



What the Coronavirus (COVID-19) means for long-term care workers

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ABOUT CANADA'S LONG-TERM CARE SECTOR

The long-term care sector is an integral element of Canada's and the provincial/territorial health care systems. In addition to providing important care for the most vulnerable seniors, the long-term sector employs more than 200,000 workers in Canada and is a growing sector due to the country's aging population. The demand for services will continue to rise, however, concerns around staffing shortage and facility infrastructure remain prominent. Long-term care makes up approximately 11% of all health care spending in Canada – of which the financing stems from both public sector funding and individual (private) spending.

The health care sector is one of the largest single membership categories in Unifor with nearly 30,000 members. Unifor represents workers in a range of roles in hospitals, long-term care facilities, emergency medical services, community services, social services, and home care.

HOW LONG-TERM CARE WORKERS ARE VULNERABLE TO COVID-19

One of the most immediate vulnerabilities to this sector involve the residents in long-term care facilities. These residents are more likely to be older, frail and have chronic conditions which weaken their immune systems. Mortality rates would be very high for infected residents in long-term care homes given their typical age and health conditions. Once someone in a long-term care home is infected, the possibility of spreading the virus to other residents is high because of their health conditions and the fact that they are living in an institutional environment.

WHAT THE UNION EXPECTS FROM EMPLOYERS

Properly following government directives

No visitors to homes

Strict screening

Appropriate protective measures

No doctor's notes to claim sick leave

Full income assistance

More staffing

Premium Pay

Workers in long-term care homes are also vulnerable. Because of the compromised health conditions of residents, the institutional environment and direct contact workers have with residents while providing care, the possibility of spreading the virus to both residents and staff is quite high. The chronic understaffing that has plagued the long-term care sector places additional pressure on





staff, who are working longer hours and dealing with more residents at a time. Reports of shortages for protective equipment across health care sector workplaces also places additional pressure on long-term care workers.

In March, Lynn Valley Care Centre in British Columbia experienced an outbreak, leading to several residents being infected including Canada's first fatalities (all residents) due to the virus. This long-term care home has demonstrated the vulnerability of these facilities amidst the pandemic, as several workers in the home have also tested positive for COVID-19. Meanwhile, residents and workers have tested positive in another B.C. home and a couple facilities in Ontario.

In terms of economic vulnerabilities, the long-term care sector is not facing the same challenges as many other sectors (e.g. those linked to transportation, energy, hospitality, and many others). Facilities will likely continue to operate at full capacity and the demand for additional shifts for part-time and casual workers may increase throughout the pandemic.

HOW LOCAL UNIONS IN THE LONG-TERM CARE SECTOR CAN SUPPORT MEMBERS

First, local unions must ensure long-term care homes are adhering to the government directives related to visitors, screening and care protocols in long-term care homes.

Visitors: Nova Scotia has declared that all long-term care homes are closed to visitors. Ontario has directed that longterm care homes can allow only "essential visitors" - those who are visiting residents who are dying or very ill.

Screening: Local unions must ensure there are proper screening processes in place for anyone entering a facility. This also includes ensuring any worker who recently returned from international travel self-isolate for 14 days and isn't scheduled to work. While this has generally been the directive across Canada, jurisdictions like Ontario have made exceptions to this rule for health care workers that are deemed "critical" by all parties - the determination of which includes agreement by the union.

Protection: Local unions must ensure members have access to proper protective equipment through their employer, especially for those in closest contact with residents. This includes proper fitting, and training on a regular basis so that staff have the best available knowledge for personal safety in what is a rapidly-changing and fluid situation.

Sick notes: Local unions must ensure employers and governments do not require health care workers who fall ill or experience flu-like symptoms to provide doctor's notes in order to claim sick leave benefits.

Income security: Local unions can urge federal government officials to expand eligibility for employment insurance benefits (including sick benefits) as many part-time long-term care workers may fail to secure enough work hours to qualify. Local unions can also urge provincial government officials to institute a minimum of 14 days of paid sick leave whether a worker has been formally quarantined by a health official or has been required to self-isolate. Health care workers should receive full income assistance, including financial support from employers, during this time of crisis.

Staffing: Local unions must urge employers and governments to ensure adequate staff ratios are maintained in order to provide care safely and follow all precautions necessary to protect themselves and residents. Long-term care homes should be increasing hours for all part-time and casual employees who are able to work full-time hours. In Ontario, the government issued an emergency order to temporarily allow long-term care homes to ignore provisions in collective agreements in order to make particular staffing decisions during the pandemic (see March 24 memo). The government subsequently issued an order that temporarily allows long-term care homes to forego certain reporting and documentation obligations, along with additional flexibility around hiring (see April 1 memo). Local unions must monitor employers' actions and ensure that resident care is not compromised by the use of unqualified staff or volunteers, and that existing members are prioritized in filling staffing needs.





Premium Pay: Local unions must urge employers to provide a premium for all hours worked during the pandemic to all staff. As the essential, front-line workers during this crisis, members are putting themselves at greater risk while on the job. Members are already under increased pressure because of regular short-staffing and the systemic shortage of PSWs in the sector. A premium pay would assist members in dealing with additional costs like childcare, while providing an incentive for staff to stay employed at or attract more workers to the facilities.

Unifor has launched a hub for member information about the pandemic at unifor.org/COVID19 and encourages members to check the site regularly for updates.

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