimes on a daily. It's physically, mentally,  
19 and emotionally draining on myself and all of my  
20 coworkers.

21 I know it -- we've been indirectly  
22 affected by the -- by all of the different orders.  
23 We've been indirectly affected by staff only being  
24 able to work in one home as our staff numbers have  
25 dwindled. And being fully staffed, a normal unit

1 would have, on my shift -- I work on days -- would  
2 have RN, RPNs, and PSWs.

3 And often enough, we're lucky if we  
4 have one RN. We're -- we have RPN. And I  
5 would say on a normal day, it's PSWs which --  
6 but it has gone down to having only PSWs in  
7 some shifts which is taking care of -- PSWs,  
8 and then they bring in these resident care aides to  
9 help assist, and it's PSWs to residents.

10 And it is hard to get your work done  
11 when you're dealing with people with many different  
12 issues. They're being isolated from their family.  
13 They're being isolated from even a lot of  
14 activities within the home because they don't want  
15 residents getting together.

16 So their activities are dwindling, and  
17 they're actually acting out and punching staff,  
18 punching -- me, myself, I've been punched numerous  
19 times trying to administer medications.

20 Realistically, it's unsafe for me to be  
21 giving medications to residents by myself.  
22 It's -- not to mention, there's people that are  
23 dying due to natural causes, and you're trying to  
24 spend your time with them as much as you can. And  
25 these people -- it's very heartbreaking seeing



1 these residents pass away alone.

2 And I'm trying to do my best to comfort  
3 them and be there with them in their last few  
4 moments because PSWs are trying to do whatever they  
5 can. And I -- it's impacted my care because I'm  
6 trying to triage my work by doing what is the most  
7 important. And then things that could be left, I'm  
8 doing them as I'm able to.

9 And then there's the, as I'll call it,  
10 the fluff work that could be left until the next  
11 shift. Or for somebody else, I'm trying to get  
12 that work done which needs to be done due to all  
13 the other reasons. But I'm trying to do it as the  
14 best of my ability.

15 And when we go on outbreak, I'm even --  
16 I'm trying to even isolate myself more from my  
17 partner because I don't want my partner contracting  
18 anything. And it's stressful, and some days right  
19 after work, I get home, and I sit in my car, and I  
20 cry for a few minutes before I walk inside because  
21 I don't want to show that it's been that hard of a  
22 day working trying to do what I can for the  
23 residents.

24 And some days, because I know that the  
25 residents don't have very much time with people,

1 I'll take extra time before I leave work to talk to  
2 them because they have nobody else to be there.  
3 Those are the more cognitively well, but I spend  
4 whatever time I can, 15-20 minutes. And by the  
5 time I leave work, it's closer to an hour late, and  
6 it's because I care. And --

7 IDA BIANCHI: That's really kind of  
8 you.

9 PARTICIPANT 2: It's --

10 IDA BIANCHI: That's super kind. I --  
11 we've -- well, you know, we've heard -- we've heard  
12 how wonderful staff can be to residents. We've  
13 heard it from the residents. We've had sessions  
14 like this with residents, and many of them talk  
15 about the care they get from their staff and how  
16 important that is to them. So your work isn't  
17 unappreciated by the folks you care for. Thank  
18 you, Participant 2.

19 PARTICIPANT 2: Thank you.

20 IDA BIANCHI: Participant 3?

21 PARTICIPANT 3: Good morning. I'm like  
22 Participant 1. I'm not from this region. But due  
23 to work, I was unable to join in ours. So I'm  
24 happy to speak.

25 And first, I want to say we -- my home

1 was hit very hard in our first wave. We had  
2 COVID-positive residents and staff with  
3 deaths. We're in a -bed home.

4 Within our first case of  
5 COVID-positive, in the first hours, we had  
6 members go off and take a leave out of fear,  
7 childcare, anxiety, and just the unknown. Within  
8 hours, our total rose to members. That left  
9 us with staff to run -resident home.

10 I'm going to start with the job and the  
11 ability to provide care. The pressure has  
12 increased with the constant changing and  
13 directives. The workload has increased due to our  
14 declining residents of their health and  
15 mental/physical state.

16 Behaviours and violent outbursts at  
17 bedside care have increased due to the isolation,  
18 limited access to no access to social activities  
19 and stimulation, and continuous rushing of care.  
20 Their emotional and social needs are not being met  
21 with little to no companionship. The care is just  
22 a fast-paced assembly line.

23 Over all, staffing is in a worse crisis  
24 than prior to this pandemic. It's not an appealing  
25 sector to go and risk your life for almost \$20 an

1 hour in any department.

2           The allotment of being able to hire  
3 unqualified, uneducated and, in some cases,  
4 unresponsive and unempathetic workers with little  
5 to no recourse has added a workload -- has added to  
6 our workload, our behaviours, resident safety, as  
7 well as staff safety and stability.

8           We lost a lot of our staff, , in all  
9 departments to higher paid jobs when the one  
10 workplace was put in. Most of them -- those jobs  
11 went to hospital and a municipal home where wages,  
12 schedules, and hours were more inviting and a  
13 better living wage and stability income.

14           PPE was on another issue. With limited  
15 to no easy access, corporations worried more about  
16 their budget and their dollar signs than value and  
17 dignity of their staff and residents. They still  
18 wanted to see their business succeed even if it  
19 meant a result in death.

20           How has it impacted me? It's painted a  
21 picture, a very clear one. And I'm sorry. This is  
22 a very emotional topic for me.

23           Long-term care workers are not valued.  
24 We're not seen as an essential piece, and we are  
25 the backbone in this sector. Exhaustion,

1 malnourishment, mental and physical breakdowns  
2 happen daily, as you heard from Participant 1.

3           You cry coming into work. You cry  
4 during work. You cry after work. You're vomiting  
5 in locker rooms. You try to hold it together  
6 before going home to your loved ones, if that's an  
7 option with this COVID, as most of us do isolate  
8 from them.

9           PTSD is on a rise on our front lines.  
10 Guilt weighs heavy. We are very compassionate,  
11 caring people. I am risking my life to save  
12 someone's mother or father while isolating from my  
13 own. Stress is unbearable. Little to know sleep  
14 with night tremors.

