



## **THE MOST DANGEROUS JOB**

The Impact of COVID-19 on Long-Term  
Care Workers in the US, UK, Canada,  
Ireland, and Australia

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# INTRODUCTION

From the onset of the COVID-19 pandemic, long-term care (LTC) workers<sup>1</sup> around the world have been at the epicentre of the crisis, caring for those most vulnerable to the disease in extremely high-risk environments. They work long hours in congregate settings, some even moving into care homes to ensure they will not transmit the virus in or out.

These workers are—by necessity—in regular, close physical contact with dozens of residents every day. Yet, as one British care worker explained, “They treat us like second-class citizens.... If I ring in sick, they ask me, ‘Are you too sick to work? Can you still come in anyway, because we’re really short-staffed?’”<sup>2</sup> Such treatment by care home managers reflects a dangerous disregard for the workers and the residents in their care.

This report, prepared for UNI Global Union’s UNICARE, corrects a common oversight in reporting on the impact of COVID-19 in nursing homes and other long-term care facilities by focusing on the challenges workers in those settings face each day. It summarizes research on the pandemic’s impact on LTC workers in five countries where the most data were available in February 2021.

We highlight a growing body of evidence that these essential workers have higher infection and death rates than their peer groups and saw an extraordinary rise in year-over-year deaths from 2019 to 2020. Long-term care eclipsed commercial fishing, logging, and resource extraction to become the deadliest job in the United States in 2020.<sup>3</sup> Our analysis of the research below suggests the situation of care workers in many other nations is just as dangerous.

## CARE WORKER DEATHS DOCUMENTED IN FOUR OF FIVE COUNTRIES STUDIED

Although data are incomplete as the pandemic continues to spread worldwide, the available evidence shows that the United States, the United Kingdom, Canada, and Ireland all experienced significant COVID-19 deaths among nursing home workers in 2020. In all four countries, the pandemic struck early in 2020 and escalated through the winter of 2020/21.

By 1 February 2021, the U.S. had seen the most tragic health crisis for LTC workers, with almost half a million coronavirus cases and 1,385 deaths. The UK followed with an unknown number of infections and 469 deaths among social care workers. Canada and Ireland each recorded over 22,000 worker cases, with Canada reporting 25 deaths among LTC workers and Ireland reporting 12 among healthcare workers in general. By contrast, Australia reported over 2,200 COVID-19 cases among long-term care facility staff, but no deaths among residential care workers.

- 1 Throughout this report, respecting the varied terminology used in the five nations studied, we will use the terms “long-term care facilities,” “care homes,” “social care homes,” and “nursing homes” interchangeably, along with “long-term care (LTC) workers,” “care workers,” and “nursing home workers.” The LTC sector also includes other forms of care, including home care and informalized care, but here we are primarily concerned with residential facilities.
- 2 Quoting A Crawford, “Coronavirus: What’s happening in UK care homes now is a scandal our grandchildren will ask about,” 11 Apr 2020, *Sky News*. <https://news.sky.com/story/coronavirus-why-care-homes-are-the-scandal-among-scandals-during-this-pandemic-11971795#>
- 3 McGarry B, Porter L, and Grabowski DC, “Opinion: Nursing home workers now have the most dangerous jobs in America. They deserve better.” *The Washington Post*, 28 Jul 2020. <https://www.washingtonpost.com/opinions/2020/07/28/nursing-home-workers-now-have-most-dangerous-jobs-america-they-deserve-better/>

## DATA COLLECTION, REPORTING, AND QUALITY

In preparing this report, we examined publicly available data regarding cases and deaths among long-term care workers in five English-speaking countries from the start of the pandemic in the first months of 2020 to early February 2021. All five countries faced major COVID-19 outbreaks in nursing homes, which resulted in a high proportion of resident deaths relative to the overall nursing home population of each country, a significant number of LTC worker cases, and deaths in four of the five countries.

Data collection and reporting on the impact of COVID-19 in nursing homes varies considerably among the five nations studied for this report, making direct comparisons difficult. The United States, Canada, and Australia have reporting systems that track cases and deaths among residents and staff. Unfortunately, the United Kingdom lacks a detailed facility-level reporting system. Ireland also lacks such a system, but its Health Protection Surveillance Centre (HPSC) issues official reports on the pandemic's impact on the healthcare workforce, including long-term care staff.

