



# **Neglecting Northwood**

Chronicling the death of 53 Nova Scotians

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## Introduction

53 residents of the Northwood long term care facility in Halifax died this spring in the COVID-19 pandemic. That's more than all the deaths reported in Canada in the SARS epidemic of 2003.

In response to SARS, the Ontario government called a Commission of Inquiry which brought about wide ranging changes to public health measures protecting employees and clients in all care sectors, including long term care.

In response to the COVID deaths at Northwood, the Nova Scotia government has convened a review committee operating under provincial legislation designed to maintain the secrecy of the information that it received.

The NSGEU prepared this report linking the history of government neglect at Northwood with the direct experiences of NSGEU members who were deployed to the facility at the height of the COVID outbreak. We had intended to present it to the government review committee but decided not to out of concern that some of the information it contains would be caught by the confidentiality provisions that govern operations of the review committee.

What happened at Northwood was, in many ways, a failure of public policy. It requires a full public review and a public response. This cannot be done by a review committee that operates in private and keeps the information it receives secret.

The NSGEU has decided to release this report to the public in the hope that it will contribute to growing demands for a proper inquiry into the deaths at Northwood this spring.

The report is based on hundreds of internal NSHA documents obtained through the Freedom of Information process, discussions with NSGEU nursing staff who are redeployed to Northwood at the height of the COVID outbreak and material on the public record.

## A History of Neglect

Northwood is literally and figuratively central to Nova Scotia's long-term care system. The Halifax Campus of Northwood has more nursing home beds, by far, than any other location in the province. The 485 beds at the Halifax Campus represents approximately 6.5 per cent of the total number of nursing home beds in Nova Scotia. Its size alone makes Northwood particularly sensitive to the effects of government decisions about long-term care.

Successive freezes by the current government in the creation of new long term care beds and replacement beds, outright cutbacks and a lack for support for Northwood's own initiatives left the facility unable to do what it knew it should do, that is end the practice of double and triple bunking residents in a single room.

When new beds were created, they were built to current standards, in smaller homes with one bed per room. This didn't help Northwood.

Northwood was well aware that having two or three residents living in one room presented grave risks to infection control if a contagion ever took hold in the facility. It did engineering work in 2016 that confirmed that it could add floors to the facility that would allow it to convert to single-bed rooms.

Northwood requested permission from the provincial government to make this change in 2017, in 2018 and again in 2019. The province refused Northwood's request. There was a freeze on replacement beds for long term care homes.

In 2016, the province imposed a series of cuts to funding for care within nursing homes. In the first year alone, more than \$3,000,000 had to be cut from budgets for things like food, over the counter medications and the cost of administration. The cuts were not distributed equally through the system. Newly built, for profit homes had contracts with the government that shielded them from the cuts. Non-profit facilities like Northwood had to bear a disproportionate share of the reductions.

Northwood lost more from its care budget than any other nursing home in the province. Their budget was cut by \$360,000 in the first year of reductions, and by \$600,000 in the following year.

Pressure arising from the freeze on new beds and a smaller budget for care were not the only significant factors in the pre-pandemic period. Government wage restraint measures that were imposed on low paid, care workers meant that nursing homes had greater difficulty recruiting and retaining staff. Staff retention is particularly important in fostering a safe care environment in nursing homes.

Many employees in the long term care sector are forced to work at more than one facility to earn enough to support their household. Early in the pandemic British Columbia recognized the danger this posed for the spread of COVID. It guaranteed full-time wages for nursing home staff while restricting workers to only one facility. Nova Scotia failed to take this key precaution, despite calls from unions to do so.

Despite a lack of support from the province, Northwood has struggled to improve the level and quality of the care it provides and it has had some success. When the province recognized a serious spike in the incidence of bed sores among nursing home residents in 2017 and 2018, Northwood managed to cut the prevalence of pressure sores from 12 per cent to 1.9 per cent. This is better than the national average. Workers, including nurses and continuing care assistants did this by focusing extensively on preventive measures.

In recent years, Northwood established the first community health centre in a nursing home facility, renewed the commitment of its founders to affordable housing for seniors and generally reaffirmed its community-based mission.

But in the end, Northwood was the most vulnerable nursing home in Nova Scotia to the spread of COVID-19. When the pandemic came, government was focused on protecting the acute care sector. It failed to recognize the danger facing Northwood.

None of this was the responsibility of Northwood, its staff, residents or their families.

## Too Little and Too Late

The cuts and neglect left Northwood in a precarious position against a brewing pandemic. But it was a series of miscalculations and delayed actions by the province in March and April of 2020 that allowed COVID to establish its tragic hold.

Nova Scotia declared a Provincial State of Emergency on March 22. At that media briefing, the Chief Medical Officer of Health, Dr. Strang said;

*“We have this window of opportunity to learn from our Canadian neighbours and internationally and do things better.”<sup>1</sup>*

At that time British Columbia, Alberta, Ontario and Quebec were several weeks ahead of Nova Scotia in their COVID curve.

Unfortunately, Nova Scotia did not use this ‘window of opportunity’ to adequately protect the health and safety of long-term care residents.

Beginning March 17, the Department of Health & Wellness held almost-daily calls with Unions representing health care workers across the province. On every call, NSGEU and other unions implored senior government officials to provide masks for long term care, home care and acute care staff. Those requests were ignored.

The media asked the same questions. On April 7 Natasha Pace of CTV put this question to Dr. Strang<sup>2</sup>;

*“I’m wondering whether or not all workers in the nursing homes should now be required to wear PPE?”*

Dr. Strang replied;

*“So, that is an issue we are looking at.”*

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<sup>1</sup> <https://youtu.be/Dw0XtrClt2Y?t=897>

<sup>2</sup> [https://youtu.be/-JiTgB\\_9dOQ?t=634](https://youtu.be/-JiTgB_9dOQ?t=634)

He then moved on to talk about the supply of PPE's.