15           Have you ever had to bag a body, a body  
16 of a loved one? It's horrific, an emotional  
17 roller-coaster ride. And I did it           times, and  
18 it still -- and, still, I have night tremors and  
19 nightmares to this day.

20           These residents are our family.  
21 They're our loved ones. The after-effects and  
22 flashbacks are taking a toll on my health as well  
23 as my coworkers'.

24           Burnout is at an all-time high. 12- to  
25 16-hour shifts are a hard reality now, maybe even

1 going up to 20 due to the dangerous staffing  
2 levels, overall safety of each other, and  
3 financially being able to put food on our tables  
4 and a roof over our heads.

5 I never leave my shift feeling  
6 accomplished or feeling satisfied. It's  
7 heartbreaking knowing that so much more is left  
8 undone. Thank you.

9 IDA BIANCHI: Thanks. Thanks for that,  
10 and I'm very sorry for all that you've experienced.

11 Participant 4?

12 PARTICIPANT 4: Thank you.

13 IDA BIANCHI: Would you like me to  
14 reread the question or...

15 PARTICIPANT 4: No, that's okay. Yeah,  
16 thank you for letting me speak. I'm also not in  
17 the northern area, and my experience comes from an  
18 RN. And I actually haven't been working since last  
19 May. I will just give you part of my story.

20 So I was working the evening of  
21 April 3rd when we -- our facility went into  
22 outbreak. There was a lot of crying from staff and  
23 unknowns as to how to proceed. I did explain that  
24 night to the management team that it was required  
25 that we use N95s to care for any probable or

1 positive COVID-19 residents.

2 I had been asked previous to this -- so  
3 that was in April. The previous October, they had  
4 asked me to be part of their infection control  
5 committee and team which I did. So --

6 Anyways, so each day I worked after  
7 April 3rd, I requested an N95 and was never  
8 provided with one. I was told by management that  
9 they did have 700 expired N95s that had expired in  
10 2014. They were kept locked up. I eventually  
11 brought in my own from home to use.

12 I had also gone into the assistant  
13 director of care's office where they had some of  
14 the expired ones they were using for fit testing,  
15 and I would bring them out and place them on the  
16 desk for the PSWs to use if they wanted to.

17 So at one point, I, again, asked the  
18 administrator for N95s for myself and for other  
19 staff to care for COVID-19 residents. She stated  
20 she couldn't give them to us because it was  
21 unsustainable.

22 She then, later that day, came out and  
23 said she didn't know how to go about giving us the  
24 N95s and how it would work. So I tried to explain  
25 to her, you know, that they could give one to every

1 staff at the beginning of the shift, and we would  
2 wear our surgical masks over that and change the  
3 surgical masks as needed so they could provide us  
4 with the care -- I mean, the PPE that we needed.

5 I became sick with probable COVID-19 on  
6 April 20th. While I was off ill, my friend and  
7 coworker contracted COVID-19, and he passed away.  
8 I remember the day after the first PSW in Ontario  
9 passed away from COVID.

10 I, again, had approached the  
11 administrator after she had seen the news story,  
12 and I explained that the story stated that staff  
13 were given N95s the day after the PSW had died. I  
14 then asked her if that's what she was waiting for,  
15 and she could not give me an answer.

16 After I returned to work, I was off for  
17 a month. I thought that things would have improved  
18 after my coworker's death. They had not changed.  
19 The N95s were still locked up in the management's  
20 offices.

21 I went around and I spoke to PSW staff  
22 on how things had been going, and they said that  
23 they stopped asking because they were belittled  
24 and -- every time that they had went and asked for  
25 them, so they just gave up.



1                   We also had issues with the lack of  
2 essential equipment to safely care for our  
3 residents. At one point, I was working when one of  
4 our residents passed away, and I did not even have  
5 a stethoscope to assist in pronouncing death.

6                   We also had a lack of thermometers. We  
7 were sharing one thermometer with a screener at the  
8 front door and between the COVID-positive and the  
9 non-COVID units.

10                  And as other homes do often, we didn't  
11 have sufficient staff. We didn't have sufficient  
12 staff often prior to COVID. It did not improve  
13 after because PSWs and other staff -- if -- you had  
14 to choose which facility you worked at because many  
15 of ours had to work at both or more than one  
16 facility to be able to have a living wage. The  
17 outbreak only made it worse at that point.

18                  So I actually -- when I came back to  
19 work on May 19th, I made -- my head may not have  
20 been in the right place. There was a lot going on.  
21 I actually resigned the same day. I felt that I  
22 couldn't go. I couldn't work for a facility that  
23 didn't take seriously the safety of the residents  
24 or their staff, and that's -- I did resign that  
25 day. So that's how I felt.

1 IDA BIANCHI: Thanks, Participant 4.  
2 I'm sorry for everything you've gone through.

3 PARTICIPANT 4: Thank you.

4 IDA BIANCHI: Participant 5?

5 PARTICIPANT 5: Hi. Can you hear me?

6 IDA BIANCHI: Yeah, I can.

7 PARTICIPANT 5: Okay. I'm on my phone,  
8 so I wasn't sure. I can relate to a lot of what  
9 everybody has been saying because it just -- we've  
10 been through that at our facility as well, not  
11 having enough staff before this -- anything even  
12 started.

13 We did just finish a pretty bad  
14 outbreak at my facility. It began in , and  
15 it just ended this , so it was almost  
16 months. In the end, residents passed  
17 away. I can't -- I'm not sure the exact numbers of  
18 how many residents and staff, but it was, like,  
19 very, very high numbers of residents and staff who  
20 did contract COVID-19.

21 I'm just going to talk mostly about the  
22 outbreak that we went through because it was -- it  
23 was horrible. Like, I don't know how, really, to  
24 describe it unless you've been in it. Originally,  
25 they locked down the whole area where the staff

1 member who had tested positive was working.

2 This was a dementia unit, so we had a  
3 lot of wandering residents. They kept the staff on  
4 that floor including -- like, normally, as  
5 housekeepers, you do to home areas; dietaries do  
6 two home areas. They kept us all on one floor.

