

Rapid Review Report

Review Title:	What is the evidence regarding limiting patient visitors in long-term care facilities to 2 or less, and how are other jurisdictions managing family caregivers?
Abbreviated Title:	Impact of family caregiver infection control practices
Review ID:	LTC101501 RR
Date/Time:	December 4 th , 2020, 13:00
Version: [to be used for updated reviews]	1
Revision History:	None
Prepared By:	Heather Ward, University of Saskatchewan Susan Tupper, Saskatchewan Health Authority Lukas Miller, Clinical Librarian, Saskatchewan Health Authority Library Catherine Boden, Leslie & Irene Dube Health Sciences Library, University of Saskatchewan Mark Mueller, Clinical Librarian, Saskatchewan Health Authority Library
Peer Reviewer:	Dr. Susan Tupper, Quality, Safety & Strategy, SHA Dr. Heather Ward, College of Medicine, University of Saskatchewan
Contact:	For questions specific to this review, contact Susan Tupper, susan.tupper@saskhealthauthority.ca
Cite As:	Ward, H; Tupper, S; Miller, L; Boden, C; Mueller, M. What is the evidence regarding limiting patient visitors in long-term care facilities to 2 or less, and how are other jurisdictions managing family caregivers? 2020 Dec 4; Document no.: LTC101501 RR. In: COVID-19 Rapid Evidence Reviews [Internet]. SK: SK COVID Evidence Support Team, c2020. 35 p. (CEST rapid review report)

Key Findings

- No scientific evidence was found to support limits of a specific number of visitors. The Newfoundland/Labrador visitor policy referred to evidence supporting restrictions to 6 contact persons including one designated support person and 5 visitors; however, supporting references were not provided (25; 4.1).

- The majority of Canadian and international visitation or family presence policies differentiate between general visitors (those attending for social visits) and designated support persons (essential care providers involved in physical, psychosocial, behavioral, cultural, or language support).
- Designated support persons are not limited in duration, timing, or frequency of access to resident (3, 7, 9, 11, 12, 14, 16, 24, 26).
- The majority of policies limit the number of general visitors to 2 persons. These visits typically have to be scheduled and may be restricted if there is an outbreak, if the resident is COVID+, or if community transmission is high. General visitors are usually not restricted during end of life or other compassionate care reasons.
- Although modeling data supports contact restrictions as an effective measure to reduce infection spread, contact restriction can be achieved with infection prevention and control measures of micro-distancing, including hand and respiratory hygiene, physical distancing, and mask use (49). Family presence in LTC can support efforts to reduce resident wandering, micro-distancing, and hand hygiene.
- There continues to be no scientific evidence that family presence increases risk of infection spread into and throughout LTC homes (1, 2, 44, 46)
- No evidence was found that examined adherence of family caregivers to IPAC practices. A self-report survey of visitors and staff in 87 LTC homes in Hong Kong found that visitors self-reported high compliance with most infection prevention measures despite only one quarter of homes providing education (50). Low knowledge was identified as a primary barrier for infection prevention for visitors.
- Education materials have been developed in several jurisdictions for family caregivers regarding COVID-19 IPAC best practices (4, 6, 8, 28).
- No evidence was found regarding the impact of staff or family caregiver education on COVID-19 infection or transmission in LTC homes.

Limitations

- Articles were screened and data extracted by a team of reviewers without attempts to test the degree of agreement between reviewers. In order to mitigate the risk of inconsistency between reviewers, a single member of the research team (HW) reviewed all of the relevant articles to ensure pertinent data were extracted. During this process, some additional extractable data was found, but not sufficient to change the nature of the key findings.
- The majority of evidence found was expert opinion or cross-sectional survey.
- For research questions 3 and 4, no evidence was found.

GRADE of Evidence: C - Low

A grade of "C" is assigned when further research is very likely to have an important impact on confidence in the estimate of effect and is likely to change the estimate. The review may consist of one or more studies with severe limitations.

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

Background/Context

In Canada, the majority of deaths related to coronavirus (COVID-19) infections have been among those over the age of 65. Visitor restrictions in healthcare settings have been in place for over 9 months due to the COVID-19 pandemic. Although the majority of patients are affected by these restrictions during short-term hospital stays, residents in long-term care (LTC) and their family caregivers have been severely impacted, particularly those who are unable to benefit from virtual or telephone visits. The longer visitation restrictions are in place in LTC, the more likely residents will experience psychosocial and physical harms related to isolation and confinement. Visitation policies have been based on assumptions that family presence in LTC increases the risk of virus transmission; however, there is a lack of scientific evidence to support these policy decisions. As much as possible, visitation policies must be based on evidence, and efforts should be made to balance risk of harms. Other Canadian jurisdictions have family presence policies that protect the rights of LTC residents to family presence, particularly for those requiring presence of a designated support person or for compassionate reasons such as end-of-life. Those jurisdictions that support family presence require mandatory education on infection control practices for visitors and designated support persons. We sought to examine evidence that would inform policy decision making regarding family presence in LTC; specifically, evidence regarding the number of persons allowed to access a resident in LTC, an environmental scan of the number of visitors and contexts for family presence in other Canadian provinces and international jurisdictions with national, state or provincially funded health services. This review also summarizes evidence regarding family caregiver adherence to infection control practices and impact of education on infection control practices for staff and families on subsequent COVID-19 infection transmission.

Purpose

This report will provide the SHA Department of Client and Family Experience background information to support family presence policy decision-making and communication with Ministry of Health and SHA Executive Leadership.

Review Question(s)

1. What is the evidence regarding limiting patient visitors in long-term care facilities to 2 or less?
2. What are the visitation policies regarding limiting number of visitors in other Canadian and international jurisdictions?
3. What is the evidence regarding family caregiver adherence to infection control practice in long-term care facilities?
4. Do educational interventions for staff and/or caregivers impact rates of COVID-19 transmission in LTC facilities?

Method

The question was received from Kristen Grunert, Patient Family Centered Care, on October 8th, 2020. A research question refinement meeting was held on October 19th with Dr. Susan Tupper, Dr. Heather Ward, and librarians Lukas Miller, Mark Mueller, and Catherine Boden. Librarians conducted evidence searches of traditional publication databases and grey literature, excluding media reports up to October 27th, 2020. References were screened and data extracted from relevant sources using a data extraction template by Tupper, Ward, Kirstie Gibson, Nina Gao, Leland Sommer, and Dr. Jason Vanstone. Ward and Tupper reviewed extracted data and collated the extractions into a single table. Ward and Tupper summarized key findings 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. The report was completed on December 4th, 2020.

Total librarian search time = 12 hours

Total working group data extraction and report preparation time = 46 hours

Total report time = 58 hours

Summary of Evidence

A recent rapid review of risk factors associated with outbreaks and mortality in LTC identified community transmission as the strongest association with infection and outbreaks of COVID-19 in LTC (1). Community transmission is identified as a confounding factor that reduced or eliminated associations between individual organization-level initiatives and risk of outbreaks. There is no scientific evidence that family presence increases infection transmission risk in long-term care (1, 2, 44, 46) and no evidence available relating visitor restriction policies to mitigating risk of outbreaks and mortality within LTC (1).

Family caregivers are integral partners in LTC. It is important to emphasize that family caregivers are not accessing the LTC home primarily for social reasons, but rather to provide assistance with care such as feeding, care planning and decision-making, and management of responsive behaviors among residents living with dementia (44) and as partners in quality and safety (51). There is a growing body of evidence that the lock out of families results in physical harm to residents and psychosocial harms to residents, families, and staff (2, 29, 33, 39, 40, 42, 44, 45, 48, 52). Video calls have little to no effect on quality of life, loneliness, or depression after three, six or 12 months limiting their effectiveness, for residents who are able to participate in these calls, and their families (53).