### VARIED COLLECTION AND REPORTING OF DATA

Some specifics regarding data collection in each of the five countries in this report:

- **In the United States**, nursing home data on COVID-19 have been collected and reported since 17 May 2020 by a federal agency called the Centers for Medicare & Medicaid Services (CMS). These data are based on mandatory weekly reporting from all nursing home facilities in all states.<sup>4</sup>
  - Unfortunately, **the United Kingdom** has no systems of regular reporting similar to those in other English-speaking countries, so no fully comparable estimate of COVID-19 case numbers among nursing home workers is available as of early February 2021. Data reported by nursing homes to the Care Quality Commission (CQC), the statutory regulatory entity, and other authorities is not publicly disclosed. Amnesty International has said that the CQC suspended regular oversight procedures for care homes and denied an August 2020 Freedom of Information request to release nursing home data, citing “fears that the information could negatively impact the commercial viability of care home providers.”<sup>5</sup>
- Despite these limitations, some estimates of worker deaths are available. In 2020 the Office for National Statistics irregularly released data on COVID-19 deaths categorized by the deceased's occupation. The most recent data were released on 25 January 2021, covering 9 March to 28 December 2020, and pertains to COVID-19 deaths by occupation for people 20 to 64 years old in England and Wales.<sup>6</sup> The previous comparable report was released over six months earlier, on 30 June 2020. These data are not the product of monitoring at the level of individual care settings, as in many other countries, and the exact number of nursing home worker deaths cannot be established because the occupational categories are not specific to long-term care settings only. The most specific occupational category in this case is “care workers and home carers.”<sup>7</sup>

4 Centers for Medicare & Medicaid Services, *COVID-19 Nursing Home Data*. <https://data.cms.gov/stories/s/COVID-19-Nursing-Home-Data/bkwz-xpvg/>

5 Amnesty International, *As if expendable: The UK government's failure to protect older people in care homes during the COVID-19 pandemic*. <https://www.amnesty.org.uk/files/2020-10/Care%20Homes%20Report.pdf>

6 Office for National Statistics (ONS), *Coronavirus (COVID-19) related deaths by occupation, England and Wales: deaths registered between 9 March and 28 December 2020*, 25 Jan 2021. <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/causesofdeath/bulletins/coronaviruscovid19relateddeathsbyoccupationenglandandwales/deathsregisteredbetween9marchand28december2020>

7 ONS, *All data related to deaths involving COVID-19 in the care sector, England and Wales*, 3 Jul 2020. <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/articles/deathsinvolvingcovid19inthecaresectorenglandandwales/deathsoccurringupto12june2020andregisteredupto20june2020provisional>

## VARIED COLLECTION AND REPORTING OF DATA

Some specifics regarding data collection in each of the five countries in this report:

- **In Canada**, although there is no official centralized nursing home data reporting system, a comparable level of reporting is achieved through the National Institute on Ageing (NIA) Long-Term Care COVID-19 Tracker Open Data Working Group, coordinated at Ryerson University. These data are curated from multiple sources, including public health units, government reports, media, and information publicly posted by facilities.<sup>8</sup>
- **In Ireland**, the Health Protection Surveillance Centre's (HPSC's) weekly reports track COVID-19 cases and outcomes among healthcare workers. The HPSC is an agency of the Health Service Executive, and its data considers all healthcare workers, including everyone who identifies as a healthcare worker or who works in a public or private healthcare facility, regardless of occupation. However, the reports are aggregated and not granular to the level of individual facilities. HPSC started to track the number of health care worker COVID-19 cases by location, including in long-term care facilities, in mid-2020. Previously, case numbers were not disaggregated. The number of nursing home worker deaths in Ireland is not disaggregated from deaths in the total healthcare workforce.<sup>9</sup>
- **In Australia**, long-term care home data is collected and reported regularly by the Commonwealth Government's Department of Health, providing a national snapshot of the situation at any given time, including numbers of cases, recoveries, and deaths among residents and staff in all individual facilities reporting two or more cases.<sup>10</sup>



### NOTE:

Data collection and reporting on the impact of COVID-19 in nursing homes varies considerably among the five nations studied for this report, making direct comparisons difficult.

8 National Institute of Ageing, *Long-Term Care COVID-19 Tracker*. <https://ltc-covid19-tracker.ca/>

9 Health Protection Surveillance Centre, *COVID-19 cases in healthcare workers*. <https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/surveillance/covid-19casesinhealthcareworkers/>

10 Australian Government Department of Health, *COVID-19 outbreaks in Australian residential aged care facilities*, 14 Jan 2021. <https://www.health.gov.au/sites/default/files/documents/2021/01/covid-19-outbreaks-in-australian-residential-aged-care-facilities-15-january-2021-covid-19-outbreaks-in-australian-residential-aged-care-facilities---15-january-2021.pdf>