7 And at the time, there was

8  
9 . And they expected us to keep  
10 all these residents in their rooms, no wandering  
11 and what not. We begged them for extra help. We  
12 said "we can't do it. They're out and about all  
13 the time." And we were told "there is nobody  
14 else." You know, "figure it out."

15 I'll give you one example. I work as a  
16 housekeeper. I walked into one resident's room.  
17 He was still laying in his bed. There was another  
18 gentleman sitting at the foot of his bed and a  
19 woman sitting in his chair. They were kind of  
20 having their little conversation.

21 So we managed to get them out, but that  
22 was just one example of these residents in an  
23 outbreak. They don't understand, and there was not  
24 much we could do to keep them with the limited  
25 staff we had.

1           Up to that point, we had been getting  
2 swabbed twice a month for COVID. Once the outbreak  
3 occurred, it was every five days. And as I said,  
4 it started with the lockdown on one floor, and  
5 eventually, by the end, it went through the entire  
6 building.

7           By that -- after the                    had  
8 tested positive -- by the following           , the  
9 first        residents came back positive,  
10

11           And I remember that my RPN came to me  
12 and told me that, and she looked me right in the  
13 eyes, and she -- pardon my language. She says  
14 "we're fucked." And that basically summed it up  
15 because from there, I just -- everything just  
16 snowballed.

17           And it went throughout the -- like I  
18 said, it went through the whole building. Staff  
19 members on the floor who you're with every day were  
20 starting to get sick from COVID and going off.

21           They -- the management kept putting in  
22 the paper that "oh, we're bringing in all this  
23 extra staff and agency staff is there," but they  
24 hadn't brought anybody in yet. They may have been  
25 planning it, but nobody was there. It was still

1 just the limited number of staff members trying to  
2 deal with all of this.

3 It was just -- like, everything at work  
4 was just completely different. They locked down  
5 the two wings where the residents' rooms are and  
6 kept the centre area as kind of, like, a green  
7 space where we could stay in. But you always had  
8 to have your mask and your face shield or goggles  
9 on.

10 But the PPE thing did change every day  
11 for us as well. Like, every time you went in, it  
12 was different things you could do regarding PPE,  
13 resident care, just everything. It was constantly  
14 changing back and forth. Very hard to keep up  
15 with.

16 Where am I here. Sorry, I have some  
17 notes. And like I said, the COVID just kept  
18 spreading throughout all the residents and staff on  
19 the floor. Then they started to cohort other  
20 residents from other floors down to our floor.

21 So normally there was only residents  
22 on my floor. They brought down extra people.

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And that didn't sit well with any of us who work on the floor, and our executive director said it wasn't their decision. Public Health made that decision, and they had to follow every single thing Public Health said.

And I know one of my coworkers -- that was kind of the start of the end for him, like, seeing that. And this is just one example. And then other things going along -- the way management was treating us, et cetera -- he ended up going off work for stress because he just -- he couldn't handle that. It was too much.

And like I said, there was a lot of staff going off because of health issues, daycare issues, family issues, fear, like, all kinds of different reasons.

There was one day -- like I said, I work as a housekeeper. I was at work. Most of the

1 full staff I worked with were off. I had to go up  
2 and down the halls because there was agency workers  
3 in there by that point. They didn't know any of  
4 the residents, so they -- even if they knew the  
5 basic job, they didn't know the residents. They  
6 didn't have that connection with them that we all  
7 do.

8 So I was going up and down the hall,  
9 and I'm serving the food, and I'm directing them.  
10 "Okay. Go feed this person. When you're done  
11 that, go feed this person. And when you're  
12 done --" you know, and just kind of going along,  
13 and it was so overwhelming.

14 Like, we were so far into it, and I  
15 remember saying to one of my coworkers who had been  
16 there for a while too, the dietary aide, and I said  
17 "I can understand when you hear about homes in  
18 southern Ontario or wherever that staff walked out  
19 because I understand that."

20 We all understood that because you're  
21 so overwhelmed, and you don't have any extra  
22 support. Like, management is not on the floor  
23 helping us out. They're not throwing on a set of  
24 PPE and walking around and feeding people. We are  
25 having to do that, and then we're getting in

1 trouble. "Why didn't you feed this resident right  
2 away?" "Because we were feeding six other people."

3 So it was extremely overwhelming. And  
4 I remember one day wanting to just walk right out  
5 the door. And I happened to be feeding this one  
6 resident. And just the way she looked at me, it  
7 was like "you're the reason why I'm staying because  
8 you need me here," and so I stayed and continued  
9 on.

10 We also didn't have any of our regular  
11 RNs. They all were off. So we had new RNs coming  
12 in who didn't know the building, didn't know the  
13 residents, didn't know us. Couldn't get ahold of  
14 them if you needed to call the RN. They never  
15 answered the phone. I think for a while the phone  
16 was even out of commission. Managers, nobody  
17 answered their phones either.

18 Some of the management actually walked  
19 around and said "well, you know, staff is going off  
20 because they're not wearing their PPE properly.  
21 And if they did it properly, they wouldn't have  
22 gotten COVID."

23  
24 Like I said,  
25 was off for a



1 few weeks. When I went back to work, by that  
2 point, a lot of the residents on my home area had  
3 been starting to resolve. They did put more --  
4 they had kind of pulled it together a little bit as  
5 far as having, like, proper PPE and having a system  
6 down where you had to don -- you know, put on a new  
7 gown before you went into the resident's room. And  
8 just -- everything was very -- laid out very clear,  
9 so it was a little bit better for that part.

10 IDA BIANCHI: Hey, participant 5?

11 PARTICIPANT 5: Yeah?

12 IDA BIANCHI: Hi, thanks. We're at  
13 7 minutes now, and I'm just --

14 PARTICIPANT 5: Oh, I'm so sorry.

15 IDA BIANCHI: No, no, it's okay. I was  
16 so absorbed in your story.

17 PARTICIPANT 5: Sorry about that.

18 IDA BIANCHI: No, that's okay. If you  
19 have more to say, maybe we could add it to the  
20 second round.

21 PARTICIPANT 5: Okay. I'll add the  
22 impact part to the second round.

23 IDA BIANCHI: Okay. Thanks so much.

24 PARTICIPANT 5: Yeah, of course. I'm  
25 so sorry. I didn't realize I was talking that

1 long.

