

Rapid Review Report

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| Review Title: | How is "compassionate visit" defined and operationalized in the context of an infectious outbreak or pandemic? |
| Keyword Title: | LTC Compassionate Visit – Definition, Operationalized |
| Review ID: | LTC042402 RR |
| Date/Time: | May 1, 2020 16:00 |
| Version: [to be used for updated reviews] | 1 |
| Revision History: | None |
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| Peer Reviewer: | Dr. Heather Ward and Dr. Susan Tupper |
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| Cite As: | Tupper, S; Ward, H; Howell-Spooner, B; Dalidowicz, M; Boden, C. How is "compassionate visit" defined and operationalized in the context of an infectious outbreak or pandemic in long-term care? 2020 May 1; Document no.: LTC042402 RR. In: COVID-19 Rapid Evidence Reviews [Internet]. SK: SK COVID Evidence Support Team, c2020. 17 p. (CEST rapid review report) |

Key Findings

- Visitor restrictions in long-term care (LTC) during an outbreak or pandemic are implemented due to the perceived risk of transmission between residents or staff and visitors.
- Social isolation and possible loss of care resulting from visitor restrictions in LTC may place residents at risk of poorer outcomes in terms of both physical and mental health, as well as distress to families and staff (see Saskatchewan LTC Network Family Perspective).

- Visitor restriction policies typically allow visits for compassionate reasons that include end of life, critical care, and support of persons who require assistance beyond that provided by healthcare e.g. support for feeding, mobility, or behaviors, but specific detail on these is not consistent or clear.
- Recent changes to visitation policies in Australia are less restrictive and allow brief visitations (end of table 1, noted in red font).
- Although the majority of policies describe a need for flexibility and case-by-case assessment of visits deemed “essential”, the majority of policies are not clear in who is to conduct this analysis or the criteria that should be used to make these decisions.
- Visitation policies differ in detail regarding the number of visitors allowed at one time, total number of visitors allowed, visit duration, mobility within the home and location of the visit.
- Remote and technology assisted visits are to be facilitated by LTC staff.
- Infection control practices are enforced for visitors, and may include screening (e.g. temperature, symptoms, travel and contact history), prohibiting ill visitors, use of personal protective equipment (PPE), hand and cough hygiene.
- Education of visitors and support for proper infection control practices is encouraged in the majority of policies.

Limitations

- Not all evidence was specific to COVID-19.
- Articles were screened and data extracted by a team of reviewers without attempts to test the degree of agreement between reviewers.
- Some relevant publications may have been missed due to the urgency of the request.
- Media reports were not screened due to the low probability that evidence would be found that was not in the grey literature.

GRADE of Evidence: D - Very Low

A grade of "D" is assigned when the estimate of effect is very uncertain. The review may consist of expert opinion, no direct research evidence, and/or one or more studies with severe limitations.

For more information about how this rating was determined, visit https://www.essential-evidence-plus.com/product/ebm_loe.cfm?show=grade

Background/Context

Visitor restrictions are thought to have the potential to reduce infection transmission by reducing the number of people entering and moving throughout LTC homes. However, the resulting social isolation and potential loss of care can have negative impacts on residents, family, and staff.

Purpose

This review will inform ongoing discussion about Saskatchewan Health Authority’s visitation policies in LTC settings.

Review Question(s)

- How is "compassionate visit" defined and operationalized in the context of an infectious outbreak or pandemic in terms of patient/resident visitors?

Method

The question was received on April 23rd. A refinement meeting was held on April 23rd with Cathy Cole, Director Patient and Client Experience Program Support and Development – Saskatoon, Dr. Susan Tupper, Dr. Heather Ward, and librarians Michelle Dalidowicz, and Catherine Boden. Librarians conducted evidence searches of traditional publication databases and grey literature excluding media reports up to April 30th, 2020. References were screened and data extracted from relevant sources using a data extraction template by Tupper, Ward, Kirstie Gibson, Thomas Qiao, Nina Gao, and Dr. Jason Vanstone. Tupper reviewed extracted data and wrote the report. Ward reviewed and finalized the report. Further detail from relevant sources is provided in the Summary of Relevant Sources table. Further detail on the specific search strategy and sources, abstracts and links to the full list of sources can be found in the evidence summary attachment. Family caregivers of the Saskatchewan LTC Network provided a family caregiver perspective and recommendations of reintegration of family caregivers into the care team in two attachments. The report was completed on May 1st, 2020.

