

COVID-19 and Long-term Care: Policy Takeaways

CONTEXT

Long-term care homes in Ontario were the epicenter of COVID-19, and residents of these homes made up the majority of COVID-19 deaths during the first wave of the pandemic. Challenges around facility design, symptoms presentation, and testing protocols must be addressed to protect seniors now and prevent outbreaks in the future.

How is the COVID-19 pandemic impacting long-term care?

The surge in COVID-19 cases among 20–30 year olds after Mother’s Day contributed to a higher prevalence of COVID-19 among parent-age individuals in their 50s and 60s. Additionally, working individuals in their 20s, 30s and 40s tend to have more social contacts, which exacerbated the spread to broader communities and led to a rapid increase in hospitalization rates and mortality risk.

What are some social characteristics associated with outbreaks?

Community and facility characteristics are deterministic to the risk of an outbreak. Community rates directly impacted the rates in long-term care facilities. Larger facilities had a higher chance of an outbreak due to a higher number of residents and staff members. The frailty and lack of longevity of staff also placed more seniors at risk of contracting COVID-19.

Design standards were another significant factor that influenced the scale of outbreaks. Bigger outbreaks often took place in facilities with older, pre-1970 designs where they had ward-style beds, bedrooms with three or four residents, shared bathrooms, and more cramped common space. In facilities with newer, post-1995 designs, overcrowding was much less of an issue. There was a maximum of two residents per room and a separate washroom. No more than 32-40 people were allowed in a unit, which controlled the spread of the virus.

What are some longstanding issues that left long-term care facilities vulnerable to the pandemic?

A structural lack of attention to the long-term care system as well as institutionalized ageism remains an ongoing issue. The long-term care system lacks innovation and meaningful upgrades in addition to long-standing problems such as understaffing, poor training, and outdated ownership models. Canadian jurisdictions have not dedicated enough resources and efforts to the health and well-being of our seniors, and this was already reflected in exceptionally higher death rates during flu seasons in long-term care facilities before the pandemic.

How has Canada been doing testing in long-term care homes?

Canada has been primarily using symptom-based testing, which is dependent on whether people show COVID-19 symptoms. However, given how older, frail adults' immune systems differ from younger populations it has been particularly challenging to identify COVID-19 cases based on their atypical symptoms. Seniors' asymptomatic period is also significantly longer for COVID-19, leading to an overrepresentation of negative COVID-19 test results at the beginning of people's infection. Coupled with a 14-day turnaround testing period, the likelihood of COVID-19 spread increases when no tests can be administered in between.

Canada has not established sound testing and tracing strategies. Testing has been mainly given to symptomatic people as opposed to people with exposures. Poor contact tracing in schools and many other settings has inevitably raised community rates.

Key Policy Takeaways

1. Administer more frequent, rapid testing to catch asymptomatic individuals.

As people await their test results, they continue to spread the virus. Ontario needs to increase the frequency of testing to shorten turnaround time so that asymptomatic and highly infectious individuals can be quickly identified and contained. Frequent, rapid testing is the most effective at detecting contagiousness.

2. Mandate surveillance screening across all facilities.

Frail, older adults have a set of symptoms that do not apply to the rest of the population. Moreover, some seniors may not have the ability to communicate their symptoms due to other disabilities and illnesses. Surveillance screening is the only helpful tool that can accurately categorize symptoms regardless of how minor they are..

3. Upgrade design standards of long-term care homes

As many as a thousand infections and 300 deaths were attributed to overcrowding in long-term care homes during the first COVID-19 wave. The government needs to prioritize investment to upgrade design standards of all long-term care homes. All four bedrooms need to be replaced with the standard two bedrooms, which requires about 5000 new beds.

4. Invest in human resources and supplies to improve working environments for staff members

Addressing the frailty of staffing is critical to the prevention of COVID-19 within long-term care facilities. Ontario must increase investments in staffing to address the longstanding staffing shortages and subpar working conditions. Canadian jurisdictions need to ensure fair compensation and job security for workers, provide training and career development opportunities, and lessen their workload by adjusting staffing ratios. Also, more funding needs to go into securing PPEs for healthcare workers to reduce the spread from staff members to residents.