# COVID-19, A NEW OCCUPATIONAL DISEASE FOR LTC WORKERS

Based on our analysis of data from the United States, the United Kingdom, Canada, Australia, and Ireland, we conclude that COVID-19 should be recognized as an occupational disease, one contracted primarily as a result of exposure to risk factors related to work activities. Our review of the research supports a June 2020 report by the Organisation of Economic Cooperation and Development (OECD) that found the pandemic was exacerbating systemic problems in the LTC sector in general, including inadequate and poorly enforced safety standards, inadequate funding for equipment and staff, and high turnover—all of which put LTC workers at greater risk.<sup>11</sup>

In the coming years, the care industry will find it more important than ever to retain experienced workers, particularly those with expertise in pandemic response. According to one estimate, the number of LTC workers will have to increase by 60 percent by 2040 in OECD nations just to maintain current ratios of carers to the elderly.<sup>12</sup> Steps taken to ensure the health and safety of LTC workers now would clearly benefit facilities and residents going forward.

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## Worker Shortages, Low Pay, High Risks

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Even before the coronavirus crisis emerged, the long-term care sector was beset by a severe workforce shortage resulting from chronic low pay and poor working conditions.<sup>13</sup> The physical and mental health of care workers is endangered by their non-standard employment, which more often than not, includes shift work, part-time assignments, and temporary work. Anxiety, depression, and physical injuries from moving residents have always led to high levels of absenteeism.<sup>14</sup>

With the onset of the pandemic, long-term care facilities became hotspots for the spread of the virus. Close proximity of workers and residents, combined with poor working conditions including inadequate safety standards and equipment, put carers in greater jeopardy.<sup>15</sup> In the most-affected countries, a high percentage of LTC workers left their jobs due to fear, sickness, or exhaustion, leaving a smaller workforce to serve ailing residents<sup>16</sup>—and placing remaining workers at even higher risk.

Lack of access to adequate personal protective equipment (PPE) and testing, especially in the early months of the pandemic, significantly increased nursing home workers' risk of infection.<sup>17</sup> One report on U.S. nursing homes found more than 20 percent lacked adequate PPE.<sup>18</sup>

In the UK, a government report by the House of Commons Public Accounts Committee released in early February 2021, found that a government decision to divert scarce PPE resources to hospitals early in the pandemic made care home residents and staff vulnerable, and that the care sector may have received only 10 percent of the PPE required.

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- 11 Organisation of Economic Cooperation and Development (OECD), *Workforce and safety in long-term care during the COVID-19 pandemic*, 22 Jun 2020, see sections "Insufficient and inadequate workforce in the sector" and "Poor working conditions exacerbate challenges in LTC." <https://www.oecd.org/coronavirus/policy-responses/workforce-and-safety-in-long-term-care-during-the-covid-19-pandemic-43fc5d50/#section-d1e83>
  - 12 OECD, "Who cares? Attracting and retaining care workers for the elderly," *OECD Health Policy Studies*, 2020. <https://www.oecd.org/fr/publications/who-cares-attracting-and-retaining-elderly-care-workers-92c0ef68-en.htm>
  - 13 According to the International Labour Organization, "Critical shortages of LTC workers make quality services unavailable for large parts of the global population aged 65 and over: in 2015 there was a global shortfall of 13.6 million formally employed LTC workers." See International Labour Organization, *Long Term Care*. <https://www.ilo.org/global/topics/care-economy/long-term-care/lang-en/index.htm> (downloaded, 10/2/2021). For Australia, see Royal Commission Into *Aged Care Quality and Safety, Aged care in Australia: a shocking tale of neglect*, 31 Oct 2019, Interim Report vol 2, pp. 45-46. [https://agedcare.royalcommission.gov.au/sites/default/files/2019-12/interim-report-volume-2\\_0.pdf](https://agedcare.royalcommission.gov.au/sites/default/files/2019-12/interim-report-volume-2_0.pdf)
  - 14 OECD, 22 Jun 2020.
  - 15 OECD, 22 Jun 2020.
  - 16 For Ontario, Canada, see Mitchell D, "Fear, stress factors in staffing shortages at Ontario's long-term care homes amid COVID-19 crisis," *Global News*, 25 Nov 2020. <https://globalnews.ca/news/7482855/coronavirus-psw-shortage-ontario-long-term-care/>
  - 17 Iacobucci G, "COVID-19: Lack of PPE in care homes is risking spread of virus, leaders warn," *British Medical Journal* (BMJ), 368:m1280, 27 Mar 2020. <https://www.bmj.com/content/368/bmj.m1280>; Booth R, "Residential homes 'desperate' for PPE as two care workers die," *The Guardian*, 6 Apr 2020. <https://www.theguardian.com/society/2020/apr/06/residential-homes-desperate-for-ppe-as-two-care-workers-die>
  - 18 McGarry BE, Grabowski DC, and Barnett ML, "Severe staffing and personal protective equipment shortages faced by nursing homes during the COVID-19 pandemic," *Health Affairs*, 39:10, Aug 20, 2020. <https://doi.org/10.1377/hlthaff.2020.01269>

The legacy of low pay, inadequate equipment and testing, and exhausting shift work combined with new health challenges during the pandemic set in motion a devastating spiral of staff turnovers, shortages, and frustration for LTC workers across the globe. And fresh challenges continued to emerge months into the pandemic, such as “long-haul COVID syndrome,”<sup>19</sup> in which patients carry significant symptoms of the disease long past their initial recovery, and new, more contagious variants of the virus.<sup>20</sup> Every new battle brought greater stress and danger for LTC workers on the front lines.

“Frontline workers were left without adequate supplies, risking their own and their families’ lives to provide treatment and care,” according to Meg Hillier, the UK’s Public Accounts Committee chair.<sup>21</sup>

### Tallying the Costs for Workers

Poor data collection and analysis hampered responses to COVID-19 in care homes and other settings across all the countries examined in this report.<sup>22</sup> Despite this challenge, available data make the staggering costs of the pandemic for long-term care workers clear.

**TABLE 1:**  
**Cumulative Totals of Worker Cases and Deaths Since the Start of the Pandemic to the Last Reported Date**  
 (most current data available as of 01/02/2021)

Country	End Date Reported	Source	Worker definition	COVID-19 worker cases	COVID-19 worker deaths
UK	28/12/2020	ONS	Social care workers	unknown	469
Australia	15/01/2021	Dept of Health	Residential aged care worker	2,236	0
Canada	29/01/2021	NIA	Long-term care staff	22,089	25
Ireland	23/01/2021	HPSC	Healthcare workers	22,484	12
US	17/01/2021	CMS	Nursing home workers	490,635	1,385

19 Barber C, “The problem of long-haul COVID,” *Scientific American*, 29 Dec 2020. <https://www.scientificamerican.com/article/the-problem-of-long-haul-covid/>

20 On link between understaffing and a severe outbreak of the UK variant in an Ontario, Canada long-term care home, see Thompson N, “Ontario long-term care home with outbreak of COVID-19 variant faces lawsuit,” *CTV News*, 1 Feb 2021. <https://www.ctvnews.ca/health/coronavirus/ontario-long-term-care-home-with-outbreak-of-covid-19-variant-faces-lawsuit-1.5291631>

21 House of Commons Public Accounts Committee, *COVID-19: Government procurement and supply of Personal Protective Equipment*, 4 Feb 2021. Report at <https://committees.parliament.uk/publications/4607/documents/46709/default/>; Hillier quote at <https://committees.parliament.uk/committee/127/public-accounts-committee/news/139073/frontline-workers-left-risking-lives-to-provide-treatment-and-care/>

22 McKenna B, “Poor data flows hampered governments COVID-19 response says the Science and Technology Committee,” *Computerweekly.com*, 8 Jan 2021. <https://www.computerweekly.com/news/252494488/Poor-data-flows-hampered-governments-Covid-19-response-says-the-Science-and-Technology-Committee>

The data in table 1 reveal the highest ratio of worker deaths to confirmed cases in the United States, with 1 death in every 354 cases. In Canada, the ratio is 1 in 884 and in Ireland 1 in 1,874. It is not possible, at this point, to estimate the ratio in the UK, and as noted above, Australia has reported no deaths among care workers. The number of confirmed COVID-19 deaths for nurses in 2020 totalled more than 200 in the United States as of early September,<sup>23</sup> 157 in the UK, and 16 in Canada as of October 2020.<sup>24</sup> All these estimates of healthcare workers' deaths are acknowledged to be conservative estimates due to a lack of robust tracking and data collection protocols.

**In the United States**, data from the CMS show that as of 17 January 2021, 490,635 nursing home workers had suffered confirmed cases of COVID-19 and 1,385 deaths. In a one-month period since 20 December 2020, the U.S. reported 87,679 COVID-19 cases and 117 deaths among nursing home workers.

**In the UK**, the Office for National Statistics released information on working-age population deaths on 25 January 2021, reporting 469 deaths among social care workers (compared to 312 on 30 June 2020). The category of "social care workers" includes nine different occupations. In the subcategory of "care workers and home carers" (long-term care) 347 workers died. In the table below, we compare those "care workers and home carers" to the larger category of healthcare workers (acute care) and to the subgroup of nurses.

**TABLE 2:**  
**Comparison of Deaths Involving COVID-19 by Occupation and Gender, for People 20-64 in England and Wales, between 9 March and 28 December 2020** (age standardized death rate per 100,000 population)

MEN	Deaths involving COVID-19				All causes of death			
	Deaths	Rate	Lower CI	Upper CI	Deaths	Rate	Lower CI	Upper CI
Health care workers	190	44.9	38.5	51.3	857	202.6	189.0	216.3
Nurses	47	79.1	57.4	106.1	189	343.3	291.7	394.9
Social care workers	150	79.0	66.1	92.0	901	469.1	437.8	500.5
Care workers and home carers	107	109.9	88.6	131.3	644	654.6	602.4	706.7

  

WOMEN	Deaths involving COVID-19				All causes of death			
	Deaths	Rate	Lower CI	Upper CI	Deaths	Rate	Lower CI	Upper CI
Health care workers	224	17.3	14.9	19.6	1,956	149.5	142.6	156.4
Nurses	110	24.5	19.7	29.4	858	188.8	175.5	202
Social care workers	319	35.9	32.0	39.9	2,506	283.1	271.9	294.3
Care workers and home carers	240	47.1	41.1	53.1	1881	368.1	351.3	384.9

Source: ONS, Coronavirus (COVID-19) related deaths by occupation, England and Wales: deaths registered between 9 March and 28 December 2020.

**NOTE:**

ONS classifies health care workers as including occupations such as doctors, nurses and midwives, nurse assistants, paramedics and ambulance staff, and hospital porters.

23 National Nurses United, *Sins of Omission: How Government Failures to Track COVID-19 Data have Led to More than 1,700 Health Care Worker Deaths and Jeopardized Public Health*, Sept 2020.

24 Data from the Canadian Federation of Nurses Union, cited in Alexandra Mae Jones, "1,500 Nurses Dead from COVID-19 across 44 Countries: International Council of Nurses," *CTV News*, 28 Oct 2020. <https://www.ctvnews.ca/health/coronavirus/1-500-nurses-dead-from-covid-19-across-44-countries-international-council-of-nurses-1.5165352>

By looking at the data in Table 2, we determine that Care workers and home carers--both men and woman--had a COVID-19 related death rate multiple times higher than the average for health care workers generally. However, social care one of the deadliest jobs in the care sector, it is also one of the deadliest jobs in the nation with only a handful of professions with a higher death rate.<sup>25</sup>

In Canada, NIA data report 22,089 COVID-19 cases among LTC workers and 25 deaths since the start of the pandemic. An additional 5,538 cases and 9 worker deaths have been reported since 22 December 2020.<sup>26</sup>

**TABLE 3:**  
**Cumulative Resident and Staff COVID-19 Cases and Deaths, U.S. and Canada**

	US	Canada
Staff COVID-19 confirmed cases	490,635	22,089
Staff COVID-19 deaths	1,385	25
Staff mortality	0.28%	0.11%

Sources: CMS, *Nursing Home COVID-19 Public File (01/17/2021)* <https://data.cms.gov/stories/s/COVID-19-Nursing-Home-Data/bkwz-xpvg/>; NIA, *Long-Term Care COVID Tracker (29/01/2021)* <https://ltc-covid19-tracker.ca/>

In Ireland, data released by HPSC on 29 January 2021 shows that from the start of the pandemic to 23 January 2021 there were 22,484 cases among healthcare workers, who made up 11.9 percent of total cases in Ireland, with a total of 12 healthcare worker deaths (11 confirmed and one probable). In addition to the deaths, many workers' suffering as a result of the disease was severe, with 744 hospitalized, and 76 admitted to ICU. The median age of infection for these workers was 41, the median age of hospitalisation was 44, and the median age of those who died was 59.5.

Total numbers of long-term care workers cannot be disaggregated from total healthcare worker data because early in the pandemic, when healthcare worker cases were very high as a proportion of the total population, work locations were not identified. HPSC started to track the number of healthcare worker cases by location of their work only in mid-2020. From 2 August 2020 to 23 January 2021, 2,937 healthcare worker cases designated nursing homes as their locations, and those cases made up 21.1 percent of all healthcare worker cases in Ireland.<sup>27</sup>

In Australia, the most recent data to 15 January 2021 demonstrates significant localized outbreaks occurred during 2020, leading to 678 deaths among nursing home residents. However, there were no active cases at publication. No COVID-19 deaths have been reported among nursing home workers, despite 2,236 cases.<sup>28</sup>

“Not only is social care one of the deadliest jobs in the care sector, it is also one of the deadliest jobs in the [UK] with only a handful of professions with a higher death rate.”