Total librarian search time = 6 hours

Total working group report preparation time = 14 hours

Total report time = 20 hours

Summary of Evidence

Visitor restrictions in long-term care (LTC) during an outbreak or pandemic are have the potential to reduce infection transmission both from residents or staff to visitors and from visitors to residents or staff. However, visitor restrictions present ethical issues by preventing residents and family members from having meaningful contact. This is particularly true for residents who have cognitive and communication impairments that limit their capacity to understand the situation or use alternate approaches to visitation such as social media, telephone or video conferencing. Residents are at risk of poor mental and physical health due to social isolation and possible reduced care when family caregivers who frequently visit to assist with feeding, mobility, and assistance with care are no longer able to do so. Visitor restrictions at end of life result in moral distress for residents, family/friends, and staff. Additionally, family caregivers in the Saskatchewan LTC Network argue that as a family member they should be considered an essential member of the care team, not a visitor.

Visitor restriction policies typically allow visits for compassionate reasons that include end of life, critical care, and support of persons who require assistance beyond that provided by healthcare staff. Many visitation policies describe the need for flexibility and case-by-case assessment of which visitors should be deemed "essential"; however, most policies lack specific guidelines on how this will be operationalized. For example, in Saskatchewan, the visitation policy states that evaluation of essential visitors will be made "at the discretion of the care provider", but it is not clear who this is in a LTC setting (i.e. physician, senior nursing staff within the home).

Australia recently published less restrictive visitation policies that align with the ideas presented by family caregivers in the Saskatchewan LTC Network. Visitation policies differ in detail. The large majority of policies agree on application of infection control practices for visitors such as screening (e.g.

temperature, symptoms, travel and contact history), use of personal protective equipment (PPE), hand and cough hygiene.

Conclusions

Visitation policies require a flexible approach and clear guidance on application that is consistent across Saskatchewan and ensures that both resident/family rights and infection control are maintained.

Glossary

N/A

Table 1: Summary of Literature

| Ref | Sample/ population | Method | Additional findings | Quality of study |
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| <p>Saskatchewan Ministry of Health COVID (updated Apr 23/20) https://www.saskatchewan.ca/government/health-care-administration-and-provider-resources/treatment-procedures-and-guidelines/emerging-public-health-issues/2019-novel-coronavirus/public-health-measures/guidance-for-health-care-facilities</p> | <p>All ages/all settings</p> | <p>Descriptive (government public information website)</p> | <ul style="list-style-type: none"> - Visitors are not permitted in any Saskatchewan Health Authority operated hospitals, clinics, community and continuing care facilities, except for compassionate reasons. - Compassionate reasons may include immediate family during end-of-life care, family of patients prior to a major surgery or visitors aiding in clinical care (at the discretion of the patient's care provider). - Includes: <ul style="list-style-type: none"> o Patients in end-of-life care including those who are in palliative care, hospice care, or at a high risk for loss of life, as determined by the attending physician, in consultation with unit manager/ charge nurse. o Intensive care/ or critical care situations where the attending physician determines the patient's condition is considered high risk for loss of life. o Outpatient, emergency department patients, urgent care and inpatients who have specific challenges such as mobility, hearing, visual or memory impairment. - The visitor must be the same person in these instances: <ul style="list-style-type: none"> o Maternal and postpartum units may have one visitor or support person for the entire length of patient admission; o PICU is limited to one primary parent/caregiver for the entire length of patient admission. - NOTE: Does not specifically state guidance for LTC. | <p>D</p> |
| <p>Saskatchewan Ministry of Health. https://www.ehealthsask.ca/services/Manuals/Documents/Outbreaks%20in%20LTC</p> | <p>LTC 2010 Outbreak protocol</p> | <p>Descriptive (government official guide)</p> | <ul style="list-style-type: none"> - Compassionate care defined as individuals who visit terminally ill or palliative residents/clients (typically family members; criteria for determining not specified). - Ill visitors should not be permitted in the facility except in exceptional circumstances on compassionate grounds - Provide visitors with a mask | <p>D</p> |