2 IDA BIANCHI: No, no, no. It's on me.  
3 I should --

4 PARTICIPANT 5: I could go on for an  
5 hour about this, to be honest with you. I've got  
6 lots to say, but I apologize.

7 IDA BIANCHI: Thanks.

8 PARTICIPANT 5: Thank you.

9 IDA BIANCHI: And if there's -- I want  
10 to repeat to everyone if there's something that  
11 you -- at the end of this call, if there's  
12 something that remained unsaid, and you think it's  
13 important, reach out. I'll speak to you after the  
14 call -- or after this meeting. Thanks.

15 Participant 6?

16 PARTICIPANT 6: Oh, hi. Thank you for  
17 having me today. I am not a PSW. I'm actually  
18 activity staff, and I have seen firsthand the  
19 impact of this COVID-19 on our residents and our  
20 staff.

21 , we  
22 had a mask-fitting clinic. And everything was  
23 done, and then the pandemic hit. No one could get  
24 any of the N95s because they were -- only the  
25 management staff were wearing N95. They were -- I

1 mean, we had a DOC. ADOCs plus other staff,  
2 management staff, dietary what not -- nobody came  
3 out to help the PSWs. The whole place was shut  
4 down because residents were dying, and staff was  
5 sick.

6 So they were feeding in the rooms.  
7 They had all the meals coming to the rooms, and  
8 staff were limited because people chose the other  
9 higher-paying jobs when the COVID started.

10 So the activity people were helping to  
11 feed. We were staying with residents in the rooms  
12 because they're not allowed to go out. So even  
13 when they're sick, we implemented a thing where we  
14 had face chat -- FaceTime. So we would bring the  
15 tablet in the rooms so the families can see them  
16 and talk with them, and that's the only sort of  
17 comfort they had. We weren't allowed to do group  
18 programs. We weren't allowed to do anything.

19 I had been called into rooms with staff  
20 who were trying to use a mechanical lift. They're  
21 not allowed to do it without two people. They  
22 don't have the staff to do two people, so they're  
23 asking "please come and stand with me. I'm not  
24 allowed to do it, but I have no choice."

25 The management team were nowhere to be

1 found. They're just staying in their office, not  
2 coming out, not helping to feed. Not helping. Not  
3 giving any proper directives. It was just so, I  
4 mean, chaotic and a mess. We know that in the  
5 certain situation where it's -- nobody knows what's  
6 happening with this COVID, it's normal to run away,  
7 of course. But they chose -- in a fight or flight  
8 situation, they chose the flight and left the staff  
9 with no safety and no security, no PPE. They had  
10 to be reported for them to bring proper PPE to give  
11 to the staff. People were getting sick. It was so  
12 sad.

13 Residents, as, prior to, was said,  
14 their activities, their stimulation was  
15 nonexistent, basically. It was -- they're getting  
16 aggressive. They're getting bored. They're  
17 sitting in the room. You can't keep them from  
18 going to the next neighbour's room because this  
19 neighbour has a TV. This one don't have a TV. So  
20 they migrate. They go over to where the TV is,  
21 where they can get a little bit of stimulation.

22 It's horrible. I've seen people  
23 crying. I, myself, have been off sick. Mental  
24 health issues are so -- I don't know. The thing is  
25 with the -- this -- every day, they're changing.

1 "Do this." "Do this." And if you ask, they give  
2 you one face shield, and you must wear that face  
3 shield for months and months and months and months.  
4 Mine happened to break because it was one of those  
5 hard-case one. And I went to ask for another one,  
6 and I was asked

7  
8  
9 All these questions just to get a new  
10 face shield. Meanwhile, she had piles and piles of  
11 it locked up in her office, the DOC. And you can't  
12 get to it. It's like Fort Knox. It's so bad.  
13 It's horrible. Horrible situation.

14 Every single day you see residents  
15 coming from hospital. They have a mask under their  
16 chin straight through the building from the front  
17 throughout the whole unit and the back. And turned  
18 out -- I said to one person "please tell that  
19 resident to put the mask up from under her chin."  
20 And a few days later, she tested positive for  
21 COVID-19 and then whole place shut down again.

22 And this mask -- outbreak -- people  
23 have died. Staff came in and felt that they  
24 weren't well and asked to leave, and they wouldn't  
25 let her leave. And she had COVID, and then those

1 residents have COVID. Oh, my goodness. Really,  
2 really, this stuff, it's just horrible.  
3 Unbelievable difficult situation.

4 IDA BIANCHI: Thanks, participant --  
5 Participant 6?

6 PARTICIPANT 6: Yeah.

7 IDA BIANCHI: Thanks for that. We're  
8 going to move to the second question, but if  
9 there's -- again, I'll repeat. If there's anything  
10 you want to add, you can add it when it's your turn  
11 again on the second question or speak to me later.  
12 It's fine.

13 PARTICIPANT 6: Okay.

14 IDA BIANCHI: Thank you. Thanks so  
15 much.

16 I'm now going to turn it over to my  
17 co-facilitator Alison who will lead round on the  
18 second question.

19 Alison?

20 ALISON DRUMMOND: Thanks very much,  
21 Ida. And so I'll -- I think you've all received  
22 the second question, but I'll just read it so that  
23 that's what you're thinking about.

24 So reflecting on your experience that  
25 you've just talked to us about, is there anything

1 that could have been done that would have made the  
2 situation better? What's the most important thing  
3 that the commissioners need to know as they  
4 consider recommendations?

5 And I'm just -- I'm also just going to  
6 quickly ask if you're not speaking, if you could  
7 mute so that the court reporter can capture what  
8 you're saying.

9 And I'm going to turn to Participant 1  
10 to speak to what you think the commissioners need  
11 to know.

12 PARTICIPANT 1: Reflecting back on my  
13 experience, just -- I didn't add in the first  
14 question, but I did like to add is we had  
15 residents positive, I believe staff members  
16 positive, and deaths in the facility I worked  
17 at.

