

Ontario's Story

On March 17, 2020 the Ontario government locked down residential care, including long-term care (LTC) and retirement homes. It was not until five weeks later – with COVID-19 infections rising – that the government stopped staff from working at more than one place. Neither of these measures blunted the lethal impact of the pandemic on older populations or LTC staff. At the beginning of 2021, health care workers and residents in care facilities were prioritized for vaccination; still, by the end of April 2021 eleven care staff and nearly 4,000 Ontario residents of residential care had died of COVID, and numbers climbed higher after the second wave of the pandemic. Many Ontarians will recall rows of white crosses in front of care homes, signalling the tragedy.

What made Ontario's residential care settings so deadly for residents and staff during COVID? Lessons in pandemic planning learned during the 2003 SARS outbreak had been abandoned. Desperately needed PPE was often unavailable. Shared rooms and large congregate spaces in outdated facilities allowed for easy transmission of disease. Routine government inspections – which might have corrected the low standards of infectious disease control in many homes – had been discontinued to cut costs. Staffing levels remained lower than needed.

Ontario was not the only province with low staffing levels and inadequate access to nursing care, but this worsened during the pandemic. Relaxation of provincial rules during COVID allowed Ontario facilities to drop the required minimum number of registered nurses, leaving personal support workers (PSWs) as the backbone of a dwindling COVID LTC workforce. Staff – many of them racialized women – fell ill. Some could not work because they feared infecting family, and others burned out, working double shifts. The Canadian military was called in to



some LTC homes where they found residents living in deplorable conditions.

The emotional costs of working during COVID were high: PSWs were emotionally and physically exhausted, aware of the heightened risks of COVID infection that they faced while also witnessing the realities of COVID-death in their workplaces.

As the pandemic stretched on, isolation and restricted access wore down residents, family and staff. To manage, residential care homes allowed supervised distanced 30-minute visits, but communication remained difficult and displays of physical affection were impossible. Family found their relatives had lost weight and cognitive capacity. In some cases, chosen family of 2SLGBTQI+ residents were denied access because they were not considered kin.

Some facilities struggled, while in others mass infection was controlled, staff were better protected and retained, and good care was provided to isolated residents. For instance, LTC homes run by the City of Toronto were notable compared with other facilities for ensuring a stable workforce and care for residents. There were other instances where residential communities themselves took charge in the face of perceived institutional indifference. LTC workers, for example, started mutual aid projects, distributing care kits to each other. In April 2020 a group of residents in the City's Castleview-Wychwood facility successfully pushed back at being denied the right to go outside.