There is a shift in visitor policy across Canada and in other jurisdictions with the intent of balancing risk with resident, family caregiver and staff safety and well-being. While all visitation is essential, policies are being defined by visitor categories, general (social) visitors and designated family caregivers/support persons to minimize the number of visitors while retaining the integral role of family caregivers in LTC. No evidence for the number of support persons is available. Expert recommendations define one or two support persons, identified by the resident or their substitute decision maker (33, 39). Designated support persons are not restricted by scheduled visits and can be present during periods of increased community risk and outbreaks (3, 7, 9, 11, 12, 14, 16, 24, 26). General or social visitors are present when community transmission risk is low (33). Ontario and Alberta have introduced public health measures and policies supporting designated family caregivers/support persons, with the majority of provinces visitation policies endorsing two designated support persons, present one at a time, for every resident (3, 7, 8, 14, 21, 25, 26).

Strategies to mitigate risk of outbreaks rely on screening symptom screening, surveillance, hand hygiene, physical distancing and use of personal protective equipment with the collection of data regarding effectiveness and use during the pandemic ongoing (1). Although modeling data supports contact restrictions as an effective measure to reduce infection spread, contact restriction can be achieved with infection prevention and control measures of micro-distancing, including hand and respiratory hygiene, physical distancing, and mask use (49). Family presence in LTC can support efforts to reduce resident wandering, and support micro-distancing, and hand hygiene. Multiple resources are available for educating family/support persons in the use of PPE (4, 6, 8, 28). There are no studies of family adherence during the pandemic. Self-reported compliance was 77- 88% for hand hygiene and

mask during an influenza outbreak (50). No data is available on the effectiveness of education interventions for staff or family caregivers on the impact of COVID-19 transmission in LTC.

Conclusions

Restricting family presence is not a substitute for community control measures if the intent is to protect residents, staff and families of LTC from Covid-19 infection. Visitor policies have moved towards balancing safety and risk, including resident, family and staff physical, emotional and psychosocial safety with the available evidence of transmission risk. Defining visitor categories, designated family/support persons for every resident in LTC, and social visitors, is intended to attend to the number of individuals entering LTC while still maintaining the integral role of family/support persons. The majority of Canadian provinces have implemented policy supporting unrestricted access by designated family/support persons with PPE training an inherent component of these policies. No data is available on the adherence by families or on the effectiveness of education interventions for family caregivers or staff on the impact of COVID-19 transmission in LTC.

Glossary

n/a

Table 1: Summary of Literature

Reference	Sample/ Population	Method	Primary outcome measures	Additional findings	Quality
1. NCCMT Rapid Review : What risk factors are associated with COVID-19 outbreaks and mortality in long-term care facilities and what strategies mitigate risk?	LTC	Evidence synthesis	Factors associated with COVID-19 outbreaks and mortality in LTC. Strategies to mitigate risk.	<ul style="list-style-type: none"> • Incidence in the surrounding community (community transmission) was found to have the strongest association with COVID-19 infections and/or outbreaks in LTC settings. • Increased RN staffing decreased risk • Most guideline recommendations include surveillance, monitoring and evaluation of staff and resident symptoms, and use of personal protective equipment (PPE). • Other interventions demonstrating effect on decreased infection rates include promotion of hand hygiene, enhanced cleaning measures, social distancing, and cohorting. • Resident-level risk factors for infection were often measured at the group level and may not correspond to individual-level risk of contracting or dying from COVID-19. • There was no evidence found that strict visitor restriction policies mitigated risk of outbreak or mortality. 	C
2. Comas-Herrera et al. Nov 1, 2020. International Long-Term Care Policy Network : Impacts of visiting policies in care homes during the COVID-19 pandemic	LTC	Evidence synthesis	Impact of visitors on infections in care homes. Evidence on impact of closing care homes to visitors on wellbeing of residents. Impact of restricting visits on quality of care.	<ul style="list-style-type: none"> • No evidence that visitors to care homes introduced COVID-19 infections. • Increasing evidence that the wellbeing of care home residents was severely affected during the period that included visitor bans, which included high levels of loneliness and depression and worsening mood and behavioural problems. • Reduced quality of care during visitor restrictions expected based on pre-pandemic evidence of substantial care provision by unpaid carers and visitors. 	C

				<ul style="list-style-type: none"> The review recommended that allowing visitors in facilities where there are no COVID-19 cases is important to support resident wellbeing, and designating carers as essential workers if there was pre-COVID history of providing care. 	
3. Alberta Health Services Family Support & Visitation of Patients & Residents: Novel Coronavirus (COVID-19). [Updated October 20, 2020]. CMOH Order 29, 2020:	Alberta Health Services	Chief Medical Officer of Health Order (CMOH) July 16, 2020 and attached guidance document with instructed expectations of Operators.	Applies to Hospitals, Nursing Homes, Supportive Living Accommodation, Alberta Housing Act, Hospice	CMOH: <ul style="list-style-type: none"> All operators must develop and implement a safe visiting policy that enables visitors to attend to residents. Ensure the individual has any necessary personal protective equipment (PPE) and instruct the individual as to how to use the PPE Attached guidelines: <ul style="list-style-type: none"> Two designated support people, determined by the resident or their alternate decision maker, identified as those involved in care and health matters. Support persons will not have restrictions placed on when they are able to be present, including for COVID+ residents. Visitors are defined as more social in nature, not involved in health care. Visitor access is limited and varies with risk (determined in conversations with residents, families and staff). Visitor access must not be restricted in the following extenuating circumstances: end of life (last 4 to 6 weeks or longer), change in health status (medical/social/spiritual), pressing circumstance (financial, legal, family crises). 	n/a
4. Family Caregivers of British Columbia Social Visitation Essentials Course. [July 22, 2020].	Directed to Visitors in LTC and assisted living facilities in	1 hour Online self-paced course, including quizzes. Certificate of completion	Learning goals: <ul style="list-style-type: none"> an introduction to Covid-19 details on where current and reliable information can be found 	<ul style="list-style-type: none"> Training course on infection prevention and control practices for family caregivers and healthcare visitors. This course does not replace any required learning programs of individual homes. 	n/a

	BC.	provided.	<ul style="list-style-type: none"> instructions on how to slow Covid-19 transmission including proper hand hygiene and mask techniques 		
5. Visitation Table: Long-Term Care and Assisted Living. [October 8, 2020].	Information for visitors, LTC and assisted living operators and staff.	Summary table BC Ministry of Health and BC CDC policies Aug 23, 2020.	Description of visit type, purpose, number of visitors, change in visitation (restrictions) at an outbreak site.	<ul style="list-style-type: none"> Essential visits for compassionate/end of life care limit one visitor per resident. More than one accommodated by exception. Caution during an outbreak. Essential visits to support care, one visitor, not limited during an outbreak Family/social visits, single visitor (indoor, outdoor, in room if limited resident mobility). Discontinued during an outbreak. 	n/a
6. Ontario Centres for Learning, Research & Innovation in Long-Term Care Supporting Visits of Families in LTC. [June 29, 2020].	Resources for Families and Care Partners, Leaders and Managers, Staff and Team Members	Website hosted by Baycrest Health Sciences, Bruyere U Ottawa Academic Health Care organization, Schlegel-UW Research Institute for Aging	Series of learning resources from Public Health ON, Ministry of LTC, and community and research institutions	<ul style="list-style-type: none"> E courses (mealtime assistance, communication tool to support families in LTC) Partners in Care Toolkit (ON Caregivers Association and Change Foundation) for LTC homes. Caregiver ID badges, collaborative pledges Family Councils ON, ON Association of Residents' Councils virtual visits toolkit for LTC homes, residents and families University of Ottawa PPE for families videos Ministry of LTC Resource Library including CMOH directors and visitation policies AdvantAge ON Resources for LTC Homes 	n/a
7. Public Health Ontario Covid-19 Visiting Long Term Care Homes (October 3, 2020). https://www.ontario.ca/page/covid-19-visiting-long-term-care-homes?_ga=2.13969048	Public Health ON Covid-19 directive #3 for LTC Homes	Chief Medical Officer of Health, ON order Oct 5, 2020 and attached policy for implementation of Directive #3.	Including Managing Visitors and Outbreak Management	<ul style="list-style-type: none"> Homes must have a visitor policy based on principles of safety, emotional well-being and flexibility and address concepts such as compassion, equity, non-maleficence, proportionality (i.e. to the level of risk), transparency, reciprocity (providing resources to those who are disadvantaged by the policy) Include education about infection control practices 	D