18 Reflecting back, I -- you know, I  
19 question was there a plan? Was there a plan in  
20 place for a pandemic plan? And, you know, with all  
21 the constant changing of the directives from the  
22 Ministry, from Public Health, you know, I -- if  
23 there was a plan, you know --

24 I believe it wouldn't have rolled out  
25 that way maybe if there was, but if we had the

1 proper staffing -- because before COVID, even  
2 before the pandemic hit, you know, there's been  
3 major staffing issues in the homes in healthcare in  
4 general.

5           And, you know, when COVID hit, my  
6 facility -- staff were leaving left, right, and  
7 centre. And, you know, I never got COVID, and --  
8 somehow I didn't get it. You know, I self-isolated  
9 from my family for three months. It was        days  
10 that my house was -- my home was in outbreak.

11           And, you know, just reflecting back on  
12 it, I just -- I feel guilty. I feel guilty that  
13 there -- I didn't do enough, but I didn't have the  
14 power, you know? I'm just a PSW. And I know -- I  
15 know I'm not just a PSW, but we feel like we're  
16 just PSWs.

17           And without the frontline workers, you  
18 know, on the floors, these places would have fell  
19 apart. And we had a couple -- out of the several  
20 managers that we had, we had a couple actually step  
21 up on the floor and work as PSWs. And they now  
22 know how hard it is, and they were falling apart  
23 through it all.

24           And, you know, reflecting back, I  
25 guess, you know, you can't -- you can't bring



1 people back. I feel devastated for these family  
2 members. You know, I want them to know that we did  
3 everything that we could, that we treated them like  
4 they were our own, and we really care for them. We  
5 really do. You know, we understand that they are  
6 someone's mother and someone's father.

7 And it's just -- it's just taken a  
8 mental toll on a lot of us, and we're all feeling  
9 burnt out, and I'm sorry. I'm just -- I'm not -- I  
10 know everybody has so much prepared stuff, but it's  
11 just...

12 Another thing I wanted to add, too, is  
13 with all the denial of the N95s and everything --  
14 and we had to --

15 You know, I worked on a COVID-positive  
16 unit. I ended up walking out the one day from  
17 work. At the start of my shift, several staff  
18 members and I went to our DOC. We begged her for  
19 N95s, and she said "no, you will not be getting  
20 them. They are for hospital workers, not for us."  
21 And at this point, there was so much fear and  
22 anxiety. And I have a family I have to protect,  
23 too, and I feel very guilty about what I did.

24 And the next day, the DOC had us --  
25 made us come in her office. And she showed me all

1 the PPE that she locked up, and she told me that  
2 none of us would be getting any of it.

3 And I just want to go back on floor and  
4 be with my residents. I did. And it wasn't  
5 something I could take back that I did. I left  
6 that day, but understandably -- I'm sorry, I'm so  
7 emotional.

8 I truly love these residents, and I  
9 care for them like my own family. And there's been  
10 so much cries and helps, and nobody listens to us.  
11 We're just PSWs. And how are we supposed to be the  
12 eyes and ears of these residents if nobody's going  
13 to listen?

14 This whole process has been devastating  
15 to watch, even for the ones who were lucky enough  
16 to survive it. They are feeling so isolated. They  
17 haven't seen fresh air, some of them, in a year and  
18 a half. They haven't been outside. And, you know,  
19 we understand it. We understand as PSWs. We've  
20 been there with them. We've been there through  
21 this whole process.

22 And, you know, going for our swabs  
23 every week, get swabbed, and now to find out next  
24 week we're going to start getting swabbed three  
25 times a week. And at this point, honestly, it's

1 just -- I'm feeling burnt out. A lot of us are.

2 And we're feeling like is this torture?  
3 Because we're -- long-term care got hit so bad.  
4 Are they trying to torture us now? Our nostrils --  
5 I can't even -- they can't even swab my right  
6 nostril. I've been swabbed so many times. And my  
7 left one's almost done. So what's going to happen?  
8 I won't be able to work because I can't prove a  
9 negative test every week?

10 I mean, they've left us in these  
11 predicaments, and it's beyond frustrating. It's  
12 beyond overwhelming. It's been -- I just feel like  
13 nobody listens to us. Nobody respects us. But yet  
14 without a PSW, the place would have fell apart.  
15 Without the nurses, without the PSWs -- it's all we  
16 had was each other.

17 ALISON DRUMMOND: Thank you. Thank you  
18 very much, Participant 1. We really do appreciate  
19 it.

20 I'm going to -- I'm going to turn to  
21 Participant 2 now to speak to the same. What would  
22 you want the commissioners to know looking back on  
23 your experience?

24 PARTICIPANT 2: So reflecting back, one  
25 thing that is right at the front would be talking

1 to staff and implementing change and asking the  
2 staff what they think those changes can be because  
3 we're the ones working through it. We're the ones  
4 that see what needs to happen.

5 And definitely better access to PPE  
6 would be definitely an important one because, as  
7 everybody else has mentioned -- where I work is no  
8 different -- PPE is locked up in cages inside our  
9 managers' offices. There's a humongous cage of  
10 PPE, hand sanitizer, you name it. It's in there,  
11 in a -- locked up in a cage in the director of  
12 care's office. And it's sad. And these are  
13 supplies that should be going to the staff so that  
14 we can help protect ourselves and the residents.

15 Other changes that should have been  
16 better implemented would be things coming down from  
17 the government and -- because apparently a lot of  
18 these rules are coming down from the government.  
19 They seem to occur on a Friday and around 4.

20 And when we try to ask questions by our  
21 managers, we get told "oh, well, it could wait  
22 until Monday." And we're getting told to follow  
23 these directions when we have questions for the  
24 weekend. So it -- we don't know if we're doing it  
25 right, if we're doing it wrong, or what.

1                   Other things that could be done to make  
2 the situation better is having the same pay for  
3 everybody throughout the province for all  
4 classifications. So if you're a PSW, you should be  
5 making the same regardless of where you work in the  
6 province even in the city because I know we've lost  
7 a lot of people to the municipal-run home in the  
8 city here.

