

February 3, 2021

Hon. Doug Ford, Premier  
Hon. Merrilee Fullerton, Minister of Long-Term Care  
Legislative Building, Queen's Park  
Toronto, ON M7A 1A1  
[doug.fordco@pc.ola.org](mailto:doug.fordco@pc.ola.org)  
[merrilee.fullerton@pc.ola.org](mailto:merrilee.fullerton@pc.ola.org)

Dear Premier Ford and Minister Fullerton,

We are writing to express our grave concern regarding the Jan. 8, 2021 directives, outlined in a Jan. 27, 2021 memorandum to long-term care (LTC) home licensees across Ontario.<sup>1</sup> While RNAO, along with NPs and all nursing staff in LTC always adhere diligently to all government directives, these particular directives are cause for serious concern.

We know that you join all nurses in our collective understanding of the importance of relating to nursing home residents. This means always remembering first and foremost that LTC homes are the primary residence for our vulnerable seniors. These are the places that residents call “home.” We also know that you understand that the most crucial shortfall in our LTC homes is the dire shortage of nursing and support staff.

RNAO has received numerous calls of serious concern from LTC NPs, RNs, RPNs, PSWs and essential care partners regarding the presence of “third party oversight”<sup>2</sup> – in the form of guards – at the entrances to LTC homes. To summarize these concerns – which RNAO shares – having a guard at the entrance to a LTC home is flawed from at least two perspectives.

First, this is akin to having a guard at the entrance of one's personal residence. Unless there are serious and active threats, this approach should not be utilized at the “homes” of LTC residents. Nursing staff question why security for this purpose is needed at all. Instead, we suggest the funds needed for this purpose should be funneled into more staffing for LTC homes. This funding could enable homes to hire more caregiving and screening personnel. The best security for LTC residents and staff is adequate staffing. This is something RNAO has been actively advocating for well over a decade, including in meetings and consultations with Minister Fullerton and throughout the entire COVID-19 pandemic.<sup>3 4 5</sup>

The second area of deep concern is the directive regarding the rapid antigen testing requirement to be carried out on LTC staff multiple times per week, and on essential caregivers on each visit.<sup>6</sup> While there may be some advantage to the rapid antigen testing (i.e. the rapidity of results), this directive will tax LTC staff even further.<sup>7</sup> LTC homes will be so busy fulfilling these testing directives, there will be little time left to provide the most basic care to residents. This rapid testing requires at least 25 minutes per test for documentation of consent, performance of the testing, waiting for results and documenting those results for each staff member multiple times per week. Staff will need to be in a “holding pattern” as they wait on a negative result to start their shift.<sup>8</sup> This, coupled with the number of false positives experienced with this rapid antigen test, requiring more staff to be absent unnecessarily from work, reduces the staff compliment even more. As we are all keenly aware, LTC homes at present are operating on skeleton staffing schedules, and the required antigen testing, with its impact on staff availability, makes the vital goal of providing safe, basic care unattainable. Furthermore, when the test produces a false negative, this can inadvertently contribute to the introduction of the virus to homes.<sup>9</sup>

There is absolutely a place for rapid antigen testing in certain situations. However, this directive as it stands now has extreme implications for the availability of staff to provide the care LTC residents need and deserve. We assert that if adequate additional funding were provided directly to LTC homes to support staffing for such testing, as well as to bolster the nursing and support hours per resident, per day to four worked hours of direct care, this could be a useful directive. Unless that happens, our LTC homes predict there will be further crises for resident care, staffing and the budget (given the overtime needed to carry out these tests). Of course, if inspections occur in the midst of these crises, there will be even more fallout for staff and residents. While these directives may be well-intended, their implementation puts more pressure on an already strained and broken system, and unfortunately the facilities and staff are often blamed when there are shortfalls. Alternative options include increasing laboratory testing capacity or dedicating labs for the LTC sector with rapid turnaround time, similar to the hospital sector.

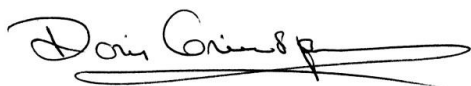
Premier and Minister Fullerton, we are one year into a pandemic that has had a devastating impact on LTC and the entire health system.<sup>10 11</sup> We are gravely concerned that despite reports and expressed commitments by both of you, there has been no obvious progress made to address immediately the urgent staffing crisis in LTC. The proposed budgeted staffing plan over the next four years<sup>12</sup> is too far out to alleviate the emotional and physical stress of staff, and improve care for residents and their loved ones.