0.250387686.1604781066-690274478.1604781066				<p>(IPAC) and PPE</p> <ul style="list-style-type: none"> • Specify that essential visitors provide direct care and must wear PPE and are the only type of visitors allowed when a resident is self-isolating or symptomatic or a home is in outbreak. • Policy for CMOH Implementation: • Definition of an essential visitor includes support worker (physicians, NP, food delivery), caregiver designated by the resident and their substitute decision maker to provide direct care and may include family, translator, paid companion. <ul style="list-style-type: none"> ○ max 2 designated caregivers at a time ○ If outbreak, higher community spread, resident is self-isolating or symptomatic, a max of 1 caregiver may visit ○ Homes may not require scheduling or restrict length or frequency of visits by essential caregivers. • General visitor provides non-essential services, is visiting for social reasons. <ul style="list-style-type: none"> ○ max of 2 caregivers may visit at a time if the home is not in an outbreak and there is not higher community spread, resident not in isolation or symptomatic <ul style="list-style-type: none"> • Restrictions and scheduled visits may apply to general visitors • Home should provide initial training for PPE, hand hygiene, provide retraining, visitor attest read and reread home visitor policy • Non-adherence by visitors - consultation with Residents' Council and Family Council for procedures addressing non-adherence by visitors. Suggested approaches provided in the document. 	
8. COVID-19 IPAC	Public Health	Modules	May select a module	<ul style="list-style-type: none"> • Content available for those residing in ON only. 	n/a

Fundamentals Training. [2020]. https://www.publichealthontario.ca/en/education-and-events/online-learning/ipac-fundamentals	ON online learning module	developed for LTC, congregate living settings (group homes), inspectors, investigators and assessors that support LTC and congregate living facilities, families of residents	dependent on role and previous experience with IPAC concepts		
9. Long-Term Care: Guidelines for Visitors. [2020]. https://www.oxfordcounty.ca/Services-for-You/Long-Term-Care/Visitor-Guidelines	Description of visitor guidelines for 3 homes in Oxford County ON	For families and residents.	A communication resource for visitation	<ul style="list-style-type: none"> • General and essential visitors are differentiated but not defined. • Visitors must have a negative Covid-19 test in the past 2 weeks, pass general screening and temperature check. Masks provided • 2 visitors per each resident at a time. No appointments. First come, first service with a cap on the number of visitors allowed in the building at one time • Visitors not confined to resident rooms – may walk in courtyard and building perimeter, maintaining 2 m distance from other residents and staff • Hugs allowed, masks in place 	n/a
10. St. Joseph’s Health Care Foundation COVID-19 pandemic information for patients, families and visitors: Essential (designated) caregiver presence and general visiting [2020].	St. Josephs’s LTC and Veterans Home	Information for essentially (designated) caregiver and general visiting	Visitor Fact Sheet for LTC	<ul style="list-style-type: none"> • Created in partnership with patients and families, aligned with government policy • Description of essential visitors (designated caregivers) • Describes screening process included negative Covid-19 test in the past 2 weeks, wearing of mask and visor and hand hygiene • Maintain physical distance from those other than the resident providing care for • Wear an identifying sticker while in the building 	n/a

				<ul style="list-style-type: none"> Review fact sheet and guidelines monthly <ul style="list-style-type: none"> Non-compliance will result in suspended visits 	
11. More Than Just a Visitor: A Guide to Essential Family Carers. [2020].	Family members, defined as essential family carers, in Methodist Homes UK	MHA, charity care provider, online communication resource	Essential Family Carers designation and visiting information. Defined as aligning with most recent Government Policy	<ul style="list-style-type: none"> 'New' designation of essential family carer (EFC) to provide for resident needs not met by care staff Determined by the Care Home Intended to meet resident needs as defined by the following: unable to access outdoor visits or virtual visits to maintain a connection, previous resident support, specific condition/needs related to culture, religion, sexuality or gender and rely on the family/friend for support or advocacy EFC champion, a home staff member, escorts the family member to the room, remains for the first few visits PPE include mask, face shield, gown, weekly negative Covid 19 test Follow local public health recommendations Includes a paragraph on 'preparing for changes in your relative' due to the prolonged lock down 	n/a
12. Australian Government: Department of Health Fact Sheet: Family and Residents on Restricted Visits to Residential Aged Care Facilities. [June 19, 2020].	Australian Department of Health	Information pamphlet For families/friends and for residents in Long Term Care	Visitation encouraged if visitors Background: Families/friends are well, no recent out of country travel, and no symptoms. Flu shot is required to visit.	<ul style="list-style-type: none"> Children can visit, must follow restrictions Limit of 2 visitors per resident Visit in resident room, outdoors or designated area, not communal area Spouses, other close relatives and social supports are defined as a different category than visitors. No restrictions on time. Residents can attend small family outings. Visitation may be limited depending on local public health conditions (outbreak in facility or nearby). No specifics provided. 	n/a
13. COVID-19 Infection Prevention and Control for Residential Care Facilities. [October 23,	Government of Australia Infection Control	General description of Infection control procedures in	Visitor restrictions and signage education and information for families	<ul style="list-style-type: none"> Intended for the general public as it includes a description of IPC for a resident with or suspected COVID 19, and use in areas of increased community 	n/a

2020].	Expert Group	residential care facilities.		<p>transmission</p> <ul style="list-style-type: none"> • Visitors must visit only one resident in the resident's room • If visiting a resident in isolation or quarantine, visitors to follow contact and droplet precautions as directed by staff • Screen visitors on entry for epidemiological and clinical risk factors. • Visiting restrictions maybe relaxed in context of end of life/palliative care • All staff should be trained in basic IPC practices when hired and at regular intervals 	
<p>14. Government of Yukon Long-term care visitation guidelines: COVID-19. [Updated October 27, 2020].</p>	Yukon Territory Website	LTC Visitation Guidelines	Information for visitors to LTC	<ul style="list-style-type: none"> • A designated essential visitor can visit inside or outside the LTC home if the resident is near end-of-life (4 weeks); or the resident's essential care needs require the visitor's help or presence. • Essential care visitor designated by resident or SDM, resident care manager approves requests (cognitive impairment, dementia, other care needs provided as examples). Visits not restricted. Discussion with home re visiting plan recommended. • End of life, may designate up to 5 visitors, 1 or 2 visitors at a time. • Only those approved as end of life visitor may visit if travel out of territory in the previous 14 days. • If a resident does not have need of a designated essential visitor, each resident may choose up to two general visitors for indoor visits. (including the essential visitor). If from the same household, may visit together. Named by resident or SDM. Periodic change every 4 to 6 weeks. • Additional 2 visitors may be named for outdoor visits. 	n/a