But, by late March, other jurisdictions had started to act. British Columbia instructed all long-term care workers to wear masks on March 25. Nova Scotia waited more than three weeks to announce it was finally making masks mandatory for all front-line health workers including those in long-term care.

In making the mask announcement, Dr. Strang and Premier Stephen McNeil claimed that new cases of COVID-19 had plateaued in the province. Dr. Strang said;

*"Our process is working."*<sup>3</sup>

Dr. Strang also told reporters that he did not believe the province was behind in providing masks to long-term care facilities.

Mr. McNeil acknowledged the decision to delay mandating the use of masks was based on a concern about supply.

*"I know for the front-line workers there have been a lot of anxieties around masks and we contributed to that anxiety. I'm sorry,"*

McNeil was reported in the Chronicle Herald as saying;

*"I wanted to be sure that we had a handle on our procurement."*

But by then it was too late for Northwood. The delayed distribution of masks to long-term care workers in Nova Scotia meant that Northwood staff and residents were without a critical defence during the key weeks the virus was quietly spreading throughout the facility.

Even as late as April 13, the province played down warning signs that there were serious problems at Northwood. On that day, Canadian Press reporter Michael Tutton asked Dr. Strang if he was concerned about Northwood;

*"Dr. Strang, there's been a sudden doubling in infection rate in Northwood, Atlantic Canada's largest nursing home, up to 16 infected patients. To what extent are you worried that we're headed down the path of Quebec? Where nursing home COVID positives may start to overwhelm staff."*<sup>4</sup>

Dr Strang;

*"So certainly the situation at Northwood, like any long-term care facility, is concerning. I do know all the necessary steps that we can take to minimize the spread and have an outbreak under control are taking place at Northwood. It is a challenge though, when you have an infectious disease like this and you have vulnerable residents. It is very troubling and concerning. I do have lots of confidence in Northwood as an organization, I personally*

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<sup>3</sup> Appendix A

<sup>4</sup> [https://youtu.be/CrK\\_GufPhkA?t=1509](https://youtu.be/CrK_GufPhkA?t=1509)

*know the Executive Director of Northwood, who I worked with for 20 years here in Nova Scotia. She has a ton of expertise in infection control and managing outbreaks in the long-term care setting. So while I'm concerned about the residents I am very comfortable that everything that could possibly be done within Northwood is being done."*<sup>5</sup>

In days it became clear Dr. Strang's faith had been misplaced.

On April 16, the province reported the virus was taking hold in long-term care facilities. It reported that there were seven homes with cases. A total of 42 residents and 23 staff had been infected. That was just the beginning.

On April 18, the province reported for the first time on the situation at Northwood. It announced the death of three residents. Another 67 residents and 53 staff were infected. This was the first time the extent of the unfolding tragedy was made public by the province.

On the same day, an NSHA internal email report stated that while swabbing patients at Northwood, staff observed that there were "...a lot of patients moving about on the units."<sup>6</sup>

During a media update on April 19, Dr. Strang had this comment on the spread of the virus at Northwood;

*"The reality is they had multiple introductions of the virus probably around three weeks ago".*<sup>7</sup>

Had Nova Scotia followed the lead of British Columbia and made masks mandatory in long-term care facilities three weeks earlier, it would have slowed the spread at Northwood.

On March 29, the Magnolia long term care home became one of the first nursing homes in the province to have a positive case. The facility took immediate action and required all staff to wear masks. The Magnolia has single occupancy rooms, each with a private bathroom.

Magnolia Communications Coordinator Tracey Tulloch said she believes the use of masks helped prevent the virus from getting a firmer hold.<sup>8</sup>

Supply was key to the province's decision to delay the order for long term care staff to wear masks. Beginning in mid-March, the NSGEU and other unions repeatedly asked the province for details on PPE supplies including masks. The province refused to supply that data, though other provinces did provide that information.

There were other delays. On May 1, the Chronicle Herald reported,

*"Three days passed before the province acted on another guideline calling for testing to be done on all residents at outbreak sites. New Brunswick, which has had no COVID*

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<sup>5</sup> [https://youtu.be/CrK\\_GufPhkA?t=1536](https://youtu.be/CrK_GufPhkA?t=1536)

<sup>6</sup> Appendix B

<sup>7</sup> <https://youtu.be/xo6b9JNPA2s?t=1380>

<sup>8</sup> <https://www.cbc.ca/news/canada/nova-scotia/design-long-term-care-homes-1.5606576>

deaths at any of its nursing homes, had already started testing residents with mild symptoms nine days before Nova Scotia, on April 2.”<sup>9</sup>

Earlier use of masks and widespread testing are two key actions with the potential to lessen the severity of the outbreak in Northwood and possibly save lives.

A third key factor in the outbreak at Northwood was the layout of the facility itself. The largest long-term care facility east of Montreal was built four decades ago. For three consecutive years Northwood had gone to government for capital funding to build new floors to eliminate the practice of double and triple bunking.

During debate on the 2020 Provincial Budget Estimates, MLA Lisa Roberts questioned the Health and Wellness Minister on why this important funding had been declined for three straight years;

*“The Board of Northwood has determined they are not meeting the standard of care required, in terms of infection control, in rooms that have double and even triple occupancy.”<sup>10</sup>*

The \$13 million project would have allowed every resident of Northwood to have their own room. The government knew, well in advance of the pandemic, that Northwood believed it had serious infection control challenges because of double and triple bunking.

Another question that must be answered is whether the province could have moved Northwood residents out of multiple occupancy rooms after the outbreak had started.

When asked about moving residents proactively Dr. Strang stated;

*“We need to understand that these are frail, elderly people. Any move can trigger a decline.”<sup>11</sup>*

That is undoubtedly true for some residents.