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| g%20Term%20Care%20and%20Integrated%20Facilities.pdf | | | | |
| BC Centre for Disease Control (BCCDC) http://www.bccdc.ca/health-professionals/clinical-resources/covid-19-care/clinical-care/long-term-care-facilities-assisted-living | LTC and assisted living | Descriptive (government official guide, website) | <ul style="list-style-type: none"> - Essential visits restricted to: <ul style="list-style-type: none"> o Visits for compassionate care (end of life and critical illness) o Visits considered paramount to resident care and well-being, such as assistance with feeding or mobility, essential medical professionals, medication delivery - Visits allowed only for existing registered volunteers providing services as described above only - Poster for care sites: http://www.bccdc.ca/Health-Info-Site/Documents/COVID19-NoVisitorsPoster.pdf | D |
| Nova Scotia Health Protection Act http://policy.nshealth.ca/Site_Published/covid19/document_render.aspx?documentRender.IdType=6&documentRender.GenericField=&documentRender.Id=77877 | LTC and assisted living | Descriptive (government website) | <ul style="list-style-type: none"> - Essential visitors are those visiting very ill or palliative residents (compassionate exception), or those who are performing essential support care services for the resident (i.e., similar to a personal support worker). - Considered on a case by case basis – does not specify who does this or what criteria used. - Must be screened including temperature check. - Those travelling from out of province. - May only visit one resident. - One visitor at a time for a resident. - Staff must support appropriate PPE use. | D |
| Ministry of Health (Ontario) http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/memos/CMOH_Memo_Visitors_COVID-19_March_13_2020 | LTC and assisted living | Descriptive (government publication) | <ul style="list-style-type: none"> - Essential visitors allowed for those dying or very ill. - Parent/guardian of an ill child or youth in a live-in treatment setting. - Visitors must continue to be actively screened into these settings (refers to a screening tool). - Those who fail screening will not be permitted to enter. - No other visitors should be permitted to enter these premises, instead they should be asked to keep in touch with loved ones by phone or other technologies, as available. | D |

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| <p>pdf</p> <p>Health Canada. <i>Infection Prevention and Control for COVID-19: Interim Guidance for Long Term Care Homes - Visitors (including volunteers and contractors).</i> [updated April 8/20] https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/prevent-control-covid-19-long-term-care-homes.html#a5</p> | <p>Long-term care homes (LTCH)</p> | <p>Descriptive (government official guide, website)</p> | <ul style="list-style-type: none"> - Essential volunteers and visitors should be restricted to those deemed essential, meaning a. necessary to basic personal care (e.g. feeding), medical (e.g. phlebotomy), or compassionate (e.g. end of life) and in some cases, visitors may be prohibited. - All visitors must be trained and monitored for compliance with putting on and wearing a mask and additional PPE. (Staff must support appropriate PPE use) - Essential visitors must be trained on other IPC measures (e.g. proper hand hygiene) - Essential visitors are to be actively screened for new signs or symptoms of COVID-19 at all LTCH access points (wear masks, tissues, ABHR, and a no-touch waste receptacle are available) - Signage is posted at access points instructing visitors NOT to enter if they have any new signs or symptoms of COVID-19 - Essential visitors are provided with printed/posted information about COVID-19 - All visitors should be logged at entry and exit | <p>D</p> |
| <p>Department of Health and Social Care (UK). <i>COVID-19: Our Action Plan for Adult Social Care.</i> [updated 2020, April 15] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/879639/covid-19-adult-social-care-action-</p> | <p>Care home, older adults</p> | <p>Descriptive (government official guide, website)</p> | <ul style="list-style-type: none"> - People in care homes and their families should be involved, as much as possible: care planning and decision-making, including end-of life care, and should be supported in having honest, informed and timely conversations - Family members may also wish to volunteer to help look after relatives in the care sector and we would expect care providers to help facilitate this (pg 17). - Visits at the end of life are important both for the individual and their loved ones and should continue. | <p>D</p> |

