

BRIEF



**CANADIAN
NURSES
ASSOCIATION®**

BRIEFING ON THE EMERGENCY SITUATION FACING CANADIANS IN LIGHT OF THE SECOND WAVE OF THE COVID-19 PANDEMIC

**Submission to the House of Commons
Standing Committee on Health
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Introduction

Across Canada, nurses continue to carry out outstanding and tremendous work to keep people living in Canada safe. In this time of an unprecedented public health crisis, Canada's 440,000 nurses are working tirelessly every day to help ensure we have a healthy workforce to keep our economy strong and make our country more resilient. Nurses in Canada are helping the public not only navigate a second wave but also understand the importance of ensuring public health guidelines are followed. Moreover, nurses have been pivotal in ensuring Canada's health-care systems are able to manage and cope with the stresses that COVID-19 has brought.

The Canadian Nurses Association (CNA) is a powerful, unified voice for the Canadian nursing profession. We represent all categories of regulated and retired nurses in all 13 provinces and territories. We advance the practice and profession of nursing to improve health outcomes and strengthen Canada's publicly funded, not-for-profit health system.

CNA appreciates the measures taken by all levels of government across Canada to minimize the spread of COVID-19, which have helped many people living in Canada during this unprecedented time. Nevertheless, CNA is concerned with the impacts of the recent surge in COVID-19 cases across Canada, particularly on vulnerable people and health-care capacity.

From a nursing perspective, many of the issues and concerns faced during the initial COVID-19 outbreak in the spring remain the same and have now been amplified as a result of persistent fatigue. Amid these challenges, nurses across Canada continue to demonstrate unique leadership, commitment to service, and a focus on evidence-informed best practice in an effort to help combat the spread, while also caring for those directly affected by COVID-19.

This initial submission to the House of Commons Standing Committee on Health highlights key areas of concern to nurses amid the second wave of the COVID-19 pandemic. CNA requests to participate in the committee's study as a key witness. We have cross-cutting concerns related to the pandemic and would appreciate the opportunity to contribute to many of the themes the committee is set to study.



Areas of concern

Personal protective equipment

Eight months into the pandemic, CNA remains concerned about consistent, reliable and adequate supplies of personal protective equipment (PPE) for nurses and all health-care workers across the country. Currently, we are seeing a significant increase in the number of reported cases across the country — however, to respond to the second wave, the government needs to continue procuring PPE and ensuring that health-care workers have clear evidence-informed guidelines for the use of this equipment. CNA recognizes the importance of using all available controls to mitigate the risk of transmitting COVID-19, including environmental controls such as physical distancing, ventilation systems and administrative controls such as screening visitors and patients. However, PPE is the last line of defense to protect health care workers, and the supply and access should be sufficient to respond to needs at points of care.

Although the availability and supply of PPE has improved since the early days of the pandemic, it remains inconsistent across provinces and territories. In a CNA survey conducted in September 2020, nurses identified supply of PPE as one of their top three concerns regarding a second wave of the pandemic. When asked what the government should prioritize, securing PPE was the highest priority, although close to 75% of nurses said their organizations already had PPE. Moving forward, nurses should always have access to the equipment they need to do their work safely. Using clinical judgment and point of care risk assessments, nurses have both the knowledge and expertise to determine the appropriate level of protection for each patient interaction. In addition, as nurses continue to support our country through an unprecedented pandemic, they must be empowered to participate in decisions that directly affect their health and safety, as well as that of their patients, clients and communities. CNA strongly encourages the engagement of nursing leadership in supply chain management and decision-making to ensure timely and transparent provision of PPE for health-care workers.



Vaccination

CNA is pleased the National Advisory Committee on Immunization (NACI)¹ published the list of priority groups for COVID-19 vaccination, and we look forward to supporting the government in improving and developing strong public health communication. In anticipation of the COVID-19 vaccine, clear guidelines and a strong nursing and health-care workforce are critical to successfully deploying a mass COVID-19 immunization program. Our experience with H1N1 and SARS has demonstrated how there can be major challenges with vaccine deployment.

