CANADIAN FEDERATION OF NURSES UNIONS
LA FÉDÉRATION CANADIENNE DES SYNDICATS D'INFIRMIÈRES ET INFIRMIERS

January 22, 2021

Briefing on the Emergency Situation Facing Canadians in Light of the Second Wave of the COVID-19 Pandemic

Introduction

The Canadian Federation of Nurses Unions (CFNU) is the voice of nearly 200,000 unionized nurses and nursing students across the country. We are proud to advocate for our members and promote the nursing profession at the national level, and we work tirelessly to push for the highest quality of care for our patients while defending our universal public health care system.

The CFNU participated in HESA's last study on Canada's response to the COVID-19 pandemic, with our president, Linda Silas, appearing as a witness before the committee on April 7, 2020. As nurses represent the largest component of our health care workforce, we kindly request that Ms. Silas be invited to speak to HESA as part of the Committee's current study into COVID-19.

This briefing will touch on the key issues nurses have faced over the course of the pandemic, reflecting on the federal government's performance during the first wave, and providing recommendations to see us through the second wave and beyond. It is important for us to focus on ways we can build back stronger, with a central emphasis on improving and expanding our health care system, while ensuring we retain and recruit the tireless workers who sustain it.

Key Recommendations: A 2021 Parliamentary Action Plan for Health Care

Over the course of the pandemic, nurses and other health care workers have made incredible sacrifices to treat the most vulnerable among us, including our family members and friends. As we vaccinate many of these workers in the weeks and months ahead, let us not forget the hardships they have endured, and the failures to better protect and support them in our response to the pandemic.

Canada's nurses want to make 2021 the year that we not only overcome the current pandemic, but the year that we finally decide to prioritize the sustainability of our health care system from coast to coast to coast. To achieve this goal, we are calling on all parliamentarians to work with us and other health care stakeholders in order to achieve necessary improvements to our health care system for the benefit of everyone in this country.

A 2021 parliamentary action plan for health care would encompass, but not be limited to, the key recommendations presented below, each of which will be elaborated upon in their own section in this brief.

RECOMMENDATIONS

Protecting health care workers from COVID-19 and preparing for a future crisis

- Canada's national and provincial personal protective equipment (PPE) stockpiles must be based on the precautionary principle, meaning that health care workers are protected going forward at an airborne level. Canada must adopt a PPE supply management system to ensure that Canada has a sustainable source of readily available PPE – which has not expired – in the event of future pandemics.
- The federal and provincial governments should continue to procure PPE domestically, ensuring that we have adequate domestic supply and manufacturing capacity in place going forward.
- Governments and public health agencies must be transparent about PPE supply levels on an ongoing basis, providing a granular breakdown of both current and forecasted PPE supplies.
- The Public Health Agency of Canada (PHAC) should immediately update its guidance on infection prevention and control for health care workers to require airborne precautions – with fit-tested NIOSH-approved N95 respirators being the minimum level of protection – for all those caring for patients with suspected and confirmed COVID-19.
- PHAC should have the resources and capabilities to independently assess guidance and policies from the World Health Organization (WHO) and formulate its positions based on the precautionary principle – ensuring they are designed to meet the health and safety needs of the Canadian public and health care workers.
- Canada must prohibit the importation of goods – including all PPE procurements – made with forced labour, through enforcement of the amended *Customs Tariff Act*.

Bringing in universal access to quality long-term care with a well-supported workforce

- Regulate long-term care in Canada according to the principles of the *Canada Health Act*, making dignified consistent care universally accessible to all.
- Develop national standards for care in collaboration with the provinces and territories, including a minimum of 4.1 hours of direct care per resident each day, and tie federal funding to the provinces and territories upon them meeting those standards.
- Eliminate for-profit interests from the long-term care sector.
- Develop and implement a long-term care labour force strategy to address the multiple labour force problems revealed by COVID-19, including the problems of inadequate compensation, staff shortages, no paid sick leave, overreliance on casual and part-time staffing as well as agency nurses, and training failures. Match wages and benefits for long-term care workers to the value of the work they perform.
- Ensure homes have a designated infection prevention and control member of their staffing team, and that homes adopt a flexible and non-punitive sick leave policy for staff who need to stay home.
- Guarantee that relevant workplace regulators conduct in-person, proactive inspections of all long-term care facilities to enforce compliance with occupational health and safety laws, regulations and best practices.

- On an urgent basis, ensure that all health care workers in the long-term care sector are properly trained and fit-tested on the use of N95 respirators and other protective equipment, and that such equipment is in sufficient supply to protect against airborne transmission.
- Over the short term, mandate upgrades to ventilation in existing long-term care facilities and prohibit more than two beds in rooms for any new admissions. Over the long term, require upgrades in existing facilities to modernize ventilation systems and to allow for single-bed occupancy, eliminating 4-bed wards altogether.