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| plan.pdf | | | | |
| <p>Public Health England. COVID-19: Infection Prevention and Control Guidance. [Updated April 27/20] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/881489/COVID-19_Infection_prevention_and_control_guidance_complete.pdf</p> | All care facilities | Descriptive (government official guide, website) | <ul style="list-style-type: none"> - “Visitors to all areas of the healthcare facility should be restricted to essential visitors only, such as parents of paediatric patients” (pg 16). - Appropriate PPE, hand hygiene, respiratory hygiene supported by staff education and monitoring of visitor - Visitors must not visit any other care area. - Signage to support restrictions is critical. - Visitors with COVID-19 symptoms must not enter the healthcare facility. Visitors who are symptomatic should be encouraged to leave and must not be permitted to enter areas where there are extremely vulnerable patients. | D |
| <p>Royal College of Physicians of Edinburgh. COVID-19: Allow Families Equal Access to Visit Dying Relatives. [updated April 15/20] https://www.rcpe.ac.uk/college/covid-19-allow-families-equal-access-visit-dying-relatives</p> | All care facilities: nursing and residential homes, hospices, and hospitals | Descriptive (medical professional organization, website) | <ul style="list-style-type: none"> - Patients in Scotland who are judged to be dying from COVID-19 or other terminal conditions, within hours or days, must receive equal access to visits from family or friends. - Staff should facilitate virtual visits and make connections with families in a kind, compassionate and personal way if in-person visit is impossible. - Visitors should use the correct PPE - Only one family member should visit at any time, with exceptions if a visitor requires assistance. | D |
| <p>Scottish Academy. Patients and Family at the End of Life. [2020, April] https://www.rcpe.ac.uk/sites/default/files</p> | All care facilities: nursing and residential homes, hospices, and | Descriptive (medical professional organization, website) | <p>(this document provides complementary information and was linked to the previous document)</p> <ul style="list-style-type: none"> - When possible, the patient should consent to receive visitors. - Clinicians should act with honesty and integrity in their communication with patients and should communicate and document decisions regarding visiting and the reasons behind | D |

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| /sa statement - patients and family at end of life care final 0.pdf | hospitals | | <p>them transparently.</p> <ul style="list-style-type: none"> - Risk of harm from a visit should be evaluated e.g. patient guilt if exposing a visitor to COVID-19. - Harm also arises from absence of family during dying, harm to family unable to be present, and harm to staff who substitute themselves for absent family and bear witness to difficult communications. - Take into account known patient wishes about end of life care regarding visitations. - Visitors must agree to undertake subsequent isolation and quarantine restrictions appropriate to the contact that has occurred in association with their visits (pg 3). - Care facilities are entitled to limit the frequency of visits, duration of visits, or numbers of visitors. | |
| <p>Centre for Medicare & Medicaid Services (CMS). <i>Guidance for Infection Control and Prevention of Coronavirus Disease 2019 (COVID-19) in Nursing Homes (REVISED).</i> [2020, March 13] https://www.cms.gov/files/document/3-13-2020-nursing-home-guidance-covid-19.pdf</p> | LTC | Descriptive (government guidance document) | <ul style="list-style-type: none"> - Facilities should restrict visitation of all visitors and non-essential health care personnel, except for certain compassionate care situations, such as an end-of-life situation. - In those cases, visitors will be limited to a specific room only. - Visitors to perform hand hygiene and use PPE, such as facemasks with instructions provided, and practice social distancing. - If possible, create dedicated visiting areas, which need to be disinfected after each visit. - Visitors should be actively screened; those with COVID-19 signs and symptoms are not allowed to enter the facility. - Advise visitors to monitor signs and symptoms for at least 14 days after each visit, and notify the facility if symptoms occur. - Visitation restrictions should be communicated, with signage at entrances/exits, emails, phone calls, etc. - Facilities should offer: alternative means of communication, regular updates, and scheduled updates. | D |
| <p>The Good Samaritan Society. COVID FAQs https://gss.org/wp-</p> | LTC | Public non-profit information | <ul style="list-style-type: none"> - Alberta – essential visitor – “those providing care and companionship services necessary for the well-being of the resident, and visitors attending to a resident who is dying” | D |