In 2010, CNA released a report, *Canada's Pandemic Preparedness*, following H1N1,² which highlighted challenges related to implementing vaccination programs for priority groups, including significant ethical concerns with determining eligibility for approved groups and inconsistent guidelines. It is critical that consistent guidance and resources are provided for nurses and health care workers to ensure a successful vaccination campaign. In addition, nurses are central to the delivery of vaccinations in Canada and around the world, delivering vaccinations in schools and community settings as well as managing vaccination programs.³⁴ Nurses have a key role to play in the planning and implementation of COVID-19 vaccination programs in Canada.

Testing and contact tracing

CNA was pleased and welcomed the federal government's Safe Restart Agreement (SRA), which provides more than \$19 billion to help provinces and territories make Canada more resilient to COVID-19, especially as it relates to contact tracing and testing. The SRA's goal is to ensure that provinces and territories have the capacity to test up to 200,000 people per day, however the current testing capacity as of October 29 is slated at just over 132,000.⁵

Amid the second wave of COVID-19, CNA is encouraged that Canada is overall in a better position compared to the spring, however continuing to expand access to rapid testing technologies and focus government resources in large-scale testing and surveillance needs to remain a priority in order to overcome the second wave of COVID-19.



Aging in Canada

Long-term care homes

Canada has witnessed the staggering effects COVID-19 has had on our health-care system, particularly in long-term care (LTC) homes across our country. During the first wave of the pandemic, LTC deaths surged in Canada, representing 80 per cent of COVID-19 deaths. They are in part a result of decades of neglect of the LTC sector and a growing mismatch between the level of care required by people living in those settings and the level of care available.

Despite this devastating toll in LTC homes during the first months of the pandemic, the second wave of COVID-19 has re-hashed vulnerabilities leading to an increase in COVID-19 infections among LTC home residents and staff.^{6,7} This sector needs special and immediate attention from governments to address gaps in these settings. In an effort to re-imagine aging in Canada, including home care, institutional LTC, and end-of-life care, CNA released on May 27, a report entitled *2020 Vision: Improving Long-term Care for People in Canada*,⁸ which, among other recommendations, calls on governments to redesign LTC to address serious vulnerabilities.

Even with lessons learned from the first wave of the pandemic, staffing and workforce issues in LTC homes remain a critical issue that requires immediate action to increase recruitment and retention of skilled staff and ensure robust optimized conditions. As it pertains to federal jurisdiction, protocols and public health guidance need to be broader than PPE. Federal guidelines need to help ensure the wellness and safety of patients and health-care workers, as well as promote the retention and an appropriate staff mix. The government's commitments in the speech from the throne in the areas of aging and LTC are positive ones, but there is an emergency in the sector right now and significant resources must be allocated now to shore up the situation and avoid preventable deaths.

The pandemic has exposed the LTC sector's lack of preparation for the prevention and control of emerging infectious diseases effectively and consistently, as well as the challenges with implementing public health measures (i.e. physical distancing, visitor restrictions) with this vulnerable population.



To address these challenges, CNA has called on the federal government to lead the development of national standards for LTC and we are encouraged to see plans in the throne speech for their development, as well as for plans to help people age in place. To further move the needle, CNA calls on the federal government to lead a national conversation around aging to identify the best models to support safe and dignified aging in Canada — in homes, communities, clinics, institutional LTC, and palliative and end-of-life care. Dedicated federal funding with accountability measures for the LTC sector are needed and stronger partnership with the provinces and territories will be critical.

Adequacy of federal health transfers

Improving the lives of older people amid the COVID-19 pandemic, and especially meeting the LTC needs of people living in Canada, will require sweeping changes. Part of that is an examination of how we care for older adults and those with complex continuing care needs in light of the COVID-19 crisis. To adequately respond to increased health-care costs due to new surges of COVID-19, as well as provide adequate care for older people, it is critical that federal health transfers meet the needs of Canada's aging population.

