

EVIDENCE SEARCH REPORT

RESEARCH QUESTION:	1. 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? 2. Is there evidence demonstrating family caregiver adherence to infection control practice in long-term care facilities? 3. Do educational interventions for staff and/or caregivers reduce transmission rates of Coronavirus infections in LTC facilities?	UNIQUE IDENTIFIER: LTC101501-01 ESR
RESOURCES USED:		
<ul style="list-style-type: none"> • Ovid MEDLINE, PubMed, LitCovid • CINAHL with Full Text • Google Scholar • WHO COVID-19 Database • medRxiv • TRIP Database • FDA Website • Other int'l authorities (UK, Ireland, Australia, etc.) • Google (Web) • Canada.ca (.gc.ca) • Canadian Provincial & Territorial Government & Ministerial Websites • Canadian Provincial Health Authorities • Canadian Public Health Authorities • CDC Website • WHO Website 		
LIMITS/EXCLUSIONS/INCLUSIONS:	English	REFERENCE INTERVIEW COMPLETED: October 19, 2020
DATE:	October 28, 2020	
LIBRARIAN:	Lukas Miller, Catherine Boden & Mark Mueller	REQUESTOR: Susan Tupper
TEAM:	Long-term Care	
SEARCH ALERTS CREATED:	No	
CITE AS: 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 Oct 28; Document no.: LTC101501-01 ESR. In: COVID-19 Rapid Evidence Reviews [Internet]. SK: SK COVID Evidence Support Team, c2020. 25 p. (CEST evidence search report)		

LIBRARIAN NOTES/COMMENTS

Hello,

Please see below for a complete summary of search results, including grey literature and journal articles.

Yours,
Catherine, Mark, & Lukas

DISCLAIMER

This information is provided as a service by the Saskatchewan Health Authority and University of Saskatchewan Libraries. Professional librarians conduct searches of the literature. Results are subject to the limitations of the databases and the specificity, broadness and appropriateness of the search parameters presented by the requester. The Libraries do not represent in any matter that retrieved citations are complete, accurate or otherwise to be relied upon. The search results are only valid as of the date and time at which the search is conducted. The Libraries do not accept responsibility for any loss or damage arising from the use of, or reliance on, search results.

SEARCH RESULTS

To obtain the full-text articles or to request offsite access, email library@saskhealthauthority.ca.

SUMMARIES, GUIDELINES & OTHER RESOURCES

Grey Literature Search: October 28, 2020

Alberta Health Services

- **Family Support & Visitation of Patients & Residents: Novel Coronavirus (COVID-19).** [Updated October 20, 2020]. <https://www.albertahealthservices.ca/topics/Page17001.aspx#what-to-expect>
- Instructions for visitors can be found in the following section: “Thinking of Supporting or Visiting a Resident in Long Term Care, Supportive Living or Congregate Living?”
- Visitors are encouraged to read the following documents before visitation
 - CMOH Order 29, 2020: <https://open.alberta.ca/publications/cmoh-order-29-2020-which-rescinds-cmoh-order-14-2020-2020-covid-19-response>
 - Protecting Residents at Congregate Care Facilities: <https://www.alberta.ca/protecting-residents-at-congregate-care-facilities.aspx>
 - What to Expect: <https://www.albertahealthservices.ca/topics/Page17001.aspx#what-to-expect>

Family Caregivers of British Columbia

- **Social Visitation Essentials Course.** [July 22, 2020]. <https://www.familycaregiversbc.ca/community-resources/social-visitation-essentials-course/>
- “This self-paced, online course is intended for those who would like to visit a family member or friend residing in a long-term care home or assisted living residence, as permitted by the care home’s safety plan and regional public health direction.”

Fraser Health

- **Visitation Table: Long-Term Care and Assisted Living.** [October 8, 2020]. https://www.fraserhealth.ca/-/media/Project/FraserHealth/FraserHealth/employees/clinical-resources/coronavirus-information/ltc-al-li/resources/Operations/FH_Visitation-Table-for-LTC-AL_Oct-8-2020-Final.pdf?la=en&hash=F88AEC6C4E9B4D3CF5B36192748CD543A1C8EF1A

Ontario Centres for Learning, Research & Innovation in Long-Term Care

- **Supporting Visits of Families in LTC.** [June 29, 2020]. <https://clri-ltc.ca/resource/families/>
- “Audiences: Families & Care Partners, Leaders & Managers, Staff/Team Members”
- “This resource card has compiled some resources available that can support homes as they plan for, coordinate and support visits. This page will be updated as the situation and directives evolve, so please check back regularly.”

Public Health Ontario

- **COVID-19 – Resources for Families and Visitors: Long Term Care, Retirement Homes and other Congregate Setting.** [September 30, 2020]. <https://www.publichealthontario.ca/-/media/event-presentations/covid-19-webinar-families-and-visitors-resources-ltcrh.pdf?la=en>
- **COVID-19 IPAC Fundamentals Training.** [2020]. <https://www.publichealthontario.ca/en/education-and-events/online-learning/ipac-fundamentals>
- “These modules were developed for: ... Families of residents in long-term care and other congregate living settings”
- Webinar modules developed for family members/caregivers/visitors are available in this portal

Oxford County (Ontario)

- **Long-Term Care: Guidelines for Visitors.** [2020]. <https://www.oxfordcounty.ca/Services-for-You/Long-Term-Care/Visitor-Guidelines>

St. Joseph’s Health Care Foundation

- **COVID-19 pandemic information for patients, families and visitors : Essential (designated) caregiver presence and general visiting** [2020]. <https://www.sjhc.london.on.ca/about-us/about-st-josephs-health-care-london/our-performance/patient-safety-covid19#visiting>
- Refer to section “Veterans and long-term care residents”. The website provides links to the following orientation materials
- **F.A.Q: Visiting Long-Term Care Residents at St. Joseph’s.** [2020]. <https://www.sjhc.london.on.ca/media/8166/download>
- **Veterans Care Program.** [2020]. <https://www.sjhc.london.on.ca/media/8169/download>

Methodist Homes (UK)

- **More Than Just a Visitor: A Guide to Essential Family Carers.** [2020]. https://www.mha.org.uk/files/2615/9707/4083/MHA_More_than_just_a_visitor._A_guide_for_Essential_Family_Carers.pdf

Australian Government: Department of Health

- **Fact Sheet: Family and Residents on Restricted Visits to Residential Aged Care Facilities.** [June 19, 2020]. <https://www.health.gov.au/sites/default/files/documents/2020/06/coronavirus-covid-19-information-for-families-and-residents-on-restricted-visits-to-residential-aged-care-facilities.pdf>
- **COVID-19 Infection Prevention and Control for Residential Care Facilities.** [October 23, 2020]. <https://www.health.gov.au/sites/default/files/documents/2020/10/coronavirus-covid-19-guidelines-for-infection-prevention-and-control-in-residential-care-facilities.pdf>
- Refer to page 7 for guidance on providing signage and posters for visitors

Updated Documents from Last Submission

Government of Yukon

- **Long-term care visitation guidelines: COVID-19.** [Updated October 27, 2020]. <https://yukon.ca/en/health-and-wellness/covid-19-information/long-term-care-visitation-guidelines-covid-19>

Scottish Government

- **Coronavirus (COVID-19): adult care homes visiting guidance.** [Updated October 20, 2020]. <https://www.gov.scot/publications/coronavirus-covid-19-adult-care-homes-visiting-guidance/>

Welsh Government

- **Visits to care homes: guidance for providers.** [Updated October 23, 2020]. <https://gov.wales/visits-care-homes-guