CSA GROUP™

Gender Report

To inform the gender responsiveness during the development of the National Standard of Canada for Long-Term Care Home Operations and Infection Prevention and Control (CSA Z8004)







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2,500
Care Homes
experienced a COVID-19 outbreak between March 1, 2020, and February 15, 2021.

14,000
Deaths
COVID-19 outbreaks resulted in 14,000 resident deaths and nearly 30 staff.

80%
Covid Deaths
As of May 2020, more than 80% of COVID-19 deaths in Canada occurred in care homes.



Introduction

Background

COVID-19 has had an enormous impact on long-term care (LTC) residents, staff, and families. More than 2,500 care homes experienced a COVID-19 outbreak between March 1, 2020, and February 15, 2021, resulting in the deaths of more than 14,000 residents and nearly 30 staff.[1] As of May 2020, more than 80% of COVID-19 deaths in Canada occurred in care homes—the highest rate among thirty- eight Organisation for Economic Co-operation and Development (OECD) countries and well above the OECD average of 38%[2].

The Royal Society of Canada's report on the impact of COVID-19 on LTC argues that "[o]ur long-term care sector, particularly nursing homes, is in crisis now from far more than COVID-19. The pandemic just exposed long-standing, widespread and pervasive deficiencies in the sector."[3] The report recommends federal and provincial leadership work in partnership to improve Canada's LTC sector, including developing and implementing national standards.

The Standards Council of Canada (SCC), Canadian Standards Association (CSA Group), and Health Standards Organization (HSO) collaborated to develop two new complementary National Standards of Canada for LTC. CSA Group developed the National Standard of Canada (CSA Z8004), focused on safe operating practices and infection prevention and control (IPAC) in long-term care homes (LTCHs).

CSA Z8004 includes and considers topics such as LTCH design, heating, ventilation, and air conditioning (HVAC), plumbing, waste removal, medical gas systems, use of technology, and cleaning and disinfecting processes.

1 Canadian Institute for Health Information. (2021). The Impact of COVID-19 on Long-Term Care in Canada: Focus on the First 6 Months. Available at: https://www.cihi.ca/sites/default/files/document/impact-covid-19-long-term-care-canada-first-6-months-report-en.pdf.

2 Canadian Institute for Health Information. (2020). Pandemic Experience in the Long-Term Care Sector How Does Canada Compare With Other Countries? Available at: https://www.cihi.ca/sites/default/files/document/covid-19-rapid-response-long-term-care-snapshot-en.pdf.

3 Royal Society of Canada. (2020). Restoring Trust: COVID-19 and The Future of Long-Term Care. A Policy Briefing by the Working Group on Long-Term Care. Available at: https://rsc-src.ca/sites/default/files/LTC%20PB%20%2B%20ES_EN.pdf. p.5



Standard Development Process



> **"The Technical Subcommittee members were selected from over 150 applicants from coast-to-coast-to-coast and from a variety of backgrounds. The individuals selected are an outstanding mix of talent and lived experiences in long-term care."**
>
> **—Dr. Alex Mihailidis,**
> Technical Subcommittee Chair

Technical subcommittee (TSC) selection

CSA Group selected thirty individuals to form the TSC, tasked with drafting the new Standard CSA Z8004. Members of the subcommittee were selected to help ensure a balance of professional expertise, lived experience, regional and pan-Canadian representation, and previous standards development experience. At the same time, their selection helps ensure that the CSA TSC has a balanced representation of all stakeholder groups and is inclusive of gender diversity.



Enhanced engagement consultations

CSA Group launched a public consultation process to support the development of CSA Z8004, including enhanced engagement activities that exceed the CSA Group accredited standards development process. Through a series of consultations, CSA Group heard from stakeholders across the country. CSA Group and collaborating organizations engaged technical experts and targeted audiences to gather their perspectives and input on what the new National Standard should address. All feedback from the enhanced engagement activities was considered in the development of CSA Z8004.

CSA Group and collaborating organizations hosted six targeted consultation sessions with a total of 227 participants. The consultation sessions were completed with the groups and communities shown in Table 1. CSA Group published What We Heard reports for each of the six consultations held.

Table 1: Consultation sessions

Consultation session	Date
Frontline workers	June 30, 2021
Indigenous LTC frontline workers and operators	August 4, 2021
Older adults (co-hosted by CanAge)	August 10, 2021
2SLGBTQI+ community	August 19, 2021
Operational staff (co-hosted by CALTC)	August 25, 2021
Francophone frontline workers (hosted by Carleton University and Bruyère)	August 30, 2021

The feedback from the consultation session with members of the 2SLGBTQI+ community and the EDI survey strongly informed the content of the Standard—particularly the sections on sexual expression, intimacy, and EDI.

(See pages 8-11 for more detail).



Enhanced engagement surveys

CSA Group also heard from stakeholders across the country through the responses to three surveys targeting the groups, communities, and subject matter stakeholders shown in Table 2.

The survey questions were a combination of multiple-choice questions, rating scale questions, open-ended questions, and demographic questions. Many of the questions were common across all surveys, allowing for the results to be analyzed across all responses. Approximately 77% of all survey respondents identified as a woman. For more detailed survey results and analysis please see the What We Heard Final Report.

Public review information sessions

CSA Group released a draft of CSA Z8004 for a 60-day public review period—from February 10th to April 11th, 2022. To help engage the public in providing input to the Standard, CSA Group hosted three information sessions tailored to priority stakeholder groups and topics including:

- Residents, families and caregivers
- Frontline workers and operational staff
- Equity, diversity, and inclusion (EDI)

Table 2: Surveys

Survey	Number of responses
Residents of Long-Term Care Homes (LTCHs), their families, and caregivers	602
Management and operational staff of LTCHs	136
Equity, diversity, and inclusion (EDI)	38



Themes

Our engagement with members of the 2SLGBTQI+ community highlighted the existence of stigma and discrimination within LTCHs related to gender identity and sexual expression. Consultation participants and survey respondents shared that 2SLGBTQI+ community members may hesitate to disclose their sexual orientation or gender identity due to a fear of hostility and discrimination from residents and staff in LTCHs.



Gender and sexual inclusivity

Overall, participants emphasized that LTCHs must be safe and inclusive for all residents. Symbolic shifts in LTCHs, such as displaying a rainbow flag, make LTCHs feel more welcoming and are essential steps towards greater inclusivity. However, participants stressed that a culture shift towards more inclusive care and operations must go beyond the symbolic gestures and include systemic changes that address gaps in care and operations for 2SLGBTQI+ residents.

Participants discussed the idea of designated LTCHs or wings within LTCHs designated for members of the 2SLGBTQI+ community. Some supported the idea, whereas others preferred improved inclusivity and integration with the broader community. Others noted that the demand for designated spaces would depend on several factors, including the size of the LTCH, the size and needs of the 2SLGBTQI+ community, and where the LTCH is located.

The Standard CSA Z8004 directs LTCHs to follow core principles to create an inclusive and supportive environment, including the integration of person-centred care to promote a safe LTCH for all; inclusive policies and procedures that value each individual's sexual and gender expression; and operations through an EDI lens. LTCHs shall be designed to enable an environment that fosters and supports residents to age in place while respecting their rights, preferences and lifestyle choices.

The Standard contains a section on sexual expression and intimacy, which outlines the rights of residents, with the capacity to consent, to engage in sexual and intimate acts. It also directs LTCHs to respect and support, without judgement, cultural, and religious differences in gender-identity and expression, sexuality, sexual orientation, and sexual expression, including self-pleasure.

The Standard directs LTCHs to support the rights of every person—e.g., resident, staff, family, essential family caregivers (EFCs)—to have their voices heard, and to be treated with respect and dignity regardless of age, gender,sexual orientation, social status, religion or origin. The operation and design of LTCHs, including IPAC, should be inclusive of language, cultural and religious beliefs, sexual expression, sexual orientation, sexual identity, spiritual differences, and social determinants.



Inclusive policies and procedures

We heard that LTC policies and procedures need to change to reflect an inclusive approach. For example, participants and respondents expressed the need for gender-neutral language in documents and forms. Stakeholders also emphasized the importance of LTCHs formally connecting with the broader 2SLGBTQI+ community and including community members on committees—we heard that some LTCHs had made inroads in connecting with the 2SLGBTQI+ community.

We consistently heard from residents, families, caregivers, frontline staff, and operators that during the COVID-19 pandemic, limits to visitors resulted in social isolation for residents. In some LTCHs, a lack of staff resulted in residents being confined to their rooms for prolonged periods. We heard that resident isolation had a severe negative impact on residents' physical, social, and emotional well-being.