Even before the pandemic, it was estimated that population aging would drive 20% of increases in health-care spending over the next 10 years, which amounts to an additional \$93 billion.⁹ More funding will be needed to cover the federal share of health-care costs to meet the needs of older adults. Additional funding is needed to address the rising costs of population aging by introducing a demographic top-up to the Canada Health Transfer with accountability measures. This would enhance the ability of provinces and territories to meet the needs of Canada's older adults and invest in LTC, palliative care, and community and home care.

The benefits of redesigning how we provide care for older people (Canada's largest growing demographic) and others with complex continuing care needs will go beyond improving their lives and health. A good institutional LTC system, in tandem with effective, well-organized primary, community and home care, will ease pressure on the acute-care system and eliminate many of the gaps in the continuum of care that too often result in previously independent older people landing in the hospital or LTC.



Health-care workers

Mental health

Mental health challenges continue to be a pressing issue for nurses and all health-care workers. Evidence suggests nurses are currently experiencing worsening mental health outcomes such as anxiety and depression,¹⁰ which is in line with nurses globally as the International Council on Nursing (ICN) found over 60 per cent of national nursing associations reporting mental health distress of members such as burnout, stigma, and discrimination.¹¹ CNA's survey found that nurses' mental health had deteriorated over the last few months, with 80% of nurses indicating that in beginning of the pandemic, their mental health was good or excellent, whereas only 47% of nurses felt the same at present, indicating a very serious decline in overall mental health of nurses.

Nurses are facing unprecedented challenges and can experience significant work-related stress due to increased workload, lack of resources and personal protective equipment (PPE), concern for personal and family safety, moral distress, and exposure to significant human suffering.¹² In addition to workplace stress, nurses also experience the compounding effect that many other Canadians are experiencing such as financial and childcare concerns.

CNA is extremely concerned that worsening mental health of nurses could lead to long-term health effects for nurses and the health-care system, including amplifying nursing shortages, which is a critical issue in some parts of Canada. Considering the nursing workforce in Canada is majority female,¹³ mental health issues experienced by nurses could also lead to further declining women's participation in the workforce, which has already been pushed down to its lowest level in three decades, with 1.5 million women losing their jobs in the first two months of the recession.¹⁴

As CNA noted in its written submission to the House of Commons Standing Committee on Health in May 2020, even prior to COVID-19, nurses were already suffering from high rates of fatigue and mental health issues. CBC's Fifth Estate found in 2018 that some 40 per cent of registered nurses reported feeling a high degree of burnout.¹⁵ A study from the Canadian Federation of Nurses Unions, released in June 2020, noted high rates of mental illness, including major depressive disorder, generalized anxiety disorder, clinical burnout, PTSD and panic disorder.¹⁶ The COVID-19 pandemic has exacerbated these issues, with nurses in all settings facing significant challenges to their mental and emotional well-being.



CNA strongly recommends immediate rapid access to no-cost accessible mental health support services tailored for health-care providers during the pandemic and long after. While CNA is pleased to see strong investments in virtual and mental health support services from the federal and provincial governments for the general public, immediate investment in multifaceted mental health interventions tailored to health-care professionals (along with secured investment for long-term mental health support) is needed to ensure the nursing workforce remains healthy beyond the immediate crises.

Health-care worker data and information

Since this past spring, CNA has been working closely with the Canadian Institute for Health Information (CIHI) to better collect and develop data related to COVID-19 infection amongst health-care workers. CNA was pleased that in September 2020 CIHI released its first report, *COVID-19 Cases and Deaths Among Health Care Workers in Canada*, based on data as of July 23, 2020.¹⁷ CIHI found that, at 19.4% of the Canadian total of 112,672 cases, the proportion of COVID-19 infections among health-care workers was nearly double the average globally.¹⁸ While CNA welcomes the report from CIHI, it is critical that the collection of health-care worker infection data is further developed and reported on a routine basis.