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| content/uploads/2020/03/GSS-GSC-FAQs_2020-COVID-19-v4.pdf [note: last revised Mar 18, 2020] | | website | <ul style="list-style-type: none"> - BC – essential visit – “essential visits include compassionate visits for end-of-life care and visits that support care plans for residents based on resident and family needs, for example, families who routinely visit to provide assistance with feeding or mobility” - Essential volunteers – “someone who is a currently registered volunteer who will provide compassionate care (end of life and critical illness)” - Essential visitor screening tool: https://www.gss.org/wp-content/uploads/2020/04/Essential-Visitor-Screening-Tool-GSSGSC-April-6-2020.pdf | |
| Region of Peel LTC Pandemic Influenza Plan https://www.peelregion.ca/ltc/resources/pdfs/pandemic-plan.pdf [Note: date released Sept 30, 2019] | LTC | Municipal document | <ul style="list-style-type: none"> - “Complete restriction of visitors is not recommended as it may cause emotional hardship to both the residents and the relatives” p.50 - Faith practices and considerations for death and dying – adhere to family wishes; consult local religious and ethnic communities, and the palliative care and end-of-life committee to ensure dignity p.52 - Ill visitors are asked to not enter. - Visit to take place only in resident’s room with proper PPE use. - Do not visit other residents. | D |
| CDC COVID-19 https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html | LTC | Guidelines | <ul style="list-style-type: none"> - Visitation restricted except for certain compassionate care situations, such as end of life situations. - Case by case decisions about visitation for compassionate care situations (criteria only specify visitor symptoms). - Screen visitor for fever or symptoms consistent with COVID-19 - Ill visitors prohibited - Visitors required to frequently clean their hands, limit their visit to a designated area within the building, and wear a facemask. - Sample letter for homes to send to families https://www.cdc.gov/coronavirus/2019-ncov/downloads/healthcare-facilities/Long-Term-Care-letter.pdf - Visitors are asked to inform the facility if they develop | D |

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| | | | symptoms consistent with COVID-19 within 14 days of visit. | |
| Leading Age Ohio, Mar 14, 2020, https://leadingageohio.org/aws/LAO/page_template/show_detail/286918?model_name=news_article | All people/facilities | Policy Update | <ul style="list-style-type: none"> - Allow one visitor for patients requiring compassionate/end of life care - Rigorous screening of visitors must be in place (e.g., no one with respiratory symptoms or fever is allowed to visit, even for compassionate reasons) - Main definition of compassion seems to refer to end of life care | D |
| CBC News, Apr 29, 2020, https://www.cbc.ca/news/canada/edmonton/deena-hinshaw-covid-19-coronavirus-1.5549321 | All people/facilities | Policy Update | <ul style="list-style-type: none"> - Clarification on end of life care being measured in weeks, not days or hours - Up to two visitors allowed at a time, as long as physical distancing is maintained between visitors - Standalone hospice facilities are not included in the restrictions - Allowing outdoor visits for elderly in continuing care and licensed supportive-living settings (one designated essential visitor and one other, as long as the resident is not in isolation) | D |
| Hsu Y-C, Apr 21, 2020, | 76 Hospice wards in Taiwan | Survey of policy changes regarding visitations | <ul style="list-style-type: none"> - 25% of hospice wards had different visiting policies to those of ordinary wards in the same hospital - 1 hospice ward operated an open policy; 9 (11.8%) stopped visits entirely - “among the 67 hospice wards that allowed visiting, at most, two visitors at one time per patient were allowed in 46 (68.6%), one visiting time daily was allowed in 32 (47.8%), one hour of visiting per day was allowed in 29 (43.3%), and checking of identity and travel history was carried out in 12 wards (17.9%)” - “During the COVID-19 pandemic, nearly all hospice wards in Taiwan changed their visiting policies, but the degree of restriction varied.” - “Based on cultural factors and evidence-based benefits, hospice wards in Taiwan tend to operate an open and liberal visiting policy, even allowing access to pets” - “However, studies have also shed light on the negative effects of unrestricted visiting of patients, such as exacerbating patients’ physical, emotional, and spiritual distress, disrupting | C |