On April 6, at his daily briefing the Premier said:

*“We, with the support of public health, are strongly encouraging Nova Scotians that the best place for their loved one is to remain in the long-term care facility that they are currently in.”<sup>12</sup>*

This may have been sound advice for residents of all other nursing homes and perhaps even for the frail elderly at Northwood.

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<sup>9</sup> <https://www.thechronicleherald.ca/news/provincial/ns-government-delayed-implementing-federal-COVID-guidelines-for-long-term-care-facilities-444709/>

<sup>10</sup> <https://www.halifaxexaminer.ca/province-house/the-northwood-board-has-been-expressing-grave-concern-about-double-occupancy-rooms-for-years/>

<sup>11</sup> <https://youtu.be/xo6b9JNPA2s?t=1227>

<sup>12</sup> <https://youtu.be/JZsGdWc-BQM?t=874>



But the province did move some residents. Northwood residents who contracted COVID and then recovered were moved to a local hotel that had been outfitted to support their individual needs. If some of the recovered residents were strong enough to move, couldn't some residents who had not yet been infected have been moved as well?

If the government had recognized the seriousness of the threat at Northwood sooner, it might have triaged all residents and moved those most able into an alternative living space. This proactive step would have further reduced the risk of widespread infection at Northwood by reducing or eliminating double and triple bunking of residents.

Again, moving residents could have helped separate COVID positive from negative patients.

The lack of effective planning for long-term care facilities in Nova Scotia is borne out clearly by the numbers. Of the 16 facilities that were impacted by the COVID outbreak in Atlantic Canada, 13 were in Nova Scotia.<sup>13</sup>

In contrast, the province took decisive steps to protect the integrity of the acute health care system. The primary concern of the province was to prevent hospitals from being overwhelmed by COVID patients. It cancelled elective surgeries, increased laboratory testing capacity and established specific COVID units across the province.

These were necessary precautions based on experience in other jurisdictions. Long term care in general and Northwood in particular did not receive the same care and attention. The province failed to see how vulnerable it had left Northwood to COVID.

Undoubtedly, if the province had foreseen the problems brewing at Northwood in the early spring of this year it would have acted differently. Documents obtained by NSGEU show that by April 21, senior staff at the Department of Health and Wellness began to recognize their mistake.

The NSHA's Emergency Operations Centre (EOC) was tasked with dealing with the Health Authority's overall response to the pandemic. In an April 21 email to EOC and senior officials in DHW, Jonathan Veale, DHW's Chief Design Officer, Systems Innovation, raised the question of whether government had taken the right overall approach to COVID-19.

*"Over the past few days we have learned from the implementation of the LTC clinical pathways at Northwood. DHW has reflected that we should revisit our planning assumptions and discuss any shifts or add-ons to the LTC pathways. By way of this message, we are requesting a subsequent discussion about the provincial response plan to LTC. Essentially we are looking to revalidate our planning assumptions and response plans."*<sup>14</sup>

Veale also wrote;

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<sup>13</sup> <https://www.thechronicleherald.ca/news/provincial/burrill-government-review-of-northwood-tragedy-not-good-enough-463998/>

<sup>14</sup> Appendix C

*“Our planning assumption that we will face an (sic) surge in hospitals may need to be revisited as we flatten the curve and observe low volumes / occupancy in hospitals. It also appears this wave of the pandemic will impact LTC more than hospital settings. What is the appropriate approach to caring for (COVID19) residents in LTC. Is our transfer policy still appropriate?”*

By April 21, DHW was starting to wonder whether it had gotten it wrong.

On that day there were just 11 people hospitalized in the province due to COVID. Only three of those were in ICUs. The next day, on April 22, the province began reporting long term care cases in its press releases. It reported that ten homes had cases with 148 residents and 65 staff infected.<sup>15</sup> Clearly, the numbers were forcing DHW to reconsider its approach. But for Northwood it was already too late.

## “My Greatest Fear” – Stephen McNeil, April 18

In normal circumstances, the NSGEU does not represent any staff working in the Northwood Halifax Campus. That changed in the middle of April when the staff, residents and management at Northwood became overwhelmed by the COVID outbreak.

On Saturday, April 18, the province contacted NSGEU and other unions by email asking each union to help organize volunteers to support the COVID outbreak and staffing shortages being experienced by Northwood.

NSGEU issued communication to all its Continuing Care Assistants, Licensed Practical Nurses and Registered Nurses asking them to volunteer to help Northwood in its fast developing crisis.

The following morning, Sunday, April 19, a senior government official confirmed that PPE would be available:

*“I have confirmed from Northwood that full PPE includes gowns, gloves, masks and where appropriate face shields and N95 masks.”<sup>16</sup>*

During that day’s COVID briefing, Dr. Strang described the COVID outbreak at Northwood this way;

*“Everything we have planned for dealing with the COVID outbreak has been dealt with from the beginning by Northwood. The reality is they had multiple introductions of the virus probably three weeks ago and it was spread substantially in a large facility.”<sup>17</sup>*

Premier McNeil stated at the same briefing;

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<sup>15</sup> <https://novascotia.ca/news/release/?id=20200422002>

<sup>16</sup> Appendix D

<sup>17</sup> <https://youtu.be/zo6b9JNPA2s?t=1369>

*“Our health care unions have been very supportive in working to ensure their workers are also protected. Let me say thank you for what you’re doing as front line workers in our province.”<sup>18</sup>*

The Unions worked to secure volunteers to support the Northwood outbreak. Later that same day, the Minister of Health and Wellness issued a Ministerial Order, without notice to the NSGEU, that forced staff from the Halifax Infirmary, Unit 8.4 to report to Northwood that evening.

Government had quite properly ensured that acute care units were prepared for an influx of COVID patients. Thankfully, they did not arrive in large numbers. With little planning or preparation, NSGEU members from Unit 8.4 at the Halifax Infirmary were rushed to Northwood on that Sunday evening to deal with the fast-growing COVID outbreak.

Documents obtained by NSGEU show the chaotic situation that followed as NSHA front-line staff and senior leadership teams scrambled to respond to the call. NSHA, with little notice or opportunity to prepare, was essentially told to set up an acute care unit at Northwood.

In an email on the evening of Saturday, April 18, NSHA Vice President Colin Stevenson told senior staff that NSHA had to establish a Critical Response team on the ground at Northwood by the next morning;

*“Outbreak at Northwood – assumption that vast majority of residents have been exposed... need to escalate level of care that is required there... consider it a ward hospital with 400 beds.”<sup>19</sup>*

The email makes it clear that NSHA did not know what supplies, equipment and PPE Northwood had in place when its staff arrived.

Almost immediately, NSGEU was contacted by transferred members who were shocked at what they found at Northwood. Members described in detail the lack of preparedness. On the morning of Monday, April 20, an NSGEU Employee Relations Officer sent an update to the NSGEU President Jason MacLean describing how the first shift gone at Northwood. These were firsthand accounts that front-line staff reported to NSGEU. Concerns included:

- Not enough scrubs;
- PPE from Unit 8.4 not delivered to Northwood in time;
- Residents roaming the facility without any identification, such as a wrist band, to indicate who was COVID positive or negative;
- No clean rooms (a space that is not accessible to patients where staff can safely put on and remove PPE without risk of infection);

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<sup>18</sup> <https://youtu.be/xo6b9JNPA2s?t=887>

<sup>19</sup> Appendix E

- Staff told to re-use as much PPE as possible and PPE left in boxes on unit floors rather than stored properly;
- Negative and positive patients living in the same room and using a common bathroom; a
- A lack of garbage receptacles to properly dispose of contaminated PPE.

This list of concerns was forwarded to Dr. Strang by Mr. MacLean minutes after he received them. The NSGEU never received a response to that email.

Later that same day the NSGEU held two telephone town halls with health care members who had been redeployed to Northwood. Staff who had already worked a shift at Northwood reported their experiences to the NSGEU on those calls. One nurse who had finished a shift told the NSGEU that she had;

*“...never felt so completely unsafe as a nurse. There is no setup for equipment, no discard setup to discard when we leave a room and no setup to go in.”*

Another raised concerns about mixing COVID positive and negative residents;

*“Patients are allowed to wander the floors. The entire area is dirty top to bottom, there is no clean space.”*

A reference to a lack of infection control in Northwood.

Other concerns about infection control were raised, including using hand sanitizer on disposable gloves, and that single use, tympanic probes to take body temperature through the ear were being wiped clean and reused instead of being disposed of.

NSGEU members were clear that they wanted to do their part and support the Northwood response. They were scared and anxious about the working conditions, but understood the need for all parts of the health care system to work to contain the COVID outbreak. They also were clear that they wanted the union to advocate for their health and safety. If unsafe conditions were not improved, as a last resort, they would consider exercising their rights and refuse to work.

NSGEU immediately raised the alarm with the province, Dr. Strang’s Office and the NSHA during a series of conference calls and emails on Monday, Tuesday and Wednesday of that week.

NSGEU emailed a list of questions and concerns to the NSHA including: Do patients have armbands? The union reported staff have been changing out of their dirty scrubs in the same room where they put on their street clothes, causing concerns about contamination. The NSHA response to those questions was that they were ‘verifying’ the concerns.<sup>20</sup> The documents obtained from NSHA through FOIPOP make clear the NSHA were trying to get answers from DHW and Northwood to many of the same questions.

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<sup>20</sup> Appendix F

On the morning of Tuesday, April 21, redeployed staff arrived at Northwood to find only three PPE gowns remaining. This was reported to the NSGEU and NSHA. A manager from the Halifax Infirmary was dispatched to deliver a fresh supply of gowns.

Despite these serious safety deficiencies that put the health of these NSGEU members and their families in danger, the transferred staff remained at Northwood. Not once did they exercise their right to refuse unsafe work. NSGEU is proud of their heroic efforts in the face of such adverse conditions.

Staff did report an increased presence of Infection Control specialists at Northwood on Tuesday, April 21, four days later, on April 25, a permanent clean area had been established for staff to safely don and doff their PPE. Staff from 8.4 reported that the manager of their home unit had made outstanding efforts to improve conditions. However, problems persisted.

A primary concern was the ongoing lack of wristbands so redeployed staff could identify who the patients were. Wristband would have also helped distinguish COVID positive residents from negative ones. Another concern was the continued practice of having positive and negative patients share the same living space. The province had begun moving residents who had recovered from COVID out of the facility and into a hotel, but the residents at Northwood were still sharing rooms.

Redeployed staff continued to report concerns related to PPE and infection control. On Wednesday, April 22, in the absence of a response from Dr. Strang or the Premier, and with few improvements in conditions at Northwood, the NSGEU finally issued a press release making staff concerns public.