Adequate mental health supports for our frontline health care workers

- Work with the federal government, provinces and territories, and health care stakeholders, to develop and implement a mental health strategy for health care workers. This could be a component of a broader national health human resources strategy.
- Continue to work with the CFNU on promoting and tailoring Wellness Together Canada to health care workers, and ensuring this service remains available for everyone in Canada on an ongoing basis.
- Provide commensurate resources toward the psychological well-being of health care workers as the federal government has provided for public safety personnel (such as through research funding and clinical support). This is especially timely considering the immense toll COVID-19 has taken on our frontline health care workers.
- Given the likelihood that there will be a further erosion of health human resources, adding to already existing nurse shortages as a result of the mental health impacts of the pandemic, the federal government should work with the provinces and territories to establish health human resources planning as part of a national health human resources strategy, ensuring adequate numbers of nurses and other health care workers are retained and recruited going forward.
- Through PHAC, convene a follow-up conference on a national PTSD strategy to help build on the national framework on workplace-related PTSD through knowledge-sharing and capacity-building, leveraging existing best practices and resources. COVID-19 has reinforced the need and urgency behind supports for PTSD for first responders and other frontline health care workers.

Preventing and penalizing violence against our frontline health care workers

- HESA should submit a formal request to the federal government, reminding them to issue an official response to the HESA report, *Violence Facing Health Care Workers in Canada*.
- The federal government should implement the report's recommendations, including an update to the Pan-Canadian Health Human Resources Strategy, the development of a pan-Canadian framework to prevent violence in health care settings, and the adoption of a *Criminal Code* amendment to consider assault against a health care worker as an aggravating circumstance for the purposes of sentencing.
- The federal government should work with the provinces and territories to ensure workplace violence risk assessments are regularly performed throughout health care facilities, and workplace violence prevention programs are in place, along with appropriately trained and resourced security personnel.

Federal health funding to protect and expand our public health care system

- An increase to the Canada Health Transfer from 22% to 35% a year in overall spending.
- Assurances that any federal spending on health care goes toward our most urgent needs, including hiring more staff to address retention and recruitment challenges for our nursing workforce.
- Federal funding be directed toward a single-payer, national, universal pharmacare program to provide coverage to the hundreds of thousands of people who lost it over the course of the pandemic, and to create a healthier and more resilient population in the face of future potential health crises.
- Federal funding be directed toward the development of national standards for long-term care designed to provide conditional funding to the provinces and territories. That will ensure universal access to quality care in homes that are adequately staffed – and with staff who are fairly compensated through well-paid, full-time employment.

Vaccinating rapidly and equitably, beginning with priority populations

- Governments, at all levels, must work collaboratively and transparently, including with nurses' unions, to implement a COVID-19 immunization strategy that ensures rapid and equitable distribution of the vaccine.
- As recommended by the National Advisory Committee on Immunization (NACI), priority populations, such as seniors in LTC, who are most at risk of severe illness, as well as those that would be most likely to be exposed because of their work, including frontline nurses, must receive the vaccination as soon as possible.
- Governments should significantly accelerate the timeline for vaccine distribution for the general public, working together with nurses and other health care professionals to facilitate its distribution.
- Governments should increase the number of clinics where the vaccine is made available and create vaccination teams to harness the energy of volunteers that can be rapidly deployed to provide support to these clinics in communities across the country, including remote and marginalized ones.

Protecting health care workers from COVID-19 and preparing for a future crisis

Any study seeking to understand and evaluate Canada's performance with respect to COVID-19 would be incomplete without delving into the issue of PPE. Of particular importance is how Canada has continued to fail health care workers over the course of the pandemic through inadequate PPE supplies and worker safety guidance.

Despite the lessons from SARS, we have witnessed persistent PPE supply management troubles during COVID-19 here in Canada. The problems we have confronted around PPE supply management are a result of years of negligence from the federal and provincial governments, and a failure to move with urgency to ramp up adequate supplies when supply shortages and worker safety risks were extensively identified.

Inadequate supplies

As we have learned since the start of the pandemic, significant stockpiles of N95 respirators in this country have been destroyed since 2017. Ontario began destroying as many as 55 million expired N95 respirators in 2017, which had been stockpiled in preparation for a public health emergency.[1] And in May 2019, the federal government destroyed up to two million N95 respirators, leaving only 100,000 such respirators at the onset of the pandemic.[2] It has been revealed that the decision to destroy PPE was influenced by $900,000 in savings that would result from closing three PPE warehouses.[3]

On February 13, 2020, public servants who manage the national stockpile of PPE warned of a critical shortage, including N95 respirators. Just a week earlier, Canada shipped 16 tons in medical supplies, including PPE, to China. And it was not until March 18, four days after a national shutdown due to a surge in COVID-19 cases across the country, that the first orders of N95 respirators were made. Furthermore, bureaucrats did not receive special dispensation to sign contracts to replenish such supplies of PPE until March 14.[4]