				<ul style="list-style-type: none"> All visitors must wear a mask, hand hygiene (education provided), be screened (symptoms and out of territory travel). 	
<p>15. Scottish Government Coronavirus (COVID-19): adult care homes visiting guidance. [Updated October 20, 2020].</p>	<p>Scottish Government publication: advice and guidance to the general public about LTC</p>	<p>Series of documents including Cabinet Secretary for Health Letters to Care Home Managers, infographics for friends and families. Produced by a Care homes Clinical and Professional Advisory Group (membership not defined)</p>	<p>Staged approach to increase in visiting while monitoring risks to residents, staff, and visitors, restoring visiting by friends and family, and resuming well-being activities and visits by professionals.</p>	<ul style="list-style-type: none"> Stage 1 essential visits, defined by specific circumstances, present throughout the pandemic Stage 2 garden followed by indoor visits by a designated visitor for each resident (scheduled, weekly, up to 4 hours) Stage 3 garden visits up to 6 people from no more than 2 households Stage 4 controlled garden and indoor visits Essential visits are to be 'generously supported', without defined time limit where they will support resident well being Support hubs for additional PPE and guidance on implementation of visitor policy Resume visiting when home is free of covid for 28 days, received public health approval of their risk assessment, and weekly staff tests, regular resident and visitor testing implemented 	n/a
<p>16. Welsh Government Visits to care homes: guidance for providers. [Updated October 23, 2020].</p>	<p>Welsh Government. Last updated Nov 10</p>	<p>Ethical framework to support those in care homes (residents, families, friends, professionals, and care home providers) to reconnect safety with families, friends and professionals.</p>	<p>The ultimate decision on whether or what circumstances home visits occur, rests with the individual provider. The providers are expected to encourage visits. Each home develops own policy – home manager determines what visits are essential. Homes are defined as providing social care.</p>	<ul style="list-style-type: none"> One designated visitor and a nominated deputy as back up, for indoor visits per resident, when local circumstances allow. Goal to decrease number of people entering homes. Recognize the need to control community transmission to minimize risk for care homes and allow visitation Care home visits may cease if local community transmission rates exceed 5% (unit of measurement not defined) – does not state if this includes designated visitors. Restrict visits if an outbreak, except for end of life Designated visitors asked to consider their level of risk through their social and occupational contacts 	n/a

				before accepting the role and accept responsibility for ensuring their behaviour does not lead to an increased risk of Covid-19 infection	
17. New South Wales Government Health Visitor Guidelines for NSW Health Residential Aged Care Services (SGRACFs and MPSs) during the COVID-19 pandemic. [October 21, 2020].	NSW Territory Guidelines to support Residential Aged Care Facilities (RACFs)	To support RACFs to implement visitation practices that comply with relevant legislation, ensure safety and needs of residents, staff, carers, families and the general community, balanced with infection control risk	This document is informed by legislation, policies, evidence, medical advice, and industry guidance. District level implementation RACF includes accommodation, personal care or nursing care	<ul style="list-style-type: none"> • Visit by no more than 2 persons together. • Length, duration, location of visits, or number of identified visitors not described in public health order or guidelines. • Exceptional circumstances when longer visits required • Include PPE use and infection control training. • For residents in final weeks of life – in-person visits from a small number of loved ones. Visits should reflect what is needed for the person to die with dignity and comfort, considering their individual circumstances. • Visitors with a clearly established pattern of providing a resident’s care and support (daily or many times a week) should be allowed to visit as usual. Discretion of facility. • Visiting restrictions described as one visitor for emotional support once per day max 1 hour. • Essential care and support - one visitor without time restraints (includes people living with dementia, mental known or emerging mental illness, care needs) 	n/a
18. BCCDC Infection Prevention and Control Requirements for COVID-19 in Long Term Care and Seniors’ Assisted Living. 30 June 2020.	BCDC LTC and Assisted living	BCDC and Ministry of Health Document - Intended for Health Authorities and facility operators, and presume general public	Practice requirements intended to support residents, families, staff, administrators, managers, boards or owners of LTC homes to provide the opportunity for social visits and to provide guidance about how they can	<ul style="list-style-type: none"> • Essential visits and compassionate care visits (critical illness, palliative, hospice, end of life care, MAID) unrestricted. These include visits paramount to patient/client physical care and mental well-being – assistance with feeding, mobility, personal care, communication assistance for persons with hearing, visual, speech, cognitive, intellectual or memory impairment, assistance by designated rep for those with disabilities including emotional 	n/a

			collectively work together to minimize Covid-19 transmission in these facilities	<p>support, visits for supported decision making.</p> <ul style="list-style-type: none"> Essential visits limited to one person per patient/client at a time. Health Authority or facility determines if a visit is essential. A review process is available Family and social visits also allowed with, “Ongoing engagement to ensure residents and families understand individual and collective risks and accountability and commitment to guidelines adherence, to minimize risks for residents and visitors. Shared approach to establishing and maintaining balance of safety and quality of life for the coming 12 plus months.” Family social visits of one designated visitor per client and must be booked in advance. Social visits cease if an outbreak is declared, resume when an outbreak is declared over with ‘lessons learned applied to ongoing practice’. 	
19. Long-Term Care Facilities & Assisted Living. [October 5, 2020].	BCDC LTC	Guidance for long term care facilities. Accompanying visitor information posters provide the remaining links for BC. No new information	Guidelines support visits between family members and residents while protecting vulnerable residents	<ul style="list-style-type: none"> Restrict visitors to one family member or friend. Continue to support essential visits limited to one visitor at a time 	n/a
20. Alberta Health Services. Family Support & Visitation of Patients & Residents. Novel coronavirus (COVID-19). 20 October	Alberta Health Services Updated November 13	Intended for families	Guidance for visits	<ul style="list-style-type: none"> Designated Family/Support Person is identified by the patient as important, someone the patient wants involved in their care and health matters The support person maybe a relative, legal guardian, close firmed or formal/informal caregiver. 	n/a

2020.				<ul style="list-style-type: none"> • Each resident or alternate decision maker may designate up to two designated family/support persons who are essential to maintaining mental and physical health. • Additional visitors in specific situations including end of life, change in health status or pressing circumstances (financial or legal matters, family crises) • Outdoor visits up to 5 individuals 	
21. Shared Health Manitoba. COVID-19 Long Term Care Resident Visitation Principles. 15 Oct 2020	Shared Health MB document Updated Nov 1, 2020	Prepared for LTC home operators	The document is intended for LTC operators It is “NOT prescriptive and NOT replace clinical and operational judgement of staff and leaders of LTC facilities when making operational plan.”	<ul style="list-style-type: none"> • Operators must proactively and collaboratively work with residents/designate to identify up to two ‘designated family caregivers’. Should have flexibility to visit anytime for any length of time during specific visitation hours/as determined with the care team, not prebooked time, must have training and abide by IPAC and PPE requirements. A sticker or tag as identification • If no designate, allow up to two individuals (friends/loved ones) to ensure each resident will continue to have visitation access • General visitors – visit for social reasons (no defined numbers) – reasonable based on space, total overall visitors, 2 m required, cloth masks encouraged. Outdoor, outdoor shelter, or indoor • End of life care – decision by the care team, last 2 weeks of life 	n/a
22. Ontario Ministry of Health Ministry & Ministry of Long Term Care. Coronovirus Disease (COVID-19) Information for the Long-Term Care (LTC) Sector	Province of ON See above ON documents for Visiting LTC Policy	LTC rules for visitors and absences for LTC homes in areas with higher community spread	Dated Nov 16 provides a list of homes affected	<ul style="list-style-type: none"> • Unrestricted essential visitors (caregivers) designated by the resident or their substitute decision maker who provide direct care to residents, such as helping with feeding, mobility, hygiene, cognitive stimulation. Include family members or friends, privately hired caregivers, paid companions, or translators • One caregiver per resident 	n/a