Dr. Strang and the Premier responded by attacking the Union. At his media briefing that day, Dr. Strang said;

*"I really question and am very concerned about how the NSGEU has taken their concerns publicly. They are using, frankly, fear mongering and hyperbole in terms of how they are describing the situation. When we talk to the people at Northwood, they are saying what the NSGEU is saying is inaccurate. I challenge the NSGEU to not scare people unnecessarily,"<sup>21</sup>*

Two days later, the Premier responded to a question from the media on PPE at Northwood by saying;

*"I want to be clear. Last weekend we had already provided full PPE material to anyone going into Northwood, that was a request from the Nurses Union as well as Unifor. I don't want anyone to believe the impression the decision by the NSGEU had anything to do with that. Made that assertion yesterday. It was false and wrong "<sup>22</sup>*

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<sup>21</sup> <https://youtu.be/ek26BhJVvd4?t=806>

<sup>22</sup> [https://youtu.be/baa\\_t33lpA4?t=972](https://youtu.be/baa_t33lpA4?t=972)

Northwood issued its own statement that did not rebut the union's claims:

*"We greatly appreciate the concerns of the NSGEU for their members who have been assigned to work at Northwood... The health and safety of anyone working at Northwood is paramount."*<sup>23</sup>

Northwood said it was doing everything it could to ensure all staff had access to adequate personal protective equipment.

NSHA internal documents describe conditions similar to those that had been reported by NSGEU members to the union.

As early as April 17, NSHA had received second-hand reports that residents at Northwood could not get showers and did not have a working thermometer.

An April 24 email shows senior staff weren't yet clear whether DHW would allow NSHA employees to work at Northwood and non-COVID hospital units at the same time. It took weeks for DHW to finally answer this question.

On May 2 an email, forwarded by NSHA's Senior Director, Continuing Care, Susan Stevens to two Vice Presidents of the Health Authority detailed a number of very troubling circumstances raised with her by staff during the previous week;

*"Just spoke with one of our employees who continues on site at NW. She relayed that the availability of PPE is much better than it had been though access to sinks is troublesome (likely due to age of building / design)...*

*She reported that staffing continues to be a challenge...*

*Also reported she is working on unit (6 Centre) where there are 23 positive residents, while 6 are reportedly negative. Many positive (residents) wandering about and sharing a room who are (positive). Some negative residents also wander about. Understandably, she worries about spread of the virus...*

*Residents likely haven't had a bath in a week as their hair is all greasy. They often wet but do not get changed...*

*Also reports significant delays in pick up of dirty laundry and emptying of garbage. Reportedly garbage cans are overflowing and at one point yesterday, there were no bed pans or fitted sheets available on the unit..."*<sup>24</sup>

NSHA was getting a far different picture from the one painted by Dr. Strang and the Premier.

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<sup>23</sup> <https://www.cbc.ca/news/canada/nova-scotia/dr-robert-strang-vs-nsgeu-over-northwood-covid-19-crisis-1.5541618>

<sup>24</sup> Appendix G

The reports from Northwood caused NSHA's Senior Director of Continuing Care to question whether the Department of Health and Wellness actually had the capacity to respond to the outbreaks at Northwood and other long term care facilities. In her May 2 email, Stevens wrote;

*"Things certainly are improving, but these concerns confirm for me we need a mechanism in place with DHW to identify resident care and safety and staff support and safety in homes with outbreaks, and an ongoing monitoring system. I continue to raise this at various DHW tables. We also sent this as a request to DHW through our EOC but their response did not address our request."*<sup>25</sup>

It appears that the NSHA understood the problem, but government was not listening.

## Conclusion

Nova Scotia has fared well compared to most jurisdictions when it comes certain aspects of its response to Covid. Indeed, other jurisdictions also suffered terrible losses in their long-term care sectors. And other jurisdictions are trying too, to learn from their mistakes.

This report barely scratches the surface of the roots and dimensions of the crisis at Northwood. But it shows the need for a full, public airing of the circumstances that led to the tragic outbreak.

This much appears to be clear.

The Government squeezed the budgets of long term care facilities without understanding the risks this created for the health and safety of residents and staff.

Northwood had recognized the impossibility of maintaining infection control when residents lived two or three to a room. Its proposals to eliminate double and triple bunking and convert the facility to single rooms were not supported by government.

Low wages, wage freezes and part-time positions have forced employees in long term care to work at multiple facilities.

When the pandemic came, the acute care system was ready to respond. Long term care was not. Neither Northwood nor the Department of Health and Wellness was prepared for a major outbreak of COVID-19 in nursing homes.

Fear of a shortage of PPE supplies early in the pandemic left long term care employees without masks and contributed to the spread of the virus.

Practices within Northwood allowed the virus to spread rapidly, once it entered the facility.

Both government and Northwood were slow to recognize the seriousness of the outbreak.

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<sup>25</sup> Appendix G

The systemic problems that laid the groundwork for this tragedy are not unique to Nova Scotia. The defining characteristic of the COVID-19 pandemic in Canada has been its disproportionate impact on residents of long term care homes. In other jurisdictions, reform of long term care has been a public process. Since 2006, Ontario has had two public inquiries that dealt with the provision of care in nursing homes. Last week Ontario announced the creation of an independent commission to investigate the spread of COVID-19 in long term care facilities. It will have the power to compel the production of evidence, summons witnesses and hold public hearings.

In Nova Scotia, the response of the government has been to convene a review panel which meets in camera and receives information that must be kept secret.

The province's use of the Quality-improvement Information Protection Act to conduct the review ensures that key information, important mistakes and potential lessons learned may be completely or partially hidden from the public.

Hiding mistakes means we can't learn from them.

The families of the 53 residents who died in the outbreak, the hard working and devoted employees of Northwood, and the NSHA staff and management team who eventually controlled the outbreak deserve better than this.

Since April, the NSGEU has called for a public inquiry into the deaths that occurred at all long term care facilities in the province. Both Opposition Parties, many families and, indeed, Janet Simm, Northwood's CEO, have all called for or have said they would support a full public inquiry into the tragedy at Northwood. The NSGEU calls on the review panel to recommend a full and transparent public inquiry into the province's handling of Northwood and the entire long-term care and home care sectors during the pandemic.

That is the only adequate response to the deaths of 53 people. That is the only response to this worst fear.