25 Among men, several occupations (including bakers, butchers, restaurant catering staff managers and publicans, police officers, vehicle cleaners, storage workers, and hairdressers) reported a slightly higher death rate than did care workers and home carers. But among women (who make up the vast majority of all care workers), only one occupation—sewing machinists—reported a higher death rate. It is likely that the sewing machinist death rate is also related to the pandemic as a result of a mass outbreak of COVID-19 among migrant garment workers in Leicester. Women long-term care workers aged 30 to 50 tend to experience dramatically elevated levels of COVID-19 compared to their cohort in the general population because women who are not LTC workers in this age group have among the lowest risk levels in the entire population.

26 NIA, *Long-Term Care COVID-19 Tracker*. <https://ltc-covid19-tracker.ca/>

27 COVID-19 Cases in Ireland, Health Protection Surveillance Center. <https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/casesinireland/> (data retrieved January 29, 2021)

28 Australian Government Department of Health, *COVID-19 outbreaks in Australian residential aged care facilities*, 14 Jan 2021. <https://www.health.gov.au/sites/default/files/documents/2021/01/covid-19-outbreaks-in-australian-residential-aged-care-facilities-15-january-2021-covid-19-outbreaks-in-australian-residential-aged-care-facilities---15-january-2021.pdf>

# WORKPLACE RISK FACTORS FOR LTC WORKERS

Advocates and researchers in all five countries studied have pointed to pre-pandemic challenges for the care industry, citing workforce shortages, lack of proper equipment, and the common practice of using temporary and permanent staff members who move among multiple facilities.

**Evidence strongly suggests that low staff-to-resident ratios increase the incidence of infection among nursing home residents, which leads to further risks of infection among staff as workforce shortages become more pronounced.** For example, P.D. Magni et al, found a 10 percent increase in the beds-to-staff ratio associated with a 23 percent increase in infection in UK long-term care facilities.<sup>29</sup> In California nursing homes, B. Spurlock et al reported that early in the pandemic, nursing homes with total staffing of less than 3.8 hours per resident per day had double the cases of nursing homes with total staffing of more than 4.4 hours per resident per day. Later in the pandemic, the same research team found that nursing homes with registered nurse staffing of more than 0.8 hours per day had 50 percent fewer cases than those with fewer than 0.8 hours per resident per day.<sup>30</sup>

**Shortages of staff and equipment increase the vulnerability of residents and staff.** “As in most crises, the most vulnerable nursing homes are at the highest risk for shortages that put the health of their residents and staff at risk,” according to a study of U.S. nursing homes

by B. E. McGarry and colleagues.<sup>31</sup> McGarry also found that 20.8 percent of nursing homes in the United States reported staff shortages in the week of 14 June 2020. The situation had not substantially improved one month later. Shortages of both staff and PPE increased in both for-profit facilities and in all facilities with COVID-19 cases.

**Looking beyond well-documented shortages of PPE, US-based research has shown that workplace infrastructure is another point of risk for LTC workers.** Poor airflow and ventilation in nursing homes increases the spread of infectious airborne droplets, endangering both residents and workers, and must be addressed to reduce vulnerability.<sup>32</sup>

More recent CMS data from the United States confirm that staff shortages have continued since the May-July 2020 period addressed by the McGarry research. In the eight-month span detailed below, staff shortages peaked in all categories in November 2020.

**TABLE 4:**  
Percentage of Nursing Homes Reporting Staff Shortages in the U.S. During at Least One Week of the Month

Month	Clinical Staff	Nursing Staff	Aides	Other staff	Both Nursing Staff & Aides
May	3.27%	16.60%	19.42%	11.10%	14.34%
June	6.03%	20.22%	23.11%	14.22%	17.77%
July	6.04%	21.34%	23.96%	14.44%	18.76%
August	5.68%	22.42%	26.23%	15.38%	20.18%
September	6.38%	22.30%	26.12%	15.33%	20.02%
October	6.35%	21.93%	25.27%	15.47%	19.93%
November	7.77%	26.46%	29.09%	18.54%	24.20%
December	5.36%	23.32%	25.02%	15.22%	20.91%

29 Magni PD, Williams H, Jhass A, Rait G, Lorenzatto F, Hemingway H, Hayward A, and Shallcross L, “COVID-19 infection and attributable mortality in UK long term care facilities: cohort study using active surveillance and electronic records,” *medRxiv*, Mar-Jun 2020, non-peer reviewed preprint posted 15 July 2020. <https://www.medrxiv.org/content/10.1101/2020.07.14.20152629v1.full-text>

30 Spurlock B, Stack A, and Harrington C, “COVID-19 in California’s nursing homes: factors associated with cases and deaths,” *California Health Care Foundation*, Dec 2020. <https://www.chcf.org/wp-content/uploads/2020/11/COVID19CAsNursingHomesFactorsCasesDeaths.pdf>

31 McGarry et al, Aug 2020. <https://www.healthaffairs.org/doi/10.1377/hlthaff.2020.01269>

32 Lynch RM and Goring R, “Practical Steps to Improve Air Flow in Long-Term Care Resident Rooms to Reduce COVID-19 Infection Risk,” *JAMDA* 21, 10 Apr 2020, 893-894. [https://www.jamda.com/article/S1525-8610\(20\)30320-0/pdf](https://www.jamda.com/article/S1525-8610(20)30320-0/pdf)

Other common characteristics of the long-term-care industry reliably led to higher risk factors for spreading coronavirus, and therefore, higher incidence of the disease among the workers themselves.

