

Ontario Health Coalition
Staffing in COVID-19 Pandemic Survey Results
Interim Report November 23, 2020

Enough staffing?

Yes- 6

No – 24

Sometimes-2

- Not enough front line staff

Work which cannot be done?

- Counselling and service to families + computer entries on the MOH website
- Showers or baths
- Feeding/hydration
- Transporting residents to cohort (not enough lifts, need a second person)
- Staff breaks
- Emotional support from residents
- Talking to family members on the phone
- Giving medication
- Documentation
- Supervising PSWs
- Not enough O2 treatment equipment
- Housekeeping- 2
- Not enough laundry staff
- Answering resident calls so they don't get up and fall

Enough/Adequate PPE?

Yes- 21

No- 9

Even among those who answered yes, they described some of the following:

- Asked to reuse face shields
- Had to advocate for more N95s
- Not proper fit-tested N95s
- Not enough time to change PPE
- Discouraged from using N95s
- Using surgical masks with COVID-19 residents
- Told to take masks home to reuse them
- Locked up PPE-2
- Not enough gowns
- Not enough gloves
- No disinfectant wipes, using hand gel and paper towels, other eg disinfectant wipes old and dry, not useable

Are COVID-19 positive residents separated?

Yes- 20

No- 2

Only very recently-2

Yes at first, now too many infected residents-3

Not enough staff to keep residents from wandering- 10

Physical barriers to stop residents from wandering?

Yes- 5

No- 4

- Power chairs are being taken away restricting residents' movement/wheelchairs removed to stop residents from leaving room
- Rooms not locked but encouraged to stay
- Rooms locked for Alzheimers patients
- Wheelchairs removed

Are staff who are COVID-positive but asymptomatic being required to work?

Yes- 7

No- 22

Don't know- 3

Other key issues that you believe are contributing to the spread of COVID-19 in your long-term care home?

- Had to fight for additional testing- did not test unless there were symptoms
- Allowing all different type of service in the building: Rogers Cable, maintenance, hair dressing services.
- Things take longer- delivering food trays, collecting dishes, putting on and taking off PPE, paperwork
- Staff bring it from community
- Not enough slings to move residents
- Short of qualified staff. Sometimes they sent helpers to help. Helpers are not PSWs. They are mostly doing the feeding and some of them can push wheelchairs. This situation made all the regular staff easily burn out or injured.
- Discouraged from sending residents to the hospital.
- Not enough disinfection.
- Public Health continued allowed these family members entering and staying with residents whether they have COVID or not.
- No negative pressure single room.
- No ceiling lift.
- Equipment being shared among rooms (not enough for one in each room).
- Only staff that hasn't been COVID-positive before are being tested every two weeks. Not the staff that have been infected before.
- Bad ventilation.
- Agency staff coming from hotspots.

- Poor management.
- Improper hand/mask hygiene.
- Residents using shared spaces.