## Appendix A

# 'Process is working' as new cases plateau

NICOLE MUNRO  
THE CHRONICLE HERALD

✉ nmunro@herald.ca  
🐦 @Nicole\_Munro

Dr. Robert Strang says "our process is working" as new cases of COVID-19 in Nova Scotia hover around 30 per day.

"We are testing upwards of 800 to 1,000 people a day and the percentage of people testing positive remains about two per cent," the province's chief medical officer of health said at the news conference in Halifax on Monday.

"While our numbers have increased, they don't continue to climb."

Twenty-nine cases were identified in Nova Scotia on Monday, bringing the province's total to 474 confirmed cases of the virus: 354 in the central zone, 46 in the western zone, 40 in the eastern zone and 34 in the northern zone.

But Strang said as we appear to be at a plateau, now's not the time to let the foot off the gas.

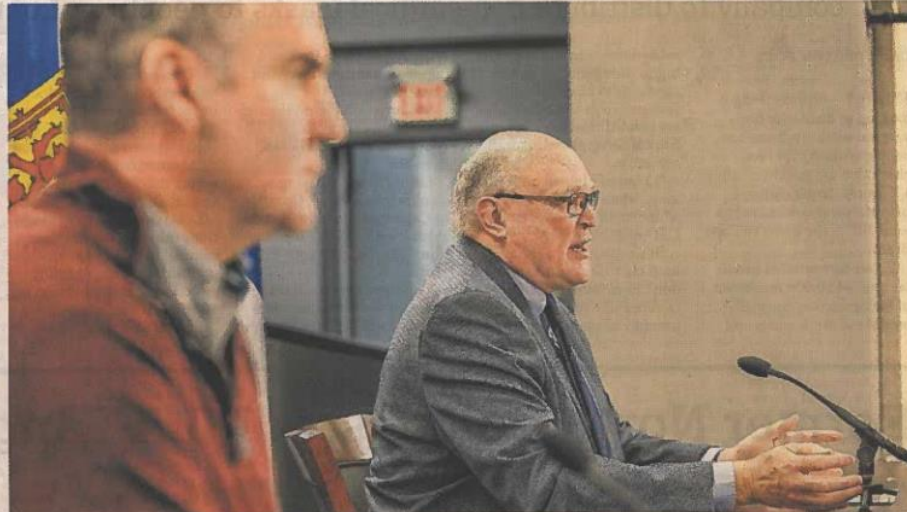
Nova Scotia reported its third death related to COVID-19 on Monday.

"Ultimately, this is about saving lives," Strang said.

"We're not out of the woods yet. We have a few tough weeks ahead of us that we still have to be really vigilant, keep locked down, really doing everything we can do to keep each other safe."

The expansion of testing at the QEII Health Science Centre's microbiology lab in Halifax and follow-up on confirmed cases is also having a "substantive impact," he said.

Strang said if Nova Scotians continue to follow public health orders and things stay



Premier Stephen McNeil, left, and Dr. Robert Strang, Nova Scotia's chief medical officer of health, gives an update on the province's latest COVID-19 numbers at a news conference in Halifax on Monday. **COMMUNICATIONS NOVA SCOTIA**

on track, in a few weeks they will start to "think about how we slowly relax some of these restrictions and we can start to return slowly to a life more normal as it was before COVID-19."

### MASKS FOR FRONT-LINE HEALTH-CARE WORKERS

Starting Tuesday, surgical masks will be distributed to all front-line workers in residential and continuing care facilities and home-care workers across Nova Scotia.

Premier Stephen McNeil said the province wanted to ensure they had enough masks before they were distributed.

The announcement came

on the same day as Northwood said 16 residents and 10 staff have tested positive for the virus. As of Monday, 21 residents and 14 staff in six long-term care facilities licensed by the Health Department have tested positive for COVID-19.

"I know for the front-line workers there have been a lot of anxieties around masks and we contributed to that anxiety. I'm sorry," McNeil said. "I wanted to be sure that we had a handle on our procurement."

Front-line workers in long-term care homes, both public and private, residential care facilities and home-care agencies across the province will be

expected to wear masks.

The province will provide masks to the front-line workers "on an emergency basis," but expects the facilities to continue to get masks on their own.

McNeil said the province has received 300,000 masks and more have been ordered.

"We will require millions of them and we continue to have some that take us to the end of April, early part of May," he said, acknowledging there has been a global shortage of masks.

"Our orders that are coming in now will take us into June and we are very encouraged by the potential of having a Nova Scotia manufacturer up

and running soon."

Strang said he doesn't believe the province is behind in providing masks to long-term care facilities, as the conversation of masks came to the forefront last week after research noted an asymptomatic person wearing a mask can decrease the risk of transmitting the disease to another person.

"What we implemented in increasing the use of masks was done within our capacity," Strang said.

"It's based on science and matched up with what we now know we have a secure supply on, and as quickly as we have those answers, we've been rolling this out."

<https://www.thechronicleherald.ca/news/local/nova-scotia-reports-third-covid-19-death-436871/>

## Appendix B

**From:** Boutiller, Nicole  
**To:** McVeigh, Wendy  
**Cc:** Stevenson, Colin; MacDonald, Madonna; Sullivan, Vickie; Stevens, Susan; Bond, Paula; Tomblin Murphy, Gail; Carr, Brendan; Howlett, Todd; Alexiadis, Maria; McCormick, Bethany; LeBlanc, Angela; Grant, Krista L; Spinney, Derek  
**Subject:** Re: update re swabbing: Northwood Incident Management Team - CRITICAL  
**Date:** Saturday, April 18, 2020 9:29:12 PM

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Hi all,

Update from Todd Hatchette. Todd, Ian and Glen went over to Northwood tonight to do some swabbing. They did another 60 residents tonight. He felt there was a lot of residents moving about on the units. He is on standby for help with swabbing or any lab services we may require.