				<ul style="list-style-type: none"> • No general visitors • Local public health may provide further direction on the types and numbers of visitors 	
23. Ontario. Ministry of Long Term Care. Retirement Home COVID-19 Visiting Policy. 5 October 2019.	Province of ON	Intended for families and residents. The document describes policy for ON that pertains to the CMOH Directive #3		<ul style="list-style-type: none"> • Retirement homes are responsible for ensuring residents receive visitors safely by implementing visiting practices that comply with CMOH Directive #3 • Prior to accepting visitors a home must: currently not be in an outbreak, developed process for resumption of visits and communication process with residents/families/staff, including IPAC protocols, and scheduling (for general visits), have adequate staffing, access to adequate testing, access to adequate PPE, IPAC standards adhered to, physical distancing for social visits • In the case of an outbreak, the home should provide training to caregivers and support workers how to safely provide direct care, including putting on and taking off PPE and hand hygiene. • Essential visitors (support workers and caregivers) must bring their own PPE. Must work with the home to source appropriate PPE 	n/a
24. Informal and family caregivers and visitors to facilities during the coronavirus disease (COVID-19) pandemic. [August 28, 2020].	Province of Quebec – all healthcare	For the general public (directed to informal caregivers)	Guidance on allowing visits.	<ul style="list-style-type: none"> • Informal (essential/designated) caregivers and visitors are distinct categories • Informal caregivers play an essential role, for their ‘loved one’ and for health care team and staff • Their role is even more important now. Informal caregiver contribution, experience and knowledge is acknowledged • Informal caregivers can visit during an outbreak, but must follow IPAC instructions including hand hygiene and PPE protocols • Informal caregivers are generally able to determine the length, time and frequency of their visits. 	n/a

				<p>Sleeping over is allowed if they are providing support</p> <ul style="list-style-type: none"> Number of designated visitors and or caregivers not provided. 	
<p>25. Newfoundland & Labrador. COVID-19 Guidelines for Support Persons/Designated Visitors 18 Sept 2020</p>	<p>Government of NFLD and Labrador</p>	<p>Guidelines for visitation in LTC, personal care homes, assisted living facilities</p>	<p>Guidance on visitation</p>	<ul style="list-style-type: none"> Visitation can occur if a resident has suspected COVID-19, in consultation with the care team Distinction between general visiting and support person/designated visitor Every resident of LTC may identify a support person (health system navigator/decision maker) and up to 5 designated visitors of resident's choosing – loved one, friend, paid caregiver, or other. Once identified, these persons remain constant for the duration of the visiting restrictions. May visit once per day, coordinated with the resident clinical care team. Max 2 people can visit per day and 2 visitors at the same time. Education provided on screening process, signs and symptoms of Covid 19, hand hygiene, PPE use, physical distancing, limited their social interactions outside the home The home can choose from in-home to outdoor visiting, needs of residents and advise residents and support persons/designated visitors of the visitation process (length, location, frequency, education of visitors) " 4.1 while no number of contacts is completely safe, evidence to date shows with 6 or less close contacts, the relative risk of wide transmission of the virus is low can be reduced with public health measures and the capacity for case finding plus contact tracing and quarantine." 	<p>n/a</p>
<p>26. Prince Edward Island. Long Term Care</p>	<p>Government of PEI</p>	<p>General guidelines</p>	<p>General information on visiting</p>	<ul style="list-style-type: none"> Partners in care: residents are able to designate 3 partners in care. Able to visit the resident in their 	<p>n/a</p>

Easing Restriction on Visitation				<p>room at any time during regular visiting hours. They may support residents with companionship, comfort, mobility, feeding, socializing. Must mask.</p> <ul style="list-style-type: none"> • Routine visiting – visitors do not have to be designated. No limit to the number of visitors permitted to visit at one time during visiting hours. Mask and hand hygiene required. • End of life – no limit on number of visitors at the bedside. If out of province, must wear full PPE. 	
27. Nursing Homes (NH) and Adult Residential Facilities (ARF) Visitation Guidance. [August 26, 2020].	New Brunswick Adult Community Resources Department of Social Development	Visitation Guidance for nursing homes and adult residential facilities	Goal to balance risk and overall well-being of residents	<ul style="list-style-type: none"> • One confirmed case of Covid-19 in home and all general visitation is prohibited • Designated support person 2 individuals per resident, essential to mental and physical health are unrestricted “implementation of this guideline may vary from facility to facility based on operational ability to safely support these visits.” Coordination of visits must be done to ensure the operator can manage the number of people on site. • ID badge, explain safe visiting practice, supply PPE, trained to use, and practiced • General visitors 20% of residents can have visitation per day. Visits scheduled, ensuring equal access 	n/a
28. Nova Scotia Health. COVID-19 Toolkit – Family/Primary Support Person(s) and Family Caregivers. 2020.	Nova Scotia Health	Toolkit for Support Persons and Family Caregivers	Education materials for family caregivers.	<ul style="list-style-type: none"> • Instructional document for hand hygiene, masking, PPE use 	n/a
29. Canadian Foundation for Healthcare Improvement (CFHI-FCASS)	LTC	Commentary	Document discusses next steps in developing guidelines for family presence in LTC	Steps include: <ol style="list-style-type: none"> 1) Ensure a foundation of patient- and family-partnered care 2) Revisit policies on family presence with patient, family and caregiver partners at the table 3) Distinguish between family caregivers who are 	C

				<p>essential partners in care and visitors</p> <p>4) Consider the needs of people who face specific risks without the presence of family caregivers as essential partners in care</p> <p>5) Take a comprehensive, balanced approach to assessing risks</p> <p>6) Establish a rapid appeal process</p> <p>7) Increase the evidence to guide decisions regarding family caregiver presence</p>	
<p>30. Change Foundation Caregiver ID program</p>	Hospital, LTC	Discussion on Program	Description of the Caregiver ID program that ensures the presence of essential family caregivers	<ul style="list-style-type: none"> The Caregiver ID is a visual icon used to acknowledge caregivers on a corporate level. It is a visual way to assure staff and patients that people they see in the facility have been screened and are permitted to be there. Number of care partners for each patient/resident is reliant on the institution. This should be determined by the design and space in rooms. Number of care partners on site are limited (this info is from a suggested document). 	n/a
<p>31. PHAC Guidelines for visitation in LTC May 12, 2020</p>	LTC	Guidelines for visitation	General recommendations for LTC decision making on visitors	<ul style="list-style-type: none"> Suggests that “no visitor” policy should be considered If visitors are permitted, only limit to those who are essential (one person at a time), medical, or compassionate resident care Staff should instruct visitors on PPE/hand washing 	D
<p>32. PHAC Visitor guidelines in healthcare April 14, 2020</p>	LTC, hospitals	Guidelines	General recommendations for LTC decision making on visitors	<ul style="list-style-type: none"> Visitors restricted to just essential visitors (compassionate, end-of-life care visitors; those essential in care and wellbeing; volunteers providing essential services) Visitors must follow proper handwashing techniques 	C
<p>33. National Institute on Aging (Canada) Finding the right</p>	LTC	Guidelines	Evidence informed guidance document	<ul style="list-style-type: none"> Education: Visitors must be trained in IPAC procedures and the proper use of PPE and abide by all outbreak-related policies that apply to staff 	B