**Workers are often employed in multiple facilities through temporary staffing agencies, traveling among several sites and several groups of residents.** Early in the pandemic, this movement of temporary staff was identified as a key risk factor, and these transient workers were shown to have infection rates much higher than workers employed in a single workplace.

For example, In the UK, a small-scale study carried out among 254 staff in six facilities in London during 10-13 April 2020, found that 15 percent of staff who worked in a single care home tested positive for COVID-19, but for those who worked in multiple nursing homes, the risk was three times higher.<sup>33</sup> This increased risk was confirmed on a larger scale by the Vivaldi Project, which looked at infections in 9,081 nursing homes in England up to 19 June 2020. The Vivaldi Project researchers found that in care homes where staff regularly worked elsewhere, the odds of infection among staff were 2.4 times higher than in care homes where staff never worked elsewhere.

Furthermore, in care homes employing temporary agency staff every day or on most days, the odds of infection were 1.88 times higher among staff and 1.58 times higher among residents, compared to care homes not using temporary agency staff at all. More than two-thirds of care homes in England face these higher-risk factors, as the Office for National Statistics reports that 11.5 percent employ staff who work at more than one location and 55.8 percent rely on temporary agency staff.<sup>34</sup>

In the United States, the situation is no better, as a majority of nursing homes report that they use a staffing agency for at least some of their workforce. The prevalence of corporate chains of long-term care facilities means that it is common for employees of the chain to work in multiple facilities. And chronic low pay for these workers means that many workers hold second jobs outside the LTC sector.

Links among staff and among nursing homes are powerful predictors of COVID-19 infections in residents. For example, one study of geolocation and smartphone data found that, on average, nursing homes in the U.S. share connections with 7.1 other facilities. The study estimated that 49 percent of nursing home resident cases can be attributed to shared staff transmitting the virus across multiple nursing homes.<sup>35</sup>

### TRADE UNIONS LOWER RISKS FOR NURSING HOME RESIDENTS AND WORKERS

One recent study of mortality rates in 246 unionized and 109 non-unionized nursing homes in New York State compared homes where LTC workers were union members with homes where the workers did not belong to a union.

**Researchers found a 30 percent reduction in residents' mortality where workers were union members.**

Among the most important findings of this study was that unionized facilities gave workers greater access to personal protective equipment. The authors also posited that unions perform other functions that ultimately lead to a more stable, secure workforce and reduced transmission risks, including demanding high staff-to-resident ratios and providing paid sick leave and higher wages and benefits.<sup>36</sup>

33 Ladhani SN et al and London Care Home Investigation Team, "Increased risk of SARS-CoV-2 infection in staff working across different care homes: enhanced CoVID-19 outbreak investigations in London care homes," *Journal of Infection*, posted 28 Jul 2020, Oct 2020, 81:4, pp. 621-624. <https://www.journalofinfection.com/action/showPdf>

34 Office for National Statistics, *Impact of coronavirus in care homes in England: 26 May to 19 June 2020*, Jul 2020. <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/conditionsanddiseases/articles/impactofcoronavirusincarehomesinenglandvivaldi/26mayto19june2020>

35 Chen MK, Chavalier JA, and Long EF, "Nursing home staff networks and COVID-19," *Proceedings of the National Academy of Sciences*, 118:1, 5 Jan 2021. <https://doi.org/10.1073/pnas.2015455118>

36 Dean A, Venkataramani A, and Kimmel S, "Mortality rates from COVID-19 are lower in unionized nursing homes," *Health Affairs*, 39:11, 10 Sept 2020. <https://www.healthaffairs.org/doi/10.1377/hlthaff.2020.01011>

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## Impacts of Private Ownership of Care Homes on LTC Workers

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The ownership structures of nursing homes have gained new attention from academics and journalists in the wake of crises of care during the pandemic. A variety of studies have shown that the for-profit model, which often emphasizes reductions in staff and equipment in order to improve profit margins, reduces quality of care and safety for both residents and workers in several countries. Low staff-to-resident ratios and high resident populations are often cited as reasons that for-profit homes have the highest infection and death rates from COVID-19.<sup>37</sup>