Not only should Canada have replenished such supplies much earlier, but we should have learned from our experience with SARS of the importance of domestic manufacturing and supply chains for PPE. Instead, we had to rely heavily on foreign manufacturers whose supplies were far more challenging to procure, and, in some instances, excessively overpriced due to the global competition for PPE.[5]

As a result of N95 respirator shortages across Canada, health care workers have been pressured to use surgical masks, despite the warnings of worker safety experts that higher precautions should be taken to protect workers. Moreover, nurses and other health care workers reported widespread rationing of surgical masks, with some hospitals limiting frontline staff to one or two masks a day. Workers were even told to replace surgical masks only if they were wet, damp, soiled or damaged.[6]

While supplies of N95 respirators and surgical masks have substantially increased since the start of the pandemic, health care workers continue to be denied access to N95 respirators. Despite the presence of agreements between health care unions and provincial health authorities on point-of-care risk assessments – in which health professionals use their clinical judgement to determine the level of protection required – many CFNU members continue to face hurdles in accessing the appropriate PPE.

Inadequate worker safety guidance

The PHAC has led in the development of worker safety guidance for health care workers during the pandemic. However, it has failed to adequately regard health care workers and unions as collaborative partners in this process, despite provincial occupational health and safety laws which mandate that

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[1] https://www.thestar.com/opinion/star-columnists/2020/03/25/province-stockpiled-55-million-face-masks-then-destroyed-them.html
[2] https://www.huffingtonpost.ca/entry/trudeau-n95-masks-destroyed_ca_5e9efc86c5b63c5b5874c1d3
[3] https://www.blacklocks.ca/tossed-masks-to-save-900k/
[4] https://www.cbc.ca/news/politics/ppe-shortages-slow-response-1.5684962
[5] https://www.atimeoffear.com/download
[6] Ibid.

employers include unions and workers in joint occupational health and safety committees that ensure workplaces are safe.

On January 24, 2020, the CFNU wrote to the PHAC, requesting that unions be directly involved in the development of COVID-19 health care worker safety guidance, as was the case with the H1N1 and Ebola outbreaks. After PHAC's refusal, an appeal was made to Health Minister Patty Hajdu, which led to the CFNU receiving an embargoed copy of the first edition of PHAC's worker safety guidance for acute care. The PHAC then published the guidance online two days later without having received CFNU's response.

While the CFNU and other health care unions have subsequently been invited to participate in weekly calls with the PHAC to discuss occupational health and safety concerns and updates to health care worker safety guidance, this limited form of engagement has consistently failed to respond to and adequately address the safety concerns of frontline health care workers over the course of the pandemic.

The primary health and safety concern expressed by the CFNU and other health care unions – delivered repeatedly since January 2020 – is the lack of airborne protections for health care workers in accordance with the precautionary principle. The precautionary principle requires airborne precautions for health care workers when facing a novel pathogen. That means fit-tested NIOSH-approved N95 respirators or higher protections ought to be worn until the nature of the virus is better understood.

Rather than starting with the highest level of protection and scaling down, if necessary in light of scientific certainty, the approach taken by the PHAC and provincial governments was to start with the lowest level of protection – the exact opposite of the key lesson learned from SARS. This meant that if the virus were determined to be spread via aerosols, health care workers lacked adequate protection.

It was not until November 3, 2020 – several months after WHO recognized the potential of airborne transmission of COVID-19 and weeks after the Centers for Disease Control and Prevention (CDC) did so – that the PHAC belatedly acknowledged such transmission has taken place.

In updates to the guidance dated January 8, 2021, the PHAC acknowledges the potential risk of close-range aerosol transmission from a person infected with COVID-19 when they are coughing, talking, shouting or breathing heavily, and in the absence of aerosol-generating medical procedures, but still fails to act on the precautionary principle and mandate airborne (N95 respirators or higher) protections.

The guidance still puts the onus on the health care worker to perform a point-of-care risk assessment, and if the risk of exposure to the aerosolized virus is identified, then they can request provision of an N95 respirator. While this is an improvement over previous guidance, it still puts workers unnecessarily at risk of infection because when caring for COVID-19 patients there is always the risk of exposure to the virus.

Failure to heed the success of Canada's SARS peers

As of late July 2020, more than 21,000 health care workers in Canada were infected with COVID-19, comprising over 19% of all cases in the country. WHO reported a global average of 10% of health care workers infected, making Canada's rate nearly double.

As compared to the other countries who dealt with the SARS pandemic in 2003, Canada's health care worker infection numbers are even more troubling. Chinese health care workers have comprised 4.4% of COVID-19 cases, with most cases taking place before airborne precautions were implemented. In Hong Kong, only five health care workers were infected as of late July. By that time in Taiwan, only three health care workers were infected.[7]

While China, Hong Kong and Taiwan learned the importance of the precautionary principle in adequately protecting health care workers from their experience with SARS, Canada appears to have not. Resultantly, health care workers in Canada have suffered enormously, and to a certain extent, avoidably.