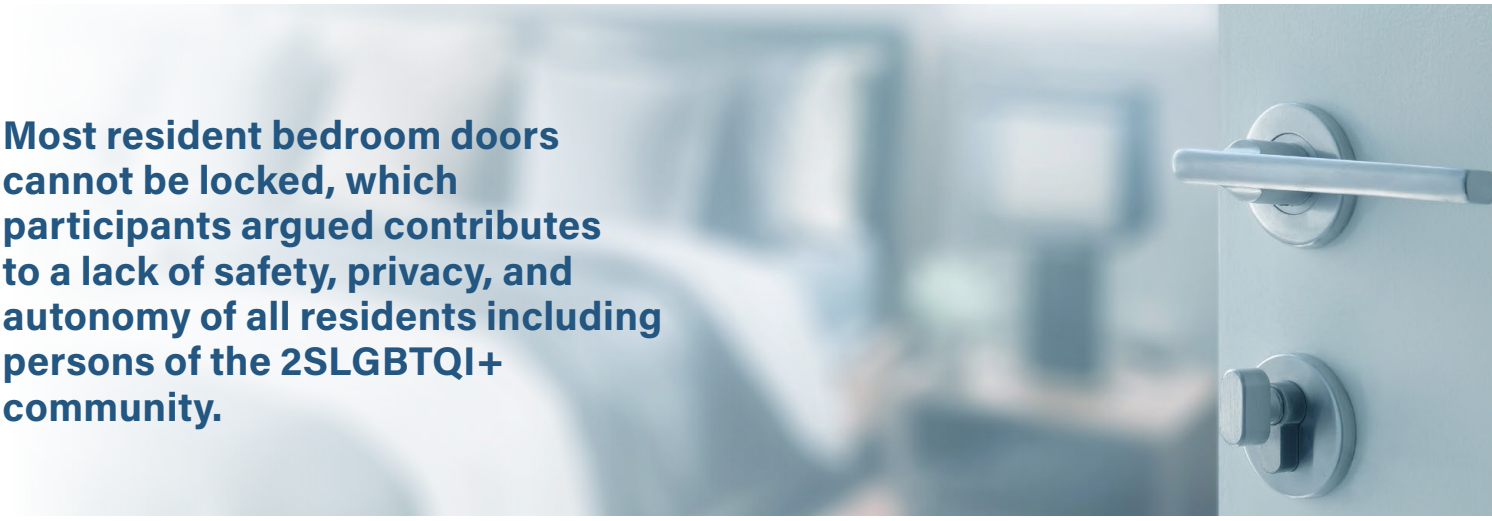
Some participants recommended that guidelines for visitors should be expanded to reflect the multiplicity in who LTC residents consider family or essential supports. This could be done by, for example, expanding definitions of "family" beyond biological/families of origin. We also heard that EFCs should be regarded as crucial members of care teams.

The Standard CSA Z8004 directs LTCHs to establish policies and procedures to be an inclusive and affirming space (e.g., asking what a resident's pronouns are). And to support staff to adopt approaches to resident's sexual expression, orientation, and intimacy that avoids making assumptions and recognizes people's diversity and individual choice, while assisting staff to address their own attitudes and behaviour.

Specifically, LTCHs need to adopt strategies to support resident sexual expression and intimacy, and policies and procedures for residents to indicate their need for privacy, such as privacy flags on resident doors and knock-and wait-before-entrance practices.

LTCH operations can also include strategies related to sexual expression and intimacy in the resident care plan. These plans can consider the resident's behaviour and needs, physical and cognitive health, relationship and sexual history, risk of potential harm, family, built environment, and staff (including attitudes and comfort level).

The Standard requires LTCHs to have policies and procedures in place to accommodate residents who are not able to give consent and guidelines for privacy of information related to a resident's sexual expression.



Most resident bedroom doors cannot be locked, which participants argued contributes to a lack of safety, privacy, and autonomy of all residents including persons of the 2SLGBTQI+ community.

Communication

We heard that communication between LTCHs and residents, families, and EFCs is critically important for understanding what is happening in LTCHs and identifying the needs of residents and their loved ones. Participants emphasized that this is an area that requires improvement in many LTCHs.