In December 2020, UNI Global Union released a report calling for urgent action to investigate and address the crisis in private-sector long-term care. The report suggests that investors in for-profit nursing homes have a critical role to play in improving working conditions and tackling problems related to excessive financialization of these facilities.<sup>38</sup>

As of early 2021, the largest body of evidence on this topic has focused on LTC facilities in the United States and Canada and points directly to **an association between for-profit nursing homes and a higher risk of outbreaks and resident deaths.**

A study by N.M. Stall and colleagues, analysing data from 623 nursing homes in Ontario, Canada, between 29 March and 20 May 2020, found that the for-profit status of care homes was associated with the extent of outbreaks and number of deaths, though not with the likelihood of outbreaks occurring in the first place. The study found that in nursing homes experiencing outbreaks, on average 23.8 percent of all residents in for-profit homes had COVID-19 compared with 17.2 percent of all residents in non-profit homes and just 7.1 percent of all residents in municipal homes. On average, 6.5 percent of residents in for-profit homes died of COVID-19, compared with 5.5 percent of all residents in non-profit homes and only 1.7 percent of all residents in municipal homes.<sup>39</sup>

Spurlock and colleagues found a strong association between private ownership of nursing homes in California and significantly higher infections. Early in the pandemic, for-profit California nursing homes (both independent and chains) had 5 to 6 times the cases of non-profit and government-run nursing homes.<sup>40</sup>



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- 37 See Spurlock et al. "COVID-19 in California's nursing homes," p. 3. <https://www.chcf.org/wp-content/uploads/2020/11/COVID19CAsNursingHomesFactorsCasesDeaths.pdf>; Ali MC, "Elderly homes in Australia under fire after high COVID-19 deaths," *Aljazeera.com*, 2 Oct 2020. <https://www.aljazeera.com/features/2020/10/2/dying-of-covid-19-in-australias-elderly-home-care>; Hoffman C, "Nursing homes are high risk: investors should treat them that way," *Responsible Investor*, 2 Feb 2021. <https://www.responsible-investor.com/articles/nursing-homes-are-high-risk-investors-should-treat-them-that-way>
- 38 UNI Global Union, *The crisis in care: the urgent need for responsible investor action in nursing homes*, Dec 2020. [https://www.uniglobalunion.org/sites/default/files/files/news/the\\_crisis\\_in\\_care\\_en\\_final.pdf](https://www.uniglobalunion.org/sites/default/files/files/news/the_crisis_in_care_en_final.pdf)
- 39 Stall NM et al, "For-profit long-term care homes and the risk of COVID-19 outbreaks and resident deaths," *Canadian Medical Association Journal*, 192:33, 17 Aug 2020. <https://doi.org/10.1503/cmaj.201197>
- 40 See Spurlock et al. <https://www.chcf.org/wp-content/uploads/2020/11/COVID19CAsNursingHomesFactorsCasesDeaths.pdf>

## CONCLUSION AND RECOMMENDATIONS

Workers in the long-term care sector have historically faced difficult and unsafe conditions, earning low wages with few benefits. In 2020, these essential LTC workers found themselves on the front lines of the COVID-19 pandemic, caring for the elderly and ailing—those most vulnerable to the deadly disease—and becoming vulnerable themselves.

The ongoing global public health crisis has exacerbated the challenges and injustices care workers have endured for decades, in many cases costing them their lives. In this continuing crisis, we must advocate for changes that will protect and support LTC workers and make fundamental changes in the sector.

Based on our analysis, UNICARE makes the following recommendations:

- The working conditions and pay of long-term care workers should be improved in all nations with the goal of improving employee retention and maintaining institutional knowledge. Reliance on temporary workers and workers that move among multiple care facilities should be minimized as much as possible by giving people full-time jobs with decent pay.
- Staff-to-resident ratios should be increased to safeguard the health of both.
- COVID-19 should be considered an occupational disease for all long-term care workers.
- Investment in the long-term care sector should be increased and tied to both worker and resident outcomes, providing incentives for investors, employers, and governments to follow the strictest safety protocols and best practices.
- Robust tracking systems should be developed and implemented to track coronavirus infections, hospitalizations, and deaths among workers on a national level. Ideally, these data should be broadly comparable internationally.
- Infectious disease training should be provided to all LTC workers on an annual basis.
- Health and safety structures, including worker or joint committees, should be used to address COVID-19 risks and to impose stronger measures that include infectious disease protocols, access to PPE and vaccines, among others. If they do not currently exist at a worksite, they should be created.
- Most importantly, workers must have a voice in decision-making in the workplace through unions and collective bargaining. And as part of the move toward empowering workers, each nursing home needs a worker health and safety committee and democratically elected worker safety representatives.



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