Canada's SARS peers have been open about their adherence to the precautionary principle, using airborne precautions for their health care workers since the early days of the pandemic. For instance, by January 20, 2020, in China, the rising health care worker infection rate prompted the issuance of a directive requiring all such workers in contact with a suspected or confirmed case of COVID-19 to wear airborne precautions, including N95 respirators.

Unfortunately, the WHO-China Joint Mission failed to disclose this information in the WHO report, despite having met with top Chinese officials responsible for implementing these precautions. WHO should have reported that infection rates among the more than 150,000 health care workers in Wuhan were so low because they had been equipped with airborne protections.

Chinese doctors and scientists published numerous studies and articles in leading Western medical journals confirming this information, as well. Rather than uncritically following WHO's guidance, Canada should have made an independent assessment of China's experiences, and based its decisions on such information. Canada also had its other SARS peers to learn from, as Hong Kong and Taiwan instituted airborne precautions with great success.

Regarding Canada's relationship with WHO, we should continue to support WHO and work closely with it going forward. But it is critical that Canada make its own independent assessments on crucial public health questions – such as public masking and border closings (where Canada's alignment with WHO delayed the implementation of important public health measures) – in addition to health care worker safety guidance.

[7] https://www.atimeoffear.com/download

It has been revealed through a CBC investigation that millions of disposable gloves manufactured in horrific conditions akin to forced labour have entered Canada.[8] Reports of systemic human rights abuses have also surfaced around other elements of the global PPE industry. This underscores the need for Canada to prevent goods produced in these inhumane conditions from entering the country.

Key recommendations

- Canada's national and provincial personal protective equipment (PPE) stockpiles must be based on the precautionary principle, meaning that health care workers are protected going forward at an airborne level. Canada must adopt a PPE supply management system to ensure that Canada has a sustainable source of readily available PPE – which has not expired – in the event of future pandemics.
- The federal and provincial governments should continue to procure PPE domestically, ensuring that we have adequate domestic supply and manufacturing capacity in place going forward.
- Governments and public health agencies must be transparent about PPE supply levels on an ongoing basis, providing a granular breakdown of both current and forecasted PPE supplies.
- PHAC should immediately update its guidance on infection prevention and control for health care workers to require airborne precautions – with fit-tested NIOSH-approved N95 respirators being the minimum level of protection – for all those caring for patients with suspected and confirmed COVID-19.
- PHAC should have the resources and capabilities to independently assess guidance and policies from WHO and formulate its positions based on the precautionary principle – ensuring they are designed to meet the health and safety needs of the Canadian public and health care workers.
- Canada must prohibit the importation of goods – including all PPE procurements – made with forced labour, through enforcement of the amended *Customs Tariff Act*.

Bringing in universal access to quality long-term care with a well-supported workforce

While COVID-19 exposed the vulnerabilities in many areas of our health care system, perhaps nowhere was this more evident than in our long-term care sector. Nurses have witnessed for decades the unacceptable conditions in many long-term care homes, which governments have neglected to prioritize despite common knowledge of the abysmal state of the sector.

It should come as no surprise that COVID-19 has ravaged a sector characterized by chronic understaffing and overcrowding of homes, lacking in the necessary investments to meet the needs of its workers and residents. This is most apparent in for-profit facilities, where, naturally, the profit motive competes directly with the duty to provide residents with optimal care.

About 70% of Canadian deaths from the virus have been in long-term care, exceeding deaths from COVID-19 in hospitals or in the community by a wide margin.[9] The Canadian Institute for Health

[8] https://www.cbc.ca/news/world/marketplace-overseas-personal-protective-equipment-manufacturing-working-conditions-1.5873213
[9] https://ltc-covid19-tracker.ca/

Information (CIHI) reported that Canada's COVID-19 mortality rate in long-term care during the first wave was the highest among all OECD countries and nearly double the OECD average.[10]

During the second wave of the virus, the sector has been badly hit again. In November, a B.C. long-term care home recorded five resident deaths in a single day; in Saskatchewan, at least nine outbreaks were declared in a two-week period; and in Ontario, there were 71 deaths in care homes over the course of a single week.[11] Over 40% of all long-term care homes in Canada have been impacted by COVID-19, and there have been more than 45,000 residents and almost 20,000 staff infected as of mid-January 2021. Tragically, almost 12,000 residents and 19 staff have died at these facilities.[12] Despite promises by government officials to better protect residents after the first wave, far more resources have been needed to address staffing ratios, proper training and PPE supplies.

Health care workers – including registered nurses and licensed/registered practical nurses – have been heavily exposed to the virus in facilities across the country. Most staff are personal support workers (PSWs) – comprised largely of racialized women – whose work has been undervalued for far too long, receiving unacceptably low wages and lacking workplace benefits. The PSWs' low wages, and the lack of full-time permanent work, have required many of them to work at more than one facility, which greatly contributed to the spread of COVID-19 in these homes during the first wave.