The Standard CSA Z8004 expects LTCHs to communicate and develop communication materials that are accessible to and inclusive of diverse groups and various communication capacities (e.g., written in plain language, accompanied by pictures, translated into languages applicable for the residents of the LTCH, gender-inclusive language, and include images representing diversity).

Training and education

The importance of training and education for staff, residents, families, EFCs, and other visitors was emphasized throughout consultation sessions and surveys. We heard that training and education should be provided to families in advance or as soon as a resident moves in to facilitate visits, communication, and adherence to policies and procedures.

Stakeholders consistently told us that staff should receive EDI and cultural safety training and education to facilitate inclusive operations, and address inequities and gaps in policies and procedures. 95% of respondents to the EDI survey supported including training for staff on topics such as anti-racism, Indigenous cultural safety training, and gender and sexual identity. Stakeholders emphasized that training and education should be designed and delivered in collaboration with the population being served by the individual LTCH.



95%

of respondents

to the EDI survey supported including training for staff on topics such as anti-racism, Indigenous cultural safety training, and gender and sexual identity.

The Standard CSA Z8004 directs LTCHs to develop training protocols, and policies for understanding sexual expression and intimacy—including a way for staff, residents, EFCs, and families to call out any violation to policies that infringe on a person's right to sexual expression and intimacy. Training should include the use of inclusive language and supporting sexual expression and intimacy.

Environmental design

We heard from participants that LTCHs need to be designed to be comfortable, safe, inclusive, and culturally appropriate. Some suggested that smaller LTCHs are more home-like and would facilitate person-centred care. The need for gender neutrality, particularly gender-neutral washrooms, was consistently emphasized.

The Standard CSA Z8004 states that LTCHs should provide seating areas with furniture that can accommodate more than one person. LTCHs shall be designed to be inclusive, welcoming and affirming for diverse groups in the staff and resident population (e.g., provide gender neutral washrooms, décor, posters and signage).

Bedroom and bathroom design

Consultation participants and survey respondents emphasized the importance of single-occupancy bedrooms and private washrooms for several reasons—it improves IPAC through physical distancing, enhances privacy and dignity, and allows residents to personalize their living space more easily. However, we also heard that residents who want to live together, such as couples, should be accommodated.

Most resident bedroom doors cannot be locked, which participants argued contributes to a lack of safety, privacy, and autonomy of all residents including persons of the 2SLGBTQI+ community. For example, we heard in some instances that couples would ask a friend to guard a bedroom door to prevent intrusion on their privacy.

Participants suggested that residents should have larger beds available, as single beds may be experienced as institutional and hamper the feeling of home. Larger beds also accommodate residents who choose to engage in intimate activities. Participants also stressed that residents should be able to personalize their bedrooms with furniture and decorations.

The Standard CSA Z8004 states that all resident bedrooms in new LTCHs should be designed to accommodate single resident bedrooms. Two person or adjoining resident bedrooms may be considered where this is the desired arrangement of the residents (e.g., siblings, spouses, friends). LTCHs that are unable to provide privacy for residents in their bedrooms should provide dedicated private rooms with lockable doors and card access for intimate acts and conversation.

Next steps

CSA Group has published What We Heard reports for each of the six consultations as well as a final report summarizing the findings of all the consultations and community surveys. The 60-day public review of the draft Standard took place from February to April 2022, including CSA Group-hosted information sessions to provide an overview of the draft Standard and highlight key sections to encourage feedback.

CSA Group will hold information sessions for different targeted audiences and the broader public to provide knowledge on the new Standard and promote awareness of its contents post publication.

Gender responsiveness was of vital importance when drafting the requirements of the CSA Z8004 Standard and CSA Group ensured that the consultation sessions, surveys, and information sessions were gender inclusive.

For more information, ongoing public updates on the development of CSA Z8004, and to participate in the discussion, please join the CSA Long-term Care Community:

https://community.csagroup.org/community/health-care-safety-and-accessibility/long-term-care-homes

About CSA Group

CSA Group is a global organization dedicated to safety, social good, and sustainability. We are a leader in Standards Development and in Testing, Inspection and Certification around the world, including Canada, the U.S., Europe, and Asia. The mission of CSA Group's organization is to enhance the lives of Canadians through the advancement of standards in the public and private sectors. We are a leader in standards research, development, education, and advocacy.

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