<p>balance: an evidence informed guidance document to support the re-opening of Canadian LTC homes to family caregivers and visitors during the COVID-19 pandemic, July 2020</p>				<p>members of the home.</p> <ul style="list-style-type: none"> • Visitor: No restrictions as long as it does not negatively impact the care of other residents or the ability of other family caregivers to provide care and support. A resident may designate at least two family caregivers. One family caregiver per resident should be allowed in the home at a time. Under extenuating circumstances (i.e., end-of-life), this allowable number should be flexible. 	
<p>34. Public Health Physicians of Canada Snapshot of LTC Facility visitation policies across Canadian province and territories as of June 18, 2020</p>	LTC	Discussion paper – summary table	Summary of LTC visitation policies across Canada June 2020.	<ul style="list-style-type: none"> • Non permitted: Nunavut and NWT • Essential only: BC, MB, QC, PEI (for indoor), SK (for indoor), AB • Outdoor permitted: NS, PEI, YK, ON, SK • Indoor/outdoor permitted: NB, NL (decision made by LTC home) • Number of visitors varies greatly. Some locations allow multiple visitors but only 1-2 at a time, some restrict only number of visitors at a time, others restrict one designated visitor throughout pandemic. Some have restrictions on indoor vs outdoor. • All locations ask that visitors be educated just once and after that will not provide information unless guidelines are not adhered. 	n/a
<p>35. Department of Health & Social Care (UK) Visiting carehomes during the coronavirus</p>	Care homes	Guidelines	Sets out how care homes can allow families and visitors to visit residents while national restrictions are in place.	<ul style="list-style-type: none"> • Visitor numbers should be limited to a single constant visitor wherever possible, with an absolute maximum of 2 constant visitors per resident. • Education provided by staff in a clear and accessible way, including through discussions with staff to address any anxieties. • Information must be provided to staff to ensure appropriate support, policies and procedures are in place to facilitate visits safely and in line with all the 	n/a

				relevant guidance. It appears that information is only given once per visitor and in person.	
36. Scottish Government Visiting guidance updated Nov 17, 2020	LTC	Protocols	Visitation guidance	<ul style="list-style-type: none"> Care home residents will be able to have up to 6 outdoor visitors at one time from no more than 2 households PPE and handwashing protocols provided by staff. Appears to be given once as long as visitors adhere to the guidelines when visiting 	n/a
37. Scottish Care Pre-visit visitor guidelines	LTC	Information for family partners /visitors	Guidelines and information provided to family partners and visitors	<ul style="list-style-type: none"> Handwashing and PPR instructions provided when visitor/family partner for a visit 	n/a
38. Department of Health (Northern Ireland) https://www.health-ni.gov.uk/sites/default/files/publications/health/Revised-Visiting-Guidelines-23-09-2020-Care-Homes.pdf	LTC	Discussion and policy	Information for visitors.	<ul style="list-style-type: none"> One person for one hour once weekly will be permitted where this can be accommodated within social distancing. This does not apply to care partner arrangements. Guidance on PPE is provided, but details on who, when, and how the information is given is not specified Care partners are provided different guidelines than visitors. Each resident can have up to 2 care partners, with one visiting at a time. The frequency, time and duration of the visit and what type of support might be needed/provided. A care partner visit is not considered the resident's "booked" visitor. 	n/a
39. Bergman C, Stall NM, Haimowitz D, et al. 2020. https://www.jamda.com/article/S1525-8610(20)30836-7/pdf	LTC	Delphi panel with 21 LTC experts from the US and Canada	Visitor guidance developed through a Delphi consensus process. Agreement defined at 80%.	<ul style="list-style-type: none"> "The COVID-19 pandemic has seen substantial regulatory changes without strong consideration of the impact on residents" "Restrictions were implemented without resident and family input leading to ethical concerns regarding the abrogation of self-determination and clinical concerns that ongoing restrictions have begun to outweigh any potential benefits" Call for a more resident-centered approach to 	C

				<p>reopening LTC homes to balance the well-being and self-determination of residents and their families with the very real public health concern of preventing nursing home outbreaks.</p> <ul style="list-style-type: none"> • Recommends designated caregivers (or dedicated support person, surrogate decision-maker) an essential member of the health care team directly engaged in compassionate care to alleviate a residents psychosocial stress as a result of isolation. • All visitors and essential family caregivers must be provided entry during serious illness, including at the end-of-life, irrespective of COVID-19 status of the resident, provided that the visitor dons appropriate PPE 	
<p>40. Kent EE, Ornstein KA, Dionne-Odom JN. The Family Caregiving Crisis Meets an Actual Pandemic. <i>J Pain Symptom Manage.</i> 2020;60(1):e66-e9. DOI: 10.1016/j.jpainsymman.2020.04.006 https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7151363/</p>	Palliative care in USA.	Opinion	Involvement of family caregivers in clinical decision making for critically ill patients during the pandemic.	<ul style="list-style-type: none"> • Family caregivers are a hidden workforce. • Social isolation measures to stem virus transmission, such as shelter-in-place orders and family visitation restrictions, present wholly new and stressful potentially traumatic situations for caregivers. • The impact of caregiving stress on caregiver mental and physical health is already considered an urgent public health issue. • Family caregivers should be considered as essential front-line health care workers, providing them with information and education about PPE use 	D
<p>42. Neu N, Nee M, Savitt J, et al. COVID-19 in Pediatric Long Term Care: How Infection Control & Prevention Practices Minimized the Impact of the Pandemic on Healthcare Providers</p>	Pediatric long-term care facility in USA.	Descriptive study.	Reducing impact of COVID-19 on healthcare workers and residents of pediatric LTC facility by implementing infection prevention and control practices.	<ul style="list-style-type: none"> • From previous studies, we know that infected staff can often be the source of transmission of infection to the children. • Of note using the above criteria for testing (symptoms, potential contact), 48% of tested staff were positive for COVID-19 compared with 0.09% of tested residents – demonstrates effectiveness of PPE use. 	D

and Residents. J Pediatric Infect Dis Soc. 2020;10:10. DOI: 10.1093/jpids/piaa122 https://academic.oup.com/jpids/article/9/5/626/5920700				<ul style="list-style-type: none"> The residents at the pediatric center were minimally impacted due to experience and use with infection control. 	
41. Rios P, Radhakrishnan A, Williams C, et al. Preventing the transmission of COVID-19 and other coronaviruses in older adults aged 60 years and above living in long-term care: a rapid review. Syst Rev. 2020;9(1):218. DOI: 10.1186/s13643-020-01486-4 https://systematicreviewsjournal.biomedcentral.com/articles/10.1186/s13643-020-01486-4	Older Adults (60+) living in LTC.	Systematic Review	A rapid review to determine methods and define Clinical Practice Guidelines for preventing transmission of COVID-19 among older adults living in LTC.	<ul style="list-style-type: none"> The most frequent recommendation included in 5 or more Clinical Practice Guideline was mandated the use of appropriate personal protective equipment (PPE) for staff, residents, and/or visitors.” 	B
42. Schlaudecker. Essential Family Caregivers in Long-Term Care During the COVID-19 Pandemic. 2020. DOI: 10.1016/j.jamda.2020.0	LTC COVID-19 Guideline review and Opinion	Letter to Editor	Guideline review/expert opinion	Difference between Visitors and Essential Family Caregivers (EFCs) defined.	D

5.027					
<p>43. Scopetti et al. Expanding frontiers of risk management: care safety in nursing home during COVID-19 pandemic. 2020. DOI: 10.1093/intqhc/mzaa085. https://academic.oup.com/intqhc/advance-article/doi/10.1093/intqhc/mzaa085/5876817</p>	<p>Nursing-homes. Geriatric Population</p>	<p>Proposes preventive strategies.</p>	<p>Risk Management</p>	<ul style="list-style-type: none"> • Train visitors on (infection control) security measures • Theoretical construct the SEIPS (Systems Engineering Initiative for Patient Safety) model to correlate the design aspects (structure) to patient safety (outcome) through the care processes 	<p>D</p>
<p>44. Stall et al. Finding the Right Balance: An Evidence-Informed Guidance Document to Support the Re-Opening of Canadian Nursing Homes to Family Caregivers and Visitors during the Coronavirus Disease 2019 Pandemic. 2020. DOI: 10.1016/j.jamda.2020.07.038 https://www.jamda.com/article/S1525-8610(20)30663-0/fulltext</p>	<p>Canada LTC Visitor and Family Care Providers; July 2020</p>	<p>Jurisdictional and evidence review</p>	<p>Jurisdictional guidance and evidence summary supporting family caregivers in LTC</p>	<ul style="list-style-type: none"> • “There are now growing concerns that the risks associated with restricted access to family caregivers and visitors have started to outweigh the potential benefits associated with preventing COVID-19 infections.” • Many residents have sustained severe and potentially irreversible physical, functional, cognitive, and mental health declines. • Recommendations for family caregivers to re-enter homes: <ul style="list-style-type: none"> ○ Resident or substitute decision maker identifies two family caregivers, one visitor at a time, no restrictions so long as care of other residents not impacted. Access continues during an outbreak. ○ This visitation is enabled through provision of PPE to families, including education and training with the same IPAC and PPE requirements as staff. ○ Same access to screening and testing as staff 	<p>B</p>