RNAO calls on the government to:

1. Withdraw the directive related to the presence of “third party oversight” at the entrance to LTC homes, and instead allocate this substantive funding (\$42 million) to be used directly by the homes to support their clinical staffing and COVID-19-related needs.
2. Provide leeway to LTC homes to utilize NPs and nurse managers to make decisions about which type of regular testing to use in their home, and in which specific situations. This should come with the proviso that ongoing, regular testing of staff, volunteers, students and essential family caregivers be carried out for surveillance, prevention of outbreaks and overall safety.

We look forward to discussing these issues with you and contributing to workable solutions for LTC residents, staff, students and essential family caregivers.

Warm regards,



Doris Grinspun, RN, MSN, PhD,  
LLD(hon), Dr(hc), FAAN, O.ONT  
Chief Executive Officer  
Registered Nurses' Association of Ontario  
(RNAO)

CC. Hon. Christine Elliott, Deputy Premier and Minister of Health

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<sup>1</sup> Ministry of Long-Term Care. (2021). Enhancing the Protection for LTC Homes Through Rapid Antigen Testing and 3rd Party Oversight. Memorandum to Long-Term Care Home Licensees. January 27. <https://ipac-canada.org/photos/custom/Members/pdf/MLTC%20Assoc%20DM%20Memo%20re%20Enhancing%20Protection%20for%20LTC%20Homes-v1.0-2021-01-27.pdf>

<sup>2</sup> *Ibid*

<sup>2</sup>Registered Nurses' Association of Ontario. (2020). RNAO releases list of 35 reports and recommendations dating back 20 years documenting the government's failings of Ontario long-term care sector. June 5. <https://rnao.ca/news/media-releases/2020/06/05/rnao-releases-list-35-reports-and-recommendations-dating-back-20-year>.

<sup>3</sup>Registered Nurses' Association of Ontario. (2020). Long-Term Care Systemic Failings: Two Decades of Staffing and Funding Recommendations. June 5. [https://rnao.ca/sites/rnao-ca/files/RNAO\\_LTC\\_System\\_Failings\\_June\\_2020\\_1.pdf](https://rnao.ca/sites/rnao-ca/files/RNAO_LTC_System_Failings_June_2020_1.pdf)

<sup>5</sup> Registered Nurses' Association of Ontario. (2020). Nursing Home Basic Care Guarantee. RNAO Submission to the Long-Term Care Staffing Study Advisory Group. <https://rnao.ca/policy/nursing-home-basic-care-guarantee>

<sup>6</sup> Ministry of Long Term Care. (January 21<sup>st</sup>, 2021). Enhancing the Protection for LTC Homes Through Rapid Antigen Testing and 3rd Party Oversight. Memorandum to Long Term Care Home Licensees.

<sup>7</sup> Gallant, J. (2021). Should nursing homes use rapid tests for COVID-19? It depends on who you ask. *Toronto Star*. Jan., 20.

<sup>8</sup> Based on discussions with LTC Home Nursing Administrators and RNAO, week of January 25, 2021, and RNAO Nurse Practitioners in LTC meeting, January 28, 2021.

<sup>9</sup> Gallant, J. (2021). Should nursing homes use rapid tests for COVID-19? It depends on who you ask. *Toronto Star*. Jan., 20.

<sup>10</sup> CBC, Toronto. (Jan 12, 2021). *Ontario issues stay-at-home order as COVID-19 models show province is at 'dangerous point'*. Retrieved from <https://www.cbc.ca/news/canada/toronto/ontario-covid-modelling-jan-12-1.5868797>

<sup>11</sup> RNAO. (May, 2020) *RNAO saddened by the loss RN Brian Beattie to COVID-19*. Media Statement, Toronto <https://rnao.ca/news/media-releases/rnao-saddened-loss-rn-brian-beattie-covid-19>

<sup>12</sup> Government of Ontario. (December, 17, 2020). Ontario Launches Historic Long-Term Care Staffing Plan: Province to Invest up to \$1.9 Billion Annually by 2024-25 to Achieve Average of Four Hours of Daily Direct Care. News Release. <https://news.ontario.ca/en/release/59727/ontario-launches-historic-long-term-care-staffing-plan>