Nicole

Sent from my iPhone

On Apr 18, 2020, at 8:22 PM, McVeigh, Wendy <Wendy.McVeigh@nshealth.ca> wrote:

Hello All,

I spoke with Dr. Jennifer Cram, MOH (included in this e-mail) and Ann Morgan, assigned Public Health Nurse. As of 1800 there are 80 positive COVID residents. There have been over 400 swabs completed with some residents being swabbed 2-3 times. Not all residents of NW have been swabbed. There remains some floors with no swabbing as no symptoms exist.

Dr. Cram does not believe swabbing is required tonight. She is meeting with Dr. Strang and the other MOH at 0830 and will have further direction post this call. Dr. Cram you may have additional details to share.

Wendy McVeigh  
Director, Continuing Care, Central Zone  
Provincial Responsive Behaviors Lead  
Nova Scotia Health Authority  
3825 Joseph Howe Drive  
Halifax, NS B3L 4R6

## Appendix C

**From:** Veale, Jonathan [<mailto:Jonathan.Veale@novascotia.ca>]  
**Sent:** Tuesday, April 21, 2020 5:34 PM  
**To:** Emergency Operations Center, NS Health Authority <[nshaeoc@nshealth.ca](mailto:nshaeoc@nshealth.ca)>  
**Cc:** COVID19CC <[COVID19CC@novascotia.ca](mailto:COVID19CC@novascotia.ca)>; C19TaskForce <[C19TaskForce@novascotia.ca](mailto:C19TaskForce@novascotia.ca)>; Knowles, Ruby M <[Ruby.Knowles@novascotia.ca](mailto:Ruby.Knowles@novascotia.ca)>; Chouinard, Vanessa P <[Vanessa.Chouinard@novascotia.ca](mailto:Vanessa.Chouinard@novascotia.ca)>; Stevenson, Colin <[Colin.Stevenson@nshealth.ca](mailto:Colin.Stevenson@nshealth.ca)>; Elliott-Lopez, Vicki <[Vicki.Elliott-Lopez@novascotia.ca](mailto:Vicki.Elliott-Lopez@novascotia.ca)>; Orrell, Kevin <[Kevin.Orrell@novascotia.ca](mailto:Kevin.Orrell@novascotia.ca)>; Lagasse, Jeannine <[Jeannine.Lagasse@novascotia.ca](mailto:Jeannine.Lagasse@novascotia.ca)>; C19TaskForce <[C19TaskForce@novascotia.ca](mailto:C19TaskForce@novascotia.ca)>; Batstone, Angie <[Angie.Batstone@novascotia.ca](mailto:Angie.Batstone@novascotia.ca)>; Grimm, Christine Z <[Christine.Grimm@novascotia.ca](mailto:Christine.Grimm@novascotia.ca)>  
**Subject:** REQUEST FOR ACTION: Provincial Response Planning for LTC

Dear NSHA EOC:

Over the past few days we have learned from the implementation of the LTC clinical pathways at Northwood. DHW has reflected that we should revisit our planning assumptions and discuss any shifts or add-ons to the LTC clinical pathways. By way of this message, we are requesting a subsequent discussion about the provincial response plan to LTC. Essentially we are looking to revalidate our planning assumptions and response plans.

**Action:** We are looking for confirmation on participating in this discussion and feedback on the agenda.

**Timeline:** Meeting on Friday or Monday

### Proposed Agenda

- Discussion of lessons learned from current outbreaks (i.e. Northwood)
  - Clinical approach
  - HHR/HR – clinical, IPAC, OHS, site coordination, administration, etc.
  - Supply and PPE
- Reflection questions/discussion:
  - **Quality/Clinical Pathways.** Our planning assumption that we will face an surge in hospitals may need to be revisited as we flatten the curve and observe low volumes/occupancy in hospitals. It also appears that this wave of the pandemic will impact LTC more than hospital settings. What is the appropriate

approach to caring for (COVID19) residents in LTC? Is our transfer policy still appropriate?

- **Sustainability/Capacity.** NSHA is leading/supporting on 8 LTC outbreaks. What is NSHA's capacity should this increase? How might we improve the sustainability of our collective approach?
- **Integration/Whole System Approach.** We have effectively converted Northwood into a hospital annex. Is this approach suitable elsewhere (other zones)? Should we be looking at identifying other locations to "hospitalizing LTC" and hotels for recovered patients? Previously we discussed converting RCF to LTC, given the current approach is this still recommended?

## Appendix D

**From:** King, Rollie B <[Rollie.King@novascotia.ca](mailto:Rollie.King@novascotia.ca)>

**Sent:** Sunday, April 19, 2020 10:20:33 AM

**To:** Janet Hazelton <[Janet.Hazelton@nsnu.ca](mailto:Janet.Hazelton@nsnu.ca)>

**Cc:** Jason MacLean <[JMacLean@nsgeu.ca](mailto:JMacLean@nsgeu.ca)>; Jacqui Bramwell <[jbramwell@cupe.ca](mailto:jbramwell@cupe.ca)>; Nan McFadgen <[nmcfadgen@cupe.ca](mailto:nmcfadgen@cupe.ca)>; Linda MacNeil <[Linda.MacNeil@unifor.org](mailto:Linda.MacNeil@unifor.org)>; Langley, Laura Lee <[LauraLee.Langley@novascotia.ca](mailto:LauraLee.Langley@novascotia.ca)>; Campbell, Carolyn D <[Carolyn.Campbell@novascotia.ca](mailto:Carolyn.Campbell@novascotia.ca)>

**Subject:** RE: Northwood - PPE

I have confirmation from Northwood that full PPE includes gowns, gloves, masks and where appropriate face shields and N95 masks.