<p>45. Strang et al. Dying From COVID-19: Loneliness, End-of-Life Discussions, and Support for Patients and Their Families in Nursing Homes and Hospitals. 2020. DOI: 10.1016/j.jpainsymman.2020.07.020</p>	<p>Sweden LTC and acute care</p>	<p>Descriptive national registry data study using the Swedish Register of Palliative Care. Data retrieved May 19, 2020</p>	<p>Whether end of life (EOL) discussions were offered and to what degree patients were alone at time of death when dying from Covid-19, comparing deaths in nursing homes and hospitals.</p>	<ul style="list-style-type: none"> • Dying from COVID-19 negatively affects the possibility of holding EOL discussions because of social distancing and restrictions on visits • Family visits would mitigate this. 	<p>C</p>
<p>46. Verbeek et al. Allowing Visitors Back in the Nursing Home During the COVID-19 Crisis: A Dutch National Study Into First Experiences and Impact on Well-Being. 2020. DOI: 10.1016/j.jamda.2020.06.020</p>	<p>26 nursing homes Netherlands</p>	<p>Mixed-methods cross-sectional study was conducted, consisting of questionnaire, telephone interviews, analyses of documentation (ie, local visiting protocols), and a WhatsApp group</p>	<p>First findings on how the guideline was applied in the local context;</p> <ul style="list-style-type: none"> • the compliance to local protocols; • the impact on well-being of residents, their family caregivers, and staff. 	<ul style="list-style-type: none"> • Protocols varied between homes. In general one visitor per resident, screening, masking and hand hygiene was supported • 57% of residents received a visitor • Recognition that the ban on visitors and restricting movement is a serious challenge to their autonomy and right to make their own choices • Compliance with local guidelines overall defined as sufficient to good • “Residents experienced joy as did the staff” • “A staff member cannot replace a family member” staff participant quote. • Overall positive impact on well-being of resident noted by staff • Visits of defined as being of high value by residents and family 	<p>C</p>
<p>47. Wang. Use the Environment to Prevent and Control COVID-19 in Senior-Living Facilities: An Analysis of the Guidelines Used in China. 2020.</p>	<p>Guidelines on COVID-19 control issued by the State Council of China in February</p>	<p>Quantitative and qualitative content analysis Six senior-living facility managers in China were</p>	<p>Identify the environmental factors including planning and design of the built environment essential for infection control in senior-living facilities Included survey of family</p>	<ul style="list-style-type: none"> • No visitors allowed, except those for special reasons (e.g., compassionate care). • The risk of infection through person-to-person contact is high in older adults since close physical contact between older adults and their caregivers is typically required. This also reduces the possibilities to keep older adults in quarantine by themselves. 	<p>C</p>

<p>DOI: 10.1177/1937586720953519 https://journals.sagepub.com/doi/full/10.1177/1937586720953519</p>	<p>2020 for senior-living facilities</p>	<p>interviewed</p>	<p>members of their experience with the implemented strategy.</p>	<ul style="list-style-type: none"> • Visitors should wear appropriate PPE, conduct hand hygiene, stay in designated areas such as a reception room, and comply with other prevention and control requirements asked by the facility • Needs of the residents and families for social interaction were highlighted by all participants. • Survey of residents and families indicated more needed to be done to meet social needs. 	
<p>48. Yeh et al. Family members' concerns about relatives in long-term care facilities: Acceptance of visiting restriction policy amid the COVID-19 pandemic. 2020. DOI: 10.1111/ggi.14022 https://onlinelibrary.wiley.com/doi/10.1111/ggi.14022</p>	<p>156 family members of residents in an LTCF comprising 186 beds, in Chiayi, Taiwan, from April 13 to 17, 2020, the initial 3-week period following the lockdown</p>	<p>Telephone interviews</p>	<p>i) Demographic data, ii) satisfaction with overall care quality, iii) worry and concerns about their relative, iv) acceptance of the visiting restriction, and v) arrangement for the resident if cluster infection occurs in the facility</p>	<ul style="list-style-type: none"> • No visitation permitted • The most common concerns of the family members for their relatives were psychological stress (38.5%), followed by nursing care (26.9%) and daily activity (21.1%). • With the changing culture worldwide, nursing homes or LTCFs have supported the development of collaborative relationships among healthcare workers, family members and residents. Family members do not just visit their relatives, but also engage in providing and managing body care, offering emotional support, promoting social engagement, overseeing the care provided by the staff, and contributing resources and ideas to the LTCF community. • Data from Canada have shown that over one-fifth of family members assist their relative in a facility providing >10 h of care per week, with the hours increasing when the resident was older or more ill 	<p>B</p>
<p>49. Ragonnet R, et al. 2020 Optimising social mixing strategies achieving COVID-19 herd immunity while minimizing mortality in</p>	<p>Community transmission</p>	<p>Modelling of social contacts by age categories and contact patterns</p>	<p>Herd immunity and minimization of deaths from COVID-19</p>	<ul style="list-style-type: none"> • Identified changes to contact patterns that would minimise COVID-19 related mortality or years of life lost over a time-horizon of 15 months. • Maximum herd immunity achieved if contacts reduced in persons 50 yrs+ • Contact restrictions could be achieved by micro- 	<p>C</p>

<p>six European countries. medRxiv 2020, 08-25; doi: https://doi.org/10.1101/2020.08.25.20182162</p>				<p>distancing (i.e. masking, hand and respiratory hygiene, and physical distancing.</p>	
<p>50. Lee et al. 2017 Am J Infect Control https://pubmed.ncbi.nlm.nih.gov/27692788/</p>	<p>LTC homes Hong Kong</p>	<p>Survey of 87 infection control officers, 1763 healthcare workers, and 520 visitors from 87 homes</p>	<p>Evaluate implementation of respiratory protection measures.</p>	<ul style="list-style-type: none"> • Rules for respiratory protection for visitors varied across homes. • The majority of visitors self-reported willingness to follow infection prevention measures (e.g. wear mask [88%], not visit if symptomatic [69%], wash hands before [77%] and after visiting [80%]); however, reports of obtaining an annual flu vaccine was low (31%). • Staff identified uncooperative visitors and inadequate resources as major barriers in the implementation of infection prevention measures. • Visitors identified low knowledge as a primary barrier and only one quarter of homes surveyed required visitor education on infection prevention. 	<p>B</p>
<p>51. PFCC 2010. Changing hospital visiting policies and practices: supporting family presence and participation. https://www.ipfcc.org/resources/visiting.pdf</p>	<p>Hospitals – United States</p>	<p>Executive summary</p>	<p>Working group white paper with guidelines on supporting family presence in healthcare</p>	<ul style="list-style-type: none"> • The importance of language – do not refer to family carers as visitors. Designated “partners in care”. • Recommendations for change in policies outlined. • Remove restrictive policies. 	<p>D</p>
<p>52. DeCaporale-Ryan L, Goodman J, Simning A, et al. <i>American Journal of Geriatric Psychiatry</i> DOI: 10.1016/j.jagp.2020.04.</p>	<p>US</p>	<p>Commentary</p>	<p>Discussion on staff experiences during covid-19</p>	<ul style="list-style-type: none"> • Staff are experiencing burnout and anxiety • Directed training and process group support delivered by videoconferencing may improve the psychosocial effects of covid-19 on staff as well as support staff in addressing isolation's mental health effects on residents 	<p>D</p>

023					
<p>53. Noone C, McSharry J, Smalle M, et al. <i>Cochrane Database Syst Rev.</i> 2020;5:CD013632. DOI: 10.1002/14651858.CD013632</p>	Older adults	rapid review	Impact of video calls on feelings of loneliness in older adults	<ul style="list-style-type: none"> Video calls have little to no effect on quality of life, loneliness, or depression after three, six or 12 months 	C

References

All references and links to the original articles and web pages are included in Table 1 Summary of Literature.