9                   Minimum staffing levels would be of  
10 great help. I know that the government has  
11 mentioned that they plan on implementing it in  
12 regulation, but that's going to be in a few years.  
13 That's not now, so it doesn't help us with our  
14 current predicaments.

15                   And the most important things for the  
16 commission -- the commissioners to know as they  
17 consider recommendations, the problems have been  
18 there years before the pandemic hit. It just --  
19 the pandemic just made it worse and made it go onto  
20 our -- onto the staff.

21                   And the government doesn't do enough to  
22 protect the staff when it gets into a home. It  
23 must be the staff bringing it into the home. And  
24 it isn't always the case. How it gets into the  
25 home, none of us know, but it's sad that it's

1 always getting blamed on the frontline workers.  
2 We're the ones that are bringing it in. We're the  
3 ones that are doing this to our residents.

4 And we care about our residents. As I  
5 said, I spend extra time at work talking to them,  
6 trying to console them and be somebody to listen to  
7 them. And we all go into this field because we  
8 care about residents. We care about trying to help  
9 all these people.

10 We're trying to do the best that we can  
11 with the limited resources that we have, the  
12 limited PPE that we have, and the limited staff  
13 that we have. We're trying to do more with less,  
14 and it's sad, and we're all burnt out. We're all  
15 tired.

16 And something needs to change, and  
17 better pay and better recognition for all PSWs,  
18 all -- all staff in long-term care including nurses  
19 and the housekeepers and the cooks because we're  
20 all important pieces and including activity aides.  
21 Thank you.

22 ALISON DRUMMOND: Thank you very much.  
23 And I'll repeat what Ida said earlier that we've  
24 had a lot of sessions with residents and with  
25 families and have been -- and the work of the staff

1 in the homes is very much appreciated by them.

2 I'm going to go to Participant Number 3  
3 now, please.

4 Um --

5 PARTICIPANT 3: Sorry, there. Am I  
6 unmuted?

7 ALISON DRUMMOND: Yeah.

8 PARTICIPANT 3: Okay. So what could  
9 have been done better in this situation? With my  
10 home going into a COVID outbreak in the first wave,  
11 access -- the access to swabs in a pro-activity  
12 approach.

13 Frontline workers were not being  
14 swabbed early enough. They would only do any  
15 residents with symptoms, so I think that would have  
16 definitely helped because COVID did take over our  
17 home, and it took over our home very quickly.

18 More community support: We had reached  
19 out to Public Health who declined to come in and  
20 help and support us. So eventually our hospital  
21 stepped in and helped support and came in and  
22 helped with layout as they were the experts when it  
23 came to this.

24 Cohorting was introduced late after --  
25 like I said, COVID just rapidly spread.

1                   Emergency orders and directives: Like  
2 Participant 2 said, they came out late in the week.  
3 They were continuously changing, and they were  
4 sometimes without clear explanations or tools  
5 provided.

6                   PPE accessibility: Now, with my  
7 corporation, I have to say I work with -- for a  
8 very reasonable, small corporation. We had -- we  
9 were assured our PPE. The problem was -- is we  
10 were borrowing within our corporation, within our  
11 other long-term care homes, and within their other  
12 facilities that carried it because the  
13 accessibility to ordering and the realistic numbers  
14 that we needed were not available to us.

15                   Our pandemic supply, what we thought  
16 was a three-month supply kept in house, was a hard  
17 reality of three weeks tops when you have to, you  
18 know, don and doff 30 to 40 times in a shift.

19                   Holding corporations accountable for  
20 the lack of responsibility to protect lives that  
21 built their bank accounts. These families entrust  
22 us -- like Participant 1 said, they entrust us to  
23 take care of their loved ones, but they also trust  
24 the incorporations. And as workers in any  
25 department, we succeed their business. Long-term



1 care is a business, and we make that business  
2 succeed for them.

3 Another thing we found was drastic  
4 thinning of quality tasks of charting. Charting is  
5 very timely. And if you don't get the charting  
6 done, Ministry comes in, and you get findings on  
7 it. So the consequences of not -- of charting.

8 And without allowing the ability to  
9 hire unqualified help, it became more of a  
10 babysitting task, a health and safety -- a  
11 headache, and a responsibility role for us.

12 And then to add to the rapid swabbing  
13 now, as to date, as of this morning, I have been  
14 swabbed more than times, rapid swabbing now  
15 times a week. We don't have the staff  
16 resources. They're just not there, and now you  
17 want us to introduce -- or the government wants us  
18 to introduce an outside company to hire out to  
19 introduce just more bodies and just more paths of  
20 origin, I guess, into our home. So that's a little  
21 alarming.

22 What's the most important thing? I  
23 think we're drowning, and our life preservers are  
24 being pulled further and further away in long-term  
25 care. Nobody should have to work or live in these

1 conditions in a sector that was already in a  
2 crisis.

3 My phone rings at all hours. Coworkers  
4 who can't cope are struggling with staff shortages,  
5 loss of wages, and burnout. Declining residents at  
6 a rapid rate resulting in death is a horrible way  
7 to work every day.

8 We love what we do, and that's why we  
9 do it, but we need an increase in wages, a  
10 realistic resident ratio, and more hours of bedside  
11 care and frontline physician staffing stability in  
12 order to be even in arm's reach of that life  
13 preserver. Thank you.

14 ALISON DRUMMOND: Thank you very much.

15 I'm going to turn to Participant 4 now,  
16 please.

17 PARTICIPANT 4: I've been an RN in  
18 long-term care since 2002. I always loved working  
19 in long-term care. This was never how I wanted to  
20 see my career end.

21 So when I -- when I was working there  
22 and they did put me in charge of infection control,  
23 the first thing in January when I was watching the  
24 news and everything said "you know, I need to see  
25 your pandemic plan. What's your policy and

1 procedures?" And there wasn't one. It just kind  
2 of went downhill from there.

3 For the commission, the number one  
4 thing that has been going on forever in long-term  
5 care is the PSWs. The PSWs are the hardest working  
6 group of people I've ever worked with. They need  
7 to be paid what they're worth. They need to have  
8 more PSWs to be able to do the care that --

9 What they're asked to do, even prior to  
10 COVID, was never a realistic thing for them to be  
11 able to do. You -- if you want people cared for  
12 properly, you need to give them the amount of staff  
13 to be able to do so.