## Appendix E

**From:** Stevenson, Colin  
**To:** Boutiller, Nicole; MacDonald, Madonna; Sullivan, Vickie; Stevens, Susan; Bond, Paula; Tomblin Murphy, Gail; Carr, Brendan; Howlett, Todd; McVeigh, Wendy; Alexiadis, Maria; McCormick, Bethany; LeBlanc, Angela; Grant, Krista L; Spinney, Derek  
**Cc:** Emergency Operations Center, NS Health Authority  
**Subject:** Northwood Support / Response  
**Date:** Saturday, April 18, 2020 7:58:25 PM

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### Northwood Update:

- The Ask:
  - Want Critical Incident response team to be established; on the ground; co-led with NSHA/Northwood
- Scenario
  - Outbreak at Northwood – assumption is that vast majority of residents have been exposed; minimum further transmission; but assume that it is widespread; moving from containment to management;
  - Will need to:
    - Manage care of those that require it – clinical care teams within facility; staffing requirements (clinical requirements and direction); need to escalate the level of care that is required there.
      - Use staff we have trained up already and have them transition to this location for care delivery
      - Medical staff – have 25 physicians in CZ that could step in to support the resident's in facility
      - Step in to provide care on the site – acute medical issues become managed by the NSHA team (operational control)
      - Consider it a ward hospital with 400 beds
    - Support and ancillary services – cleaning; food service (support as required)
    - Logistics management – supplies; PPE; equipment
      - What do they have;
      - What do they need and intake
    - Staffing – there are opportunities to invoke and pull triggers as necessary to allow for direction of staff versus volunteer;
      - Coordination / intake of new staff (Jill and Randi)
      - PSC to support if needed
    - Secondary Site – rooms are established and equipment in process of being moved; determination of who is moving; will start tomorrow morning; (Holiday Inn in Dartmouth); Need to support this.

## Appendix F

**From:** Ungar, Tracey <Tracey.Ungar@nshealth.ca>  
**Sent:** April 20, 2020 11:23 AM  
**To:** Jason MacLean <JMacLean@nsgeu.ca>  
**Subject:** follow up to some Northwood questions

Hi Jason

See below:

Do patients have armbands? Verifying

Is there a sufficient supply of size small scrubs? I know this was discussed and we were prepared to send in scrubs if necessary

Is there a sufficient supply of face shields available on the unit? The PPE is adequate and we did bring some more face shields

Is there a plan for infection control to make a visit to conduct an assessment of the unit? IPAC was onsite all day yesterday (Sunday) working with Northwood team and there is an NSHA IPAC nurse on site. Northwood has many good processes and practices in place.

Staff have been changing out of their dirty scrubs in the same room as they put on their own clothes to leave causing concerns about contamination. Verifying

Staff are not aware of which patients are positive and which are negative. Northwood was taking the approach of assuming everyone is COVID. The 8.3 staff is on the two COVID units.

I am still working on your questions.

Tracey



Tracey Ungar, CPHR  
People Services Director Employee and Labour Relations and Northern Zone  
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[www.nshealth.ca](http://www.nshealth.ca)



## Appendix G

**From:** [Sullivan, Vickie](#)  
**To:** [Stevens, Susan](#)  
**Cc:** [Stevenson, Colin](#)  
**Subject:** Re: Feedback from NW  
**Date:** Saturday, May 2, 2020 3:37:54 PM

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Hi Colin

Susan and I had discussion re email below and perhaps we can arrange a time on Monday to have further conversation

Best regards

Vickie

Sent from my iPhone

On May 2, 2020, at 2:59 PM, Stevens, Susan <[Susan.Stevens@nshealth.ca](mailto:Susan.Stevens@nshealth.ca)> wrote:

Hi Colin, Vickie

Sharing some information from one of my team members deployed to Northwood to provide resident care. Things certainly are improving, but these concerns confirm for me we need a mechanism in place with DHW to identify resident care and safety and staff support and safety in homes with outbreaks and an ongoing monitoring mechanism. I continue to raise this at various DHW tables. We also sent this as a request to DHW through our EOC but their response did not address our request. I requested our EOC resubmit our request to DHW, not sure if that happened. This feedback was from last week. Hearing again today on the call staffing is falling at times below critical levels. Very concerning. Appreciate your thoughts and advice.

Thanks  
Susan

Just spoke with one of our employees who continues on-site at NW. She relayed that availability of PPE is much better than it had been though access to sinks is still troublesome (likely due to age of building / design). She reported that staffing continues to be a challenge as the residents are "so sick and care is so much more now so 3 CCAs in evening for 30 residents. Some nights, none of the CCAs know them." She has been helping them as she is getting to know residents well. Also reported that she is working on a unit (6 Centre) where there are 23 positive residents, while 6 are reportedly negative. Many positive residents wandering about and sharing a room with residents who are +ve. Some negative residents also wander about. Understandably, she worries about spread of the virus. Care is reportedly getting heavier as residents are more unwell. Reportedly three CCAs on in morning from 7-8:30 to get all residents cleaned up and ready for breakfast for 8:30 breakfast time. Reporting residents "likely haven't had a bath in a week as their hair is all greasy". "They are often wet but do get changed". Most residents in bed and

unable to help themselves. Also reports significant delays in pick-up of dirty laundry and emptying of garbage. Reportedly garbage cans are overflowing and at one point yesterday, there were no bed pans or fitted sheets available on the unit. She was also concerned about lack of communication about what is going on the floor (e.g. Reporting deaths of residents – a resident passed shortly after she left one evening and didn't learn until end of shift the next day that he had in fact passed and never did make to an isolation room to see his one family member before passing.). Sensing a lack of "direct patient staff support".

<image001.jpg>

Susan Stevens, BSW, MEd, RSW, CHE, CFHI EXTRA  
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