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| | | | <p>medical care delivery to patients, interrupting daily ward routines, and increasing the possibility of disease transmission between patients and visitors.”</p> <ul style="list-style-type: none"> - No discrete definition of compassionate (hospice) care is provided. | |
| <p>McMichael 2020 http://dx.doi.org/10.15585/mmwr.mm6912e1</p> | LTC/Washington | Observation: outbreak report | <ul style="list-style-type: none"> - High # cases/population among residents, staff, and visitors - Restricting visitation except in compassionate care situations recommended. Compassionate care not defined. - Identify that public information needs will only grow. “To provide information for patients and families as well as communicate more broadly to all stakeholders, public officials and other community leaders need to work together to encourage everyone to understand and adhere to recommended guidelines.” | C |
| <p>Rios 2020 https://www.medrxiv.org/content/10.1101/2020.03.19.20039180v2.full.pdf</p> | LTC/ international | Rapid review of clinical practice guidelines for WHO. | <ul style="list-style-type: none"> - 9/17 guidelines contain policies on visitor restrictions <ul style="list-style-type: none"> o Aoki 2015, Canada – exclude ill staff, visitors and new admission deferrals o Buynder 2017, Australia – restrict visitors and movement of visitors and residents within homes during an outbreak; discourage unnecessary visits and visitors, visit only one person, hand and cough hygiene, PPE use, screen all visitors. o CDC 2020, USA – aggressive visitor restrictions, PPE, cough and hand hygiene, screen visitors, visitor logs for symptoms, report symptoms that appear up to 14 days after visit, facilitate remote communication. “Visitation should be limited further to only those who are essential for the resident’s emotional well-being and care”. (pg 213) o Victoria State Government, 2018, Australia - During an outbreak, where possible, minimise the movement of visitors into and within the facility; essential visits from family only; visit only ill resident, wear PPE, hand hygiene. | D |

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| | | | <ul style="list-style-type: none"> ○ MOHLTC 2018, Canada - limit number of residents that have contact with the visitor, PPE, hand hygiene, don't visit if ill, no non-essential visits "Complete closure of a LTCH to visitation is not permitted unless there is an order issued by the Medical Officer of Health or designate as it may cause residents and visitors emotional hardship. Under exceptional circumstances, the Medical Officer of Health or designate may assess the risk to be significant such that it requires complete closure to visitors. In these circumstances, an order from the MOH to the licensee is required to ensure compliance. It is important to note however that even under these circumstances, that there are exceptional personal circumstances under which barring visitors is neither ethical nor permitted. In these situations, the LTCH must ensure full compliance with infection control requirements. Furthermore, decisions to restrict visitors with or without an order of the MOH may be challenged and therefore need to be carefully considered and implemented. Visitation restrictions should be discussed by the OMT." Pg 257. ○ MOH 2020, Canada – restrict ill visitors, screen visitors, hand and cough hygiene, PPE | |
| Zhang 2020 https://www.liebertpub.com/doi/10.1089/tmj.2020.0097 | Critical care/ China | Letter to the editor | <ul style="list-style-type: none"> - Where possible use technology assisted visitations such as social media network video technology (via LAN), and 5G virtual reality visitation systems. - "If we adopt a ruthless one-size-fits-all protocol, some severely ill patients will lose the chance to see their families for the last time, which will be a departure from humanitarian practice. Furthermore, the psychological stress brought by the outbreak epidemic may be another important factor that makes the patient's condition worse. It may be beneficial for patients with severe illness to receive care and comfort from loved ones" (pg. 1) | D |