14 These are not numbers. These are  
15 people's family members, and they deserve the care.  
16 I'm also going to go into -- oh, so they also get  
17 higher wages, and they need to have full-time  
18 employment. So many of them have to have so many  
19 multiple jobs just to be able to have a living  
20 wage. That's not how you want to have to work, and  
21 that's not a good way to run a business either  
22 because long-term care is a business.

23 I'm going to go back to infection  
24 control. I was trained in infection control by  
25 Public Health and the non-acute care infection

1 control professional. In that course, we learned  
2 that each -- for every 150 residents, you should  
3 have one full-time infection control professional  
4 in your facility. That doesn't happen.

5 I was given two days a month to  
6 apparently run their infection control committee.  
7 All I did was audits, and I was not able to run the  
8 program as it needed to be.

9 For the commission, every nursing home  
10 and long-term care or retirement residence needs to  
11 have a full-time infection control professional on  
12 their staff who can -- who can help train the  
13 staff, who can know that they do or do not have the  
14 equipment they need if they go into an outbreak.

15 Have, for God's sakes, a policy, a  
16 procedure, what you do. Don't just leave these  
17 people to just flounder when COVID broke out and  
18 everything just went down the drain. Everything I  
19 was taught was thrown out the window. Every  
20 recommendation that I gave even prior to COVID was  
21 ignored because it cost money to do.

22 So that's where you need to put your  
23 money. You need to put it into PSWs. You need to  
24 put it in infection control so if we have another  
25 pandemic while we're still going through this one

1 that the -- everything is there for the staff to be  
2 able to look after people properly.

3 I hope the government can learn for  
4 these experiences. But honestly, like I said, I've  
5 been doing this since 2002. Even with this  
6 commission -- and I don't mean to belittle the  
7 commission -- I don't see anything ever changing in  
8 long-term care. It hasn't yet during this  
9 pandemic, but I pray and I hope that this actually  
10 will do what it needs to do, this commission. I  
11 hope that it gets long-term care where it needs to  
12 be, gets the staff the help, and gets the residents  
13 the help that they deserve. Thank you.

14 ALISON DRUMMOND: Thank you very much.  
15 And, of course, we hope that, too.

16 PARTICIPANT 4: M-hm.

17 ALISON DRUMMOND: So we appreciate --  
18 we appreciate it.

19 I'm going to go to Participant  
20 Number 5, please.

21 PARTICIPANT 5: I -- a lot of my things  
22 are basically what was already covered, but they  
23 definitely should have had a plan in place. Like,  
24 where I worked, the pandemic's been around since  
25 March. Our outbreak happened in . It

1 shouldn't have been trial and error and "you're the  
2 test floor" when it happened. It should have been  
3 a rock-solid plan in place, and they knew what they  
4 were going to do if on an outbreak happened and  
5 just ran with it, and that never happened.

6 They shouldn't have been moving staff  
7 around the building. You know, they would have  
8 people working on all the different home areas.  
9 That should never have happened.

10 For cohorting residents, they should  
11 have kept them on one unit. They shouldn't have  
12 been moving them around the building because it  
13 ended up spreading everywhere. And in some cases,  
14 they moved negative residents in with positive  
15 residents which, in turn, turned them positive  
16 which increased the thing and which was ridiculous.

17 And managers should have stepped in on  
18 Day 1 to help us on the floors. They should have  
19 thrown on their PPE and been right in there.

20 Because they call themselves leadership teams, but  
21 leaders lead, and they did not lead us at all.

22 Also, before the outbreak happened, the  
23 essential caregivers that were coming into the  
24 building didn't have to prove they had a negative  
25 COVID test. They could just say "yes, my test is

1 negative." And if staff or residents were allowed  
2 to go out with their loved ones, then they were  
3 encouraged to wear a mask. And those staff --  
4 those family members also didn't have to have a  
5 COVID negative, yet we were held at the standard  
6 that we have to. But they should be at the same  
7 because it's their loved ones. They should be  
8 trying to protect them as well.

9 And all the other things were already  
10 covered by the other participants. Just the most  
11 important thing the commissioners need to know is  
12 that they have to stop going to the managers and  
13 the corporate leaders and all these millionaires  
14 making a big profit to find out what they should do  
15 because they're all about the damage control.  
16 They're all about making themselves look better.

17 They need to talk to the frontline  
18 staff and all the frontline staff. Talk to the  
19 PSWs; talk to the nurses; talk to the housekeepers,  
20 the dietary, the maintenance, the program staff,  
21 everyone. Because we -- when this outbreak  
22 happened, we all stepped in, and we all worked  
23 together as a team to get through it. Like, we had  
24 each other's backs and we kept each other going.

25 And the only way any changes are going

1 to get made is if they actually talk to us and  
2 listen to what we have to say. Because like that  
3 one participant said, we are the ones that are  
4 frontline and see what's going on. We are the ones  
5 with the ideas that can possibly make changes that  
6 will make things better.

7           And just briefly as far as the impact  
8 goes, it did make us -- like I said, it made us  
9 stronger as a team. It showed us that we should  
10 have housekeepers on more than just one -- like,  
11 there should be one housekeeper per home area where  
12 I work. It showed us the lack of respect that our  
13 managers have and corporate has towards all of us  
14 and our residents because we were blamed for all of  
15 this happening.

16           And some staff do have PTSD, some types  
17 of symptoms right now because of seeing all this.  
18 And now that everything's sort of settling a little  
19 bit down, we're noticing the losses and the  
20 residents that aren't there anymore. And all the  
21 emotions that we were feeling are really hitting us  
22 hard. There is a lot of burnout. There's a lot of  
23 stress. There's a lot of people who aren't coming  
24 back to work that went off, and it's very  
25 difficult.





1 only giving it to certain people.

2 So the staff became each other's  
3 support. They were close. We worked together.  
4 They formed alliances to make things better for  
5 themselves. I think going forward, they must  
6 listen to staff. They must build the trust. They  
7 must be empathetic and understanding of what the  
8 staff is going through.