While the sector as a whole has been greatly impacted, the data tells us that a disproportionate number of COVID-19 cases and deaths have occurred in for-profit homes as compared to non-profit and municipal homes. A May 2020 *Toronto Star* investigation found that residents in for-profit homes were 60% more likely to contract the virus and 45% more likely to die from the virus than residents in non-profit homes, and four times more likely to both contract the virus and die from the virus than a resident in a municipally run home.[13]

A follow-up to the May 2020 investigation – using the same methods – revealed severely disproportionate outcomes in for-profit homes vs. non-profit and municipal homes are also present during the second wave.[14] A CBC study from December 2020 found similar patterns.[15] A *Canadian Medical Association Journal* study found that the significantly higher rates of infections and deaths in for-profit homes (despite similar levels of outbreaks between for-profit, non-profit and municipal homes) can largely be explained by the outdated design standards and chain ownership of for-profit homes.[16] Another explanation given is the lower staffing levels in for-profit care.[17]

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[10] https://www.cihi.ca/sites/default/files/document/covid-19-rapid-response-long-term-care-snapshot-en.pdf
[11] https://www.ctvnews.ca/health/coronavirus/long-term-care-homes-once-again-emerge-as-covid-19-hotspots-1.5209719
[12] https://ltc-covid19-tracker.ca/
[13] https://www.thestar.com/business/2020/05/08/for-profit-nursing-homes-have-four-times-as-many-covid-19-deaths-as-city-run-homes-star-analysis-finds.html
[14] https://www.thestar.com/news/gta/2020/11/13/residents-of-ontarios-for-profit-long-term-care-homes-experiencing-significantly-worse-covid-19-outcomes-in-cases-and-deaths.html
[15] https://www.cbc.ca/news/canada/nursing-homes-covid-19-death-rates-ontario-1.5846080
[16] https://www.cmaj.ca/content/cmaj/early/2020/07/22/cmaj.201197.1.full.pdf
[17] https://www.cbc.ca/news/canada/nursing-homes-covid-19-death-rates-ontario-1.5846080

The long-term care sectors in Ontario and Quebec have been hit the hardest throughout the pandemic. In Ontario, there is only one registered nurse required on site in a long-term care home, regardless of the number of residents (which can be upwards of 100). Caring for 100 residents in a home is routine practice in Quebec, with reports of 160 residents for one nurse in Quebec during the first wave.[18]

Inadequate staffing levels in these homes has been at crisis levels for years, only to be exacerbated by the current pandemic. Data from Ontario shows that for-profit long-term care homes have 17% fewer staff than non-profit homes.[19] And as a country, Canada does comparatively very poorly. Staffing levels at seniors' facilities between 2017 and 2019 in Canada were significantly lower than in many other OECD countries, including Australia and the United States (and half the staffing complement of the Netherlands and Norway).[20]

When for-profit long-term care homes pay exorbitant dividends to their shareholders while failing to hire enough full-time, adequately compensated staff, both workers and residents suffer unjustly. While we are pleased to see the federal government's commitment to provide targeted funding for long-term care to the provinces and territories, and establish national standards of care, this money must never be directed toward private, for-profit interests.

A recent study conducted in B.C. examined the management practices of a large long-term care home to understand why it was so successful at fending off an outbreak until much later last year. It found that the public home consistently put safety concerns above budget and finances, ensuring a progressive sick policy was in place for staff who had to stay home, continuing one-on-one support programs for residents, and having an infection prevention and control member on their staff.[21]

Key Recommendations

- Regulate long-term care in Canada according to the principles of the *Canada Health Act*, making dignified consistent care universally accessible to all.
- Develop national standards for care in collaboration with the provinces and territories, including a minimum of 4.1 hours of direct care per resident each day, and tie federal funding to the provinces and territories upon them meeting those standards.
- Eliminate for-profit interests from the long-term care sector.
- Develop and implement a long-term care labour force strategy to address the multiple labour force problems revealed by COVID-19, including the problems of inadequate compensation, staff shortages, no paid sick leave, overreliance on casual and part-time staffing as well as agency nurses, and training failures. Match wages and benefits for long-term care workers to the value of the work they perform.

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[18] https://www.theglobeandmail.com/canada/article-understaffing-turned-seniors-homes-into-covid-19-danger-zones-health/

[19] https://www.thestar.com/business/2020/06/05/ontarios-for-profit-nursing-homes-which-have-significantly-higher-rates-of-covid-19-deaths-have-17-fewer-workers-new-star-analysis-reveals.html

[20] https://www.cihi.ca/sites/default/files/document/covid-19-rapid-response-long-term-care-snapshot-en.pdf

[21] https://www.timescolonist.com/news/b-c/covid-19-study-looks-at-what-one-long-term-care-home-did-right-1.24257938

- Ensure homes have a designated infection prevention and control member of their staffing team, and that homes adopt a flexible and non-punitive sick leave policy for staff who need to stay home.
- Guarantee that relevant workplace regulators conduct in-person, proactive inspections of all long-term care facilities to guarantee compliance with occupational health and safety laws, regulations and best practices.
- On an urgent basis, ensure that all health care workers in the long-term care sector are properly trained and fit-tested on the use of N95 respirators and other protective equipment, and that such equipment is in sufficient supply to protect against airborne transmission.
- Over the short term, mandate upgrades to ventilation in existing long-term care facilities and prohibit more than two beds in rooms for any new admissions. Over the long term, require upgrades in existing facilities to modernize ventilation systems and to allow for single-bed occupancy, eliminating 4-bed wards altogether.