Furthermore, a standard, comprehensive and integrated data infrastructure is also needed to ensure the systematic collection of health-care worker infection and mortality data. This will allow governments to better understand transmission within health-care delivery and ensure appropriate protections are in place for patients and health-care workers.¹⁹ Without this important information, it is difficult to determine where health-care workers are facing greatest risk of exposure, highest rates of infection and most severe outcomes, and thus what recommendations are needed to keep them safe. This data should provide the granularity needed to disaggregate the data by type of health-care worker, among other relevant demographics.

Vulnerable populations

Nurses are also worried about populations who are more at risk for the spread and impact of COVID-19, including Indigenous Peoples, those in remote settings and racialized communities. Other vulnerable populations include, but are not limited to, the homeless, persons with disabilities, persons who use substances, members of visible and invisible minorities who are marginalized (e.g., LGBTQ persons in LTC) and those in congregate settings such as prisons and shelters. These populations require strategic and ongoing supports by all governments.

The pandemic response and public health measures have also unintentionally impacted



and exacerbated vulnerabilities of certain groups, thus requiring strategic supports by the federal government to ensure equitable outcomes.

Indigenous communities

Indigenous communities have been significantly hit in the second wave of the COVID-19 pandemic, reporting 792 active cases and 17 deaths across Canada (as of November 10, 2020).²⁰ Although the rate of infection is similar to that of Canada, significant outbreaks in Alberta, Saskatchewan and Manitoba have largely been responsible for the steady increase in infectious cases that have continued since the end of September.²¹ In the first wave, Indigenous-led strategies successfully abated the high rates seen in other areas of the country. However, with the resurgence of COVID-19, outbreaks have occurred in a number of provinces.

CNA is pleased to see the \$2.4 billion investments by the federal government over the last several months to support Indigenous communities' response to the pandemic, and the most recent funding provided to strengthen community infrastructure for public health measures.²² CNA strongly recommends continued investment in community-led solutions and interventions as these solutions proved successful in the first wave of the pandemic.²³ Working in collaboration with Indigenous communities and partners, the government should invest to ensure health and human resources are sufficient (such as rapid testing technologies and increasing health-care workers), and available to support an aggressive response to this resurgence.²⁴

Racial inequities in COVID-19

Historical and structural disparities faced by racialized communities in Canada have been exacerbated by the COVID-19 pandemic. Thus, the impacts of COVID-19 have not been felt equally across the country. Local reports in both Montreal²⁵ and Toronto²⁶ have found higher rates of COVID-19 infections and fatality in racially diverse neighbourhoods, along with worse severity of health outcomes.²⁷ National data is unavailable as the collection of race and ethnicity-based information is absent or inconsistent between provinces and across health systems.

CNA was pleased with the federal government's recent commitments to address systemic racism in Canada. However, to better direct appropriate resources and investments as we navigate a COVID-19 second wave, enhanced collection and analysis of race and ethnicity data in partnership with racialized communities is critical. In addition, racialized communities should have access to resources to develop community-driven solutions and interventions that meet the unique challenges and needs during this pandemic. CNA further calls for collaborative structures to ensure identified health disparities are addressed.²⁸



Conclusion

CNA is concerned with the effects of the COVID-19 second wave in Canada. The federal, provincial and territorial governments need to remain vigilant and continue to hear from the expert voices of nurses and Canada's health-care professionals.

The second wave is placing added pressures to Canada's acute care systems, long-term care homes, vulnerable populations including Indigenous and racialized communities, and the safety and wellness of nurses and other health-care workers. These have the potential to be even more serious than the effects we experienced during the first wave of COVID-19.

The months ahead will be challenging and COVID-19 is far from over. As a nation, we have an opportunity now, with the lessons from COVID-19 still unfolding, to bring about essential transformations to our health-care system and create a safer and more equitable society.

Endnotes

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