9 There needs to be wage adjustment, as  
10 everyone else has said. It's a huge impact of this  
11 high turnover in long-term care because people are  
12 working in similar sector in the healthcare sector  
13 for way more money, and they choose to go there  
14 rather than staying in long-term care because it's  
15 for profit, as everybody knows, and they always  
16 bargain lower wages, lower everything.

17 And, secondly, retraining or enhanced  
18 training for some staff. I mean, they may have  
19 gotten the training they needed to deal with the  
20 crisis situation, but working for years without a  
21 crisis, you forget it. And so they must have  
22 retraining even once a year to say "if we do have a  
23 crisis, this is what we're going to do, and this is  
24 what we should be doing" rather than just winging  
25 it because it's not working. It's not how our

1 management's supposed to work with their staff.

2 I mean, there's -- dementia has gone  
3 beyond what we used to know. The crisis situation  
4 and our supporting staff at the end of --  
5 supporting residents, I mean, at the end of life is  
6 a huge, huge thing. I have seen so many residents  
7 dying. I had to take my tablet into rooms so their  
8 families can say goodbye to residents that are  
9 dying, and I'm dealing with a similar situation.

10 It's a horrible way for staff to be  
11 every single day without support. Us, as support  
12 workers -- I'm not a PSW -- we are so undervalued  
13 in long-term care. Nothing you do is ever  
14 acknowledged. We'd give up our breaks to go help  
15 the PSWs, to help feed, to porter, to comfort.

16 No one's ever said a "thank you" to any  
17 of us for any of these things that we're doing.  
18 And people are struggling. Their emotional  
19 well-being are so impacted. And no management is  
20 there ready, available to help, to give a pat on  
21 the back and say "I thank you for what you're  
22 doing." It is so sad.

23 They need to recognize hard work. What  
24 they did last time, certain staff that they like,  
25 they . One staff, she got a

1                   in November. In December,  
2                   . And she comes back showing all the  
3 other people who are struggling and working just as  
4 hard to say "look what I got."

5                   This is so unfair. These are the  
6 things that they do, and it must stop. I don't  
7 know if this commission can do anything, but I'm  
8 asking, if you can, you must stress the importance  
9 of fairness in long-term care when dealing with  
10 staff.

11                   And they must be supported. They must  
12 listen to the staff. They know. They've been  
13 there. I've been there. I've seen it. I've lived  
14 it. It's not an easy situation.

15                   And because they're locked up in their  
16 offices, they don't know what people are going  
17 through, and I don't think they care to know.  
18 That's the sad part. And that's all I have to say.

19                   ALISON DRUMMOND: Sorry. Thank you  
20 very much. We very much appreciate, first of all,  
21 the unions who worked with the team and the  
22 secretariat to organize this, and we very much  
23 appreciate you coming in to tell us about this.

24                   And I was going to hand it back to  
25 Commissioner Coke, but it looks like she may

1 have -- she may have lost her internet connection.

2 COMMISSION CHAIR FRANK MARROCCO: Oh, I  
3 can -- I can deal with it.

4 ALISON DRUMMOND: Thanks.

5 COMMISSION CHAIR FRANK MARROCCO: If  
6 she's fallen pray to the internet, I can certainly  
7 understand that.

8 I just -- I know what Commissioner Coke  
9 would say. This is not the first session that  
10 we've all had.

11 And I do want to thank you. I  
12 understand how difficult it is to relive this  
13 even -- I know -- I know you live it -- relive it  
14 every day. But then to force yourself to think  
15 about it in detail so you can make recommendations  
16 to us, I do think I have a feeling for how  
17 difficult that is.

18 Commissioner Coke is now back, and I'll  
19 just finish what I'm going to say, and then I'm  
20 sure she'll close the session.

21 But we are listening to what you say.  
22 Everybody who's writing -- who will be writing our  
23 report will read your transcript and incorporate  
24 and understand it and try to sympathize with it.  
25 We do get this message. We do. And we will work

1 it into what we write.

2 Commissioner Coke, we anticipated that  
3 you were a victim of the internet or -- I won't --

4 COMMISSIONER ANGELA COKE: Of course.

5 COMMISSION CHAIR FRANK MARROCCO: --  
6 mention which -- I won't mention which internet  
7 provider may have been at fault, but if you want to  
8 close the session, go ahead. I was just filling in  
9 in case you never did get back to us.

10 COMMISSIONER ANGELA COKE: Yes, I do  
11 apologize. The usual technical glitch.

12 But I did just want to add to what  
13 Frank is saying. Thank you very much for  
14 participating today. We are hearing you loud and  
15 clear. You know, really, our sympathy goes out.  
16 This is a heartbreaking ordeal that you've gone  
17 through.

18 And I want to thank you for -- you're  
19 helping us with our work. You're helping us make  
20 sure that we really understand what's happening on  
21 the ground, and this is important for us to write a  
22 report that's going to reflect what you've told us.

23 I just want to thank you again and just  
24 thank you for what you do every day and the care  
25 that you're providing to people who need it. So I

1 just thank you again, and I wish you a very good  
2 day.

3 COMMISSION CHAIR FRANK MARROCCO:

4 Bye-bye.

5 ALISON DRUMMOND: Thank you.

6 COMMISSIONER ANGELA COKE: Take care.

7

8 -- Adjourned at 11:50 a.m.

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1 REPORTER'S CERTIFICATE

2  
3 I, MCKAYA MCDONALD, Chartered  
4 Shorthand Reporter, certify;

5  
6 That the foregoing proceedings were  
7 taken before me at the time and place therein set  
8 forth, at which time the witness was put under oath  
9 by me;

10  
11 That the testimony of the witness  
12 and all objections made at the time of the  
13 examination were recorded stenographically by me  
14 and were thereafter transcribed;

15  
16 That the foregoing is a true and  
17 correct transcript of my shorthand notes so taken.

18  
19 Dated this 11th day of February, 2021.

20  
21  
22 

23 NEESONS, A VERITEXT COMPANY

24 PER: MCKAYA MCDONALD, CSR

25 CHARTERED SHORTHAND REPORTER



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