Adequate mental health supports for our frontline health care workers

In June 2020, the CFNU issued a report entitled *Mental Disorder Symptoms Among Nurses in Canada*, which is based on a groundbreaking survey of nurses conducted during the middle of 2019. The study found alarming rates of mental disorder symptoms among Canada's nurses: one third screened positive for major depressive disorder and suicidal ideation, and more than a quarter screened positive for generalized anxiety disorder and clinical levels of burnout. PTSD symptom rates were consistent with those for public safety personnel, such as police.[22]

These results represent the state of mental health among nurses *before* the current pandemic. Mental disorder symptoms are likely to have been heightened over the course of pandemic, as nurses have been persistently exposed to a high volume of stressful situations in the workplace, in addition to stressful changes happening in their personal lives.

The CFNU-commissioned study found that the number one source of extreme stress for nurses (among 49.8% of respondents) is not having enough staff to adequately cover their unit. This source of stress has been amplified for a great number of nurses during the pandemic, as staffing shortages have been felt acutely by frontline nurses in health care facilities across the country.

With the large majority of nurses being women, COVID-19 has also made it harder for them to find daycare, to educate their school-age children and to manage their work schedules. All the while, they are being offered limited access to vacations and leaves, with the potential for forced redeployment.

A Canadian survey of frontline health care workers conducted in April 2020 found that 47% of those surveyed felt they needed psychological support because of their work during COVID-19. Those surveyed – the majority of whom were nurses – described feeling "anxious, unsafe, overwhelmed, helpless, sleep-deprived and discouraged."[23]

Given the failure of our political leadership to provide adequate protections for our health care workers throughout the pandemic, we would only expect frontline workers to struggle psychologically. Many of

[22] https://nursesunions.ca/wp-content/uploads/2020/06/OSI-REPORT_final.pdf
[23] https://www.thestar.com/news/canada/2020/04/16/canadian-health-workers-on-covid-19-front-line-say-they-need-mental-health-support-poll-indicates.html

our members have reported isolating themselves from their families for extended periods, and living in a near-constant state of fear and anxiety at the prospect of being infected with the virus or infecting a patient or loved one.

Our members, along with countless other frontline workers, feel like they have been sacrificed and ultimately treated as dispensable by our political leadership. Many have quit their jobs, and others have left the profession entirely. For those who remain, they are working even more overtime – statistics from April and May 2020 show nurses worked on average five more hours of overtime a week than during the same period in 2019.[24] Ten months into the pandemic, nurses are, simply put, burnt out.

To support our members through these very challenging times, we have partnered with Wellness Together Canada to promote the mental health tools available through their online portal. We are also working with the Wellness Together Canada team to provide tailored supports for nurses and other health care workers, that will be made available to all health care practitioners, in addition to the current suite of tools being offered.

While we are grateful for this partnership and recognize the urgent need to provide accessible online mental health supports for nurses and other health care workers, we acknowledge that without addressing the health and safety concerns of nurses through the provision of proper protections, and without additional hiring to create a healthier and safer work environment, these tools can only go so far in providing relief.

Key Recommendations

- Work with the federal government, provinces and territories, and health care stakeholders, to develop and implement a mental health strategy for health care workers. This could be a component of a broader national health human resources strategy.
- Continue to work with the CFNU on promoting and tailoring Wellness Together Canada to health care workers, and ensuring this service remains available for everyone in Canada on an ongoing basis.
- Provide commensurate resources toward the psychological well-being of health care workers as the federal government has provided for public safety personnel (such as through research funding and clinical support). This is especially timely considering the immense toll COVID-19 has taken on our frontline health care workers.
- Given the likelihood that there will be a further erosion of health human resources, adding to already existing nurse shortages as a result of the mental health impacts of the pandemic, the federal government should work with the provinces and territories to establish health human resources planning as part of a national health human resources strategy, ensuring adequate numbers of nurses and other health care workers are retained and recruited going forward.
- Through PHAC, convene a follow-up conference on a national PTSD strategy to help build on the national framework on workplace-related PTSD through knowledge-sharing and capacity-building, leveraging existing best practices and resources. COVID-19 has reinforced the need and urgency behind supports for PTSD for first responders and other frontline workers.

[24] https://www150.statcan.gc.ca/n1/pub/45-28-0001/2020001/article/00074-eng.htm

Preventing and penalizing violence against our frontline health care workers

In HESA's report, *Violence Facing Health Care Workers in Canada*, released in June 2019, nine recommendations were made to the federal government focused on addressing pervasive violence in health care workplaces across the country.[25] We are still awaiting an official response from the government to this report.