Appendix: Evidence Search Details

Search Strategies

Ovid MEDLINE(R) ALL <1946 to October 27, 2020>

# Searches	Results
1 Long-Term Care/	26121
2 Home Nursing/ or Frail Elderly/ or "frail elderly".tw,kf.	21770
3 ((nursing or long-term or "assisted living" or "assisted-living" or residential) adj2 (facilit* or home*)).tw,kf.	48476
4 1 or 2 or 3	88407
5 caregivers/	37451
6 (caregiver* or carer* or famil*).tw,kf.	1167743
7 family/ or adult children/	77952
8 5 or 6 or 7	1200227
9 Health Knowledge, Attitudes, Practice/ or Communication/	193902
10 (train* or educat* or re-educat* or orient* or guideline* or awareness).ab,ti,kf.	1749694
11 ((behaviour* or behavior*) adj2 intervent*).tw,kf.	15993
12 ((behaviour* or behavior*) adj2 chang*).tw,kf.	50701
13 "prevention practices".tw,kf.	1127
14 Infection Control/mt	12071
15 infection prevention behavio?r*.tw,kf.	20
16 9 or 10 or 11 or 12 or 13 or 14 or 15	1921222
17 (2019-nCoV or COVID* or 2019nCoV or coronavirus* or corona virus* or sars-cov* or sarscov* or Sars-coronavirus* or 2019nCoV or SARS-nCoV or ("wuhan" and "coronavirus")).tw,kf.	79972
18 exp Coronavirus Infections/ or exp Coronavirus/	47718
19 Pandemics/pc	7496
20 Betacoronavirus/	27241
21 17 or 18 or 19 or 20	89307
22 4 and 16 and 21	86

23 4 and 8 and 21	80
24 22 or 23	139
25 from 24 keep 4, 10, 16-18, 23, 26-27, 31...	34
26 (adherence adj5 (infect* control or infect* prevent*)).tw,kf	446
27 4 and 21 and 26	1

CINAHL

#	Query	Limiters/Expanders	Results
S1	(MH "Frail Elderly" OR "Home Nursing" OR "Long Term Care")	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase	62,250
S2	TI (((nursing or long-term or "assisted living" or "assisted-living" or residential) N2 (facilit* or home*))) OR AB (((nursing or long-term or "assisted living" or "assisted-living" or residential) N2 (facilit* or home*))) OR MW (((nursing or long-term or "assisted living" or "assisted-living" or residential) N2 (facilit* or home*))))	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase	70,705
S3	S1 OR S2	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase	95,820
S4	(MH "Caregivers" OR "Family" OR "Adult Children")	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase	314,887
S5	TI ((caregiver* or carer* or famil*)) OR MW ((caregiver* or carer* or famil*)) OR AB ((caregiver* or carer* or famil*))	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase	441,402
S6	S4 OR S5	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase	442,740
S7	TI ((train* or educat* or re-educat* or orient* or guideline* or awareness)) OR AB ((train* or educat* or re-educat* or orient* or guideline* or awareness)) OR MW ((train* or educat* or re-educat* or orient* or guideline* or awareness))	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase	1,166,189

S8	TI (((behaviour* or behavior*) N2 intervent*) OR AB (((behaviour* or behavior*) N2 intervent*) OR MW (((behaviour* or behavior*) N2 intervent*))	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase	12,170
S9	TX (((behaviour* or behavior*) N2 chang*)) OR AB (((behaviour* or behavior*) N2 chang*)) OR MW (((behaviour* or behavior*) N2 chang*))	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase	67,704
S10	TI "prevention practices" OR AB "prevention practices" OR MW "prevention practices"	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase	724
S11	(MH "Infection Control+/MT")	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase	13,783
S12	TI infection prevention behavior?r* OR AB infection prevention behavior?r* OR MW infection prevention behavior?r*	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase	8
S13	S7 OR S8 OR S9 OR S10 OR S11 OR S12	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase	1,225,297
S14	TI ((2019-nCoV or COVID* or 2019nCoV or coronavirus* or corona virus* or sars-cov* or sarscov* or Sars-coronavirus* or 2019nCoV or SARS-nCoV or ("wuhan" and "coronavirus"))) OR AB ((2019-nCoV or COVID* or 2019nCoV or coronavirus* or corona virus* or sars-cov* or sarscov* or Sars-coronavirus* or 2019nCoV or SARS-nCoV or ("wuhan" and "coronavirus"))) OR MW ((2019-nCoV or COVID* or 2019nCoV or coronavirus* or corona virus* or sars-cov* or sarscov* or Sars-coronavirus* or 2019nCoV or SARS-nCoV or ("wuhan" and "coronavirus")))	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase	26,726
S15	(MH "Coronavirus+") OR (MH "Coronavirus Infections+")	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase	19,969
S16	(MH "Disease Outbreaks+/PC")	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase	7,796
S17	S14 OR S15 OR S16	Expanders - Apply equivalent subjects Search modes -	34,158

		Boolean/Phrase	
		Expanders - Apply equivalent subjects	
S18	S3 AND S13 AND S17	Search modes - Boolean/Phrase	166
		Expanders - Apply equivalent subjects	
S19	S3 AND S6 AND S17	Search modes - Boolean/Phrase	80
		Limiters - Exclude MEDLINE records	
		Expanders - Apply equivalent subjects	
S20	S18 OR S19	Search modes - Boolean/Phrase	145

Search terms for other resources used in various combinations:

"family caregiver" OR "family caregivers" OR "informal caregiver" OR "informal caregivers"
 Long term care OR nursing home OR nursing homes OR assisted living
 Visitors | Guests | Visitation
 Orientations | Guidance | Training | Education | Teaching | Courses | Webcasts
 Families | Relatives | Friends
 Care Homes | Special Care Homes | Congregate Living | Retirement Homes | Personal Care Homes | LTC | PCH
 | Residential Care | Homes for Aged | Old Age Homes

Sources

- Ovid MEDLINE, CINAHL, Google Scholar, and various sources for grey literature were searched.
- Refer to the evidence search report for extensive sources. Be sure to include any additional resources not referenced in the evidence search report.



This work is licensed under the [Creative Commons Attribution-NonCommercial-NoDerivatives 4.0 International License](https://creativecommons.org/licenses/by-nc-nd/4.0/). You are free to copy and distribute the work in any medium or format for non-commercial purposes, as long as you provide appropriate attribution to the Saskatchewan Health Authority, do not adapt the work, and abide by the other license terms. To view a copy of this license, see <https://creativecommons.org/licenses/by-nc-nd/4.0/>. The license does not apply to SHA trademarks, logos or content for which the Saskatchewan Health Authority is not the copyright owner.

Disclaimer: This material is intended for general information only and is provided on an "as is," "where is" basis. Although reasonable efforts were made to confirm the accuracy of the information, the Saskatchewan Health Authority does not make any representation or warranty, express, implied or statutory, as to the accuracy, reliability, completeness, applicability or fitness for a particular purpose of such information. This material is not a substitute for the advice of a qualified health professional. The Saskatchewan Health Authority expressly disclaims all liability for the use of these materials, and for any claims, actions, demands or suits arising from such use.