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| British Geriatric Society 2020 https://www.bgs.org.uk/resources/covid-19-managing-the-covid-19-pandemic-in-care-homes | LTC/UK | Society Guideline | <ul style="list-style-type: none"> - "Recommended that care homes do not allow visitors. Care homes and health care professionals supporting residents and families must recognize and respond to the strain that social isolation puts on residents and their families." | |
| PEI visitor policies https://www.princeedwardisland.ca/en/publication/prince-edward-island-guidelines-management-and-control-covid-19-long-term-care | LTC | Government Guidelines | <ul style="list-style-type: none"> - Visitors should be restricted to those deemed essential for the functioning of the facility e.g. food delivery, supplies etc. - Visitors may also be admitted for compassionate reasons (e.g. end of life). | D |
| New Brunswick https://www2.gnb.ca/content/dam/gnb/Departments/h-s/pdf/covid-19_ltcf_guidance_april22_2020-e.pdf | LTC | Government Guidelines | <ul style="list-style-type: none"> - All staff and essential volunteers/visitors must be trained and monitored for compliance with putting on and wearing a mask for the duration of their shift or visit, and ensuring it is appropriately discarded after use. This is to reduce the risk of transmission to residents, which may occur even when symptoms are not recognized - No detail provided on under what conditions a visitor will be allowed. | D |
| Ontario http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/2019_long_term_care_guidance.pdf | LTC | Government Guidelines | <ul style="list-style-type: none"> - Essential visitors include a person performing essential support services (e.g., food delivery, maintenance, family providing care services, and other health care) or a person visiting a very ill or palliative resident. - If an essential visitor is admitted to the home, precautions must be taken as outlined in Directive #3 for Long-Term Care Homes under the Long-Term Care Homes Act, 2007. - Essential Visitor Masking Essential visitors must also wear a surgical/procedure mask at all times while in the home. Any essential visitor in contact with a resident who has COVID-19, | D |

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| | | | should also wear appropriate personal protective equipment (PPE) in accordance with Directive #1 and Directive #5. | |
| Alberta https://www.albertahealthservices.ca/assets/healthinfo/ipc/hipc-covid19-infosht-visiting-pts-pandemic.pdf | LTC | Provincial guideline for family communication | <ul style="list-style-type: none"> - Visitor Restrictions in Long Term Care, Supportive Living or Congregate Living In accordance with the Chief Medical Officer of Health (CMOH) Order <ul style="list-style-type: none"> o All long term care, supportive living and congregate living sites have implemented a No Visitor Policy. o Residents of these sites are at extreme risk if exposed to COVID-19. o Sites may, in rare situations, allow one Essential Visitor where the resident’s care needs cannot be met without the assistance of the Essential Visitor. In end of life situations where there is a time-sensitive need to be with a loved one. o A resident may have only one Essential Visitor designated by the resident or guardian (or other alternate decision maker). o The Essential Visitor may be a family member, friend, religious care provider or paid caregiver. | D |
| Australian Government https://www.health.gov.au/news/health-alerts/novel-coronavirus-2019-ncov-health-alert/advice-for-people-at-risk-of-coronavirus-covid-19/coronavirus-covid-19-advice-for-people-in-aged-care-facilities#visitors | LTC | Government guideline NEW FLEXIBLE VISITATION GUIDELINES | <ul style="list-style-type: none"> - Visits should be short and conducted in the resident’s room, outside, or in a specific designated area (not a communal space). - Allowed one visit per day, for no longer than two hours. A support person can provide care and support to the person they are visiting, including physical care and support. - Each resident may have no more than 2 visitors at one time per day, including doctors. These may be immediate social supports (family members, close friends) or professional service or advocacy. - Screening is in effect. Avoid communal spaces, wash hands, maintain social distancing. - If you can’t visit a resident in aged care as often as you would like to there are other ways to keep in touch and stay connected. | D |

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| | | | - This will limit your exposure to COVID-19 and your chances of accidentally spreading it to older people in your life. | |
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References Included in Summary

See Evidence Search Report Attached.

Appendix: Evidence Search Details

Search Strategies

Google

Visit OR visits OR visitor OR visitors OR caregiver OR caregivers
compassionate (visitation or visit OR visits) AND definition AND (covid OR pandemic OR infectious disease)
compassionate (visitation or visit OR visits) AND (covid OR pandemic OR infectious disease)
compassionate visit pandemic

Google Scholar

(2019 novel coronavirus OR 2019-ncov OR COVID-19 OR 2019-nCoV) AND (visitation* OR visit|visits)
AND (long-term care OR long term care|LTC)
(2019 novel coronavirus OR 2019-ncov OR COVID-19 OR 2019-nCoV) AND (visit* AND compassionate)
AND (long-term care OR long term care|LTC)

Sources

- medRxiv
- CDC website/database
- Google
- Google Scholar
- Nova Scotia Health Authority
- Ontario Ministry of Long-Term Care
- WHO Global Research on COVID-19
- PHAC COVID-19
- Council on the Ageing (COTA) (Australia)
- Health Canada
- Department of Health and Social Care (UK)



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