As the report noted, a disturbing degree of violence is experienced by nurses and other health care workers. A survey conducted of CFNU's membership found 61% of nurses reported a serious problem with violence over a 12-month period, including verbal abuse, racial or sexual harassment and physical assault. Most violence against health care workers is perpetrated by patients and their families. As high as these figures are, we know that most violence in health care goes unreported.[26]

Many health care workers are citing increasing incidents of verbal and physical abuse in the workplace over the course of the pandemic. The source of much tension is arising from rules restricting access to loved ones in health care facilities, and frustrations are often being taken out on nurses and other workers. Donna MacInnes, president of the Ontario Nurses' Association Windsor Regional Hospital bargaining unit, said her members are subjected to frequent risks to their safety:

"They are being called names, they are being poked at, they are being yelled at constantly, family members have had to be escorted off because of that verbal abuse," she said.[27] Whereas nurses are lauded as heroes from voices outside of health care settings, they are facing repeated abuse on the job by patients and their families.

While restrictions around access to loved ones may be currently precipitating incidents of violence against health care workers, there are numerous factors that have been contributing to violence against health care workers over many years across the country. Perhaps the most critical of such factors is short-staffing, which results in excessive overtime and unsustainable workloads for health care workers.

We know that when workers have too many patients to care for and are exhausted from excessive and even mandatory overtime, quality of care is affected. As nurses struggle to keep up with the pace of unsustainable workloads, frustrations can rise among patients and their families, and incidents of verbal and physical violence against nurses and other health care workers are more likely to occur.

If we truly regard nurses and other health care workers as society's heroes, we should act to ensure routine violence in the workplace is urgently addressed. This crisis must be tackled both as an occupational health and safety issue and as a care issue, as quality of care will always suffer if health care workers are not safe in their jobs.

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[25] https://www.ourcommons.ca/Content/Committee/421/HESA/Reports/RP10589455/hesarp29/hesarp29-e.pdf
[26] https://nursesunions.ca/wp-content/uploads/2017/05/CFNU_Enough-is-Enough_June1_FINALlow.pdf
[27] https://globalnews.ca/news/7404764/coronavirus-ontario-workplace-violence/

Key Recommendations

- HESA should submit a formal request to the federal government, reminding them to issue an official response to the HESA report, *Violence Facing Health Care Workers in Canada*.
- The federal government should implement the report's recommendations, including an update to the Pan-Canadian Health Human Resources Strategy, the development of a pan-Canadian framework to prevent violence in health care settings, and the adoption of a *Criminal Code* amendment to consider assault against a health care worker as an aggravating circumstance for the purposes of sentencing.
- The federal government should work with the provinces and territories to ensure workplace violence risk assessments are regularly performed throughout health care facilities, and workplace violence prevention programs are in place, along with appropriately trained and resourced security personnel.

Federal health funding to protect and expand our public health care system

Had our health care system been under less strain heading into the pandemic, we would have likely seen fewer cases of COVID-19 in our long-term care homes and hospitals. Due to years of insufficient funding, we went into the pandemic with understaffed health care facilities and workers who were already overwhelmed – many of whom had been experiencing clinical levels of burnout.

Before COVID-19, the nursing workforce was aging, with many nurses on the cusp of retirement. Lots of new nurses were choosing to work part time, sometimes because of excessive overtime and unsustainable workloads. We therefore saw shortages in the workforce across the country. Shortages meant that sometimes, particularly in rural areas, emergency departments were closed, and surgeries were cancelled.[28]

A recently released study by the CFNU, entitled *Outlook on Nursing: A snapshot from Canadian nurses on work environments pre-COVID-19*, confirms nurses' long-standing concerns around staffing resources, as well as nurses' dissatisfaction with the supports and abilities of managers and leaders. The degree of dissatisfaction with nursing work environments poses a significant threat to the supply of Canada's nursing workforce.[29]

As part of the study, nurses were asked about their intention to leave their current job. 60% of those surveyed planned to leave their current job within the next year because of job dissatisfaction. Among these nurses, over a quarter (27.1%) planned to leave the profession altogether.[30]

With COVID-19 exacerbating enduring workplace concerns for nurses – such as unsustainable workloads, violence, unsupportive management, excessive overtime and staff shortages – retention and recruitment efforts will need to be even more prioritized in the months and years ahead. The failure of

[28] https://nursesunions.ca/wp-content/uploads/2020/12/CFNU_outlook_ENfinal_web.pdf
[29] Ibid.
[30] Ibid.

governments to adequately protect health care workers over the course of the pandemic will undoubtedly stymy such efforts.

In Quebec, it was reported on September 16, 2020, that the province's health care system lost hundreds of nurses who left the profession in the previous six months. An analysis by Radio-Canada found that more than 1,700 nurses working for 13 of the province's regional health boards left their jobs between mid-March and August.[31] This does not bode well as we try to retain and recruit nurses amid COVID-19.

It is important to recognize this context when assessing the role of the federal government in providing long-term, sustainable funding to the provinces and territories to address the health care needs of their respective populations. In a Canada where COVID-19 is increasing the weight on our health care system, there is an urgency to tackle systemic weaknesses to relieve an untenable burden on the workforce.

The CFNU supports the call from the premiers for the federal government to increase its share of overall health care spending from 22% to 35% a year. However, any increase in federal spending must be accompanied by accountability measures. Canada's nurses need assurances that the funding will be directed toward our most urgent needs, including additional hiring, to alleviate the mounting pressures on our health care workers. Funding to the provinces and territories must never go toward paying down deficits.

Federal health care funding must also ensure that we are building a system that is better equipped to weather future storms on all health-related fronts. This requires targeted federal funding toward a single-payer, national, universal pharmacare program, and universal access to long-term care within a system that provides permanent and well-paid positions with benefits for all long-term care workers.

Key Recommendations

- An increase to the Canada Health Transfer from 22% to 35% a year in overall spending.
- Assurances that any federal spending on health care goes toward our most urgent needs, including hiring more staff to address retention and recruitment challenges for our nursing workforce.
- Federal funding be directed toward a single-payer, national, universal pharmacare program to provide coverage to the hundreds of thousands of people who lost it over the course of the pandemic, and to create a healthier and more resilient population in the face of future potential health crises.
- Federal funding be directed toward the development of national standards for long-term care designed to provide conditional funding to the provinces and territories. That will ensure universal access to quality care in homes that are adequately staffed – and with staff who are fairly compensated through well-paid, full-time employment.

[31] https://www.cbc.ca/news/canada/montreal/nurses-quitting-covid-19-1.5725870

Vaccinating rapidly and equitably, beginning with priority populations

The CFNU welcomes the approval of a number of COVID-19 vaccines by Health Canada. The rapid development of a number of different vaccines for COVID-19 within less than a year is a tribute to the ingenuity of the scientific community working together towards the global objective of containing the virus and limiting its spread.

The successful rollout of the vaccine remains crucial to Canada's objective of containing the virus and bringing this pandemic to an end. Governments, at all levels, must work collaboratively and transparently, including with nurses' unions, to implement a COVID-19 immunization strategy that ensures rapid and equitable distribution of the vaccine.

As recommended by the National Advisory Committee on Immunization (NACI), priority populations, such as seniors in LTC, who are most at risk of severe illness, as well as those that would be most likely to be exposed because of their work, including frontline nurses, must receive the vaccination as soon as possible. In determining its vaccine distribution strategy, governments must continue to follow the scientific evidence and the recommendations of the NACI.

In addition, the CFNU urges governments to begin planning and immunizing the general public as soon as possible. CFNU's membership are ready and willing to help with administering the vaccine to all those living in Canada. We encourage governments to significantly accelerate the timeline for vaccine distribution working together with nurses and other health care professionals to facilitate its distribution.

The CFNU calls on governments across Canada to increase the number of clinics where the vaccine is made available and to create vaccination teams by harnessing the energy of volunteers that can be rapidly deployed to provide support to these clinics in communities across the country. It is also essential for a successful rollout that there is an effective strategy for reaching rural, remote and Indigenous communities in Canada, as well as urban populations most impacted by the virus.

While the CFNU believes that any risk posed by the vaccine is outweighed by the benefits to its membership in being protected from COVID-19, the CFNU does not support mandatory vaccination programs.

Key Recommendations

- Governments, at all levels, must work collaboratively and transparently, including with nurses' unions, to implement a COVID-19 immunization strategy that ensures rapid and equitable distribution of the vaccine.
- As recommended by the National Advisory Committee on Immunization (NACI), priority populations, such as seniors in LTC, who are most at risk of severe illness, as well as those that would be most likely to be exposed because of their work, including frontline nurses, must receive the vaccination as soon as possible.
- Governments should significantly accelerate the timeline for vaccine distribution for the general public, working together with nurses and other health care professionals to facilitate its distribution.

- Governments should increase the number of clinics where the vaccine is made available and create vaccination teams to harness the energy of volunteers that can be rapidly deployed to provide support to these clinics in communities across the country, including remote and marginalized ones.

Conclusion

Canada's nurses are pleased that HESA is studying the impacts COVID-19 is having on our country, assessing the federal government's role both up to the present and moving forward. We believe that the lessons we learn from this pandemic will enable us to build a health care system that leaves nobody behind.

It is our hope that the report's findings and recommendations reflect a bold and promising vision for our collective future – a vision that nurses can play an active role in shaping. As nurses continue to be profoundly impacted by this pandemic – while representing the largest component of the health care workforce – we believe CFNU's voice is essential in the completion of this study.

We thank you for your consideration of our recommendations and look forward to receiving an invitation to appear in person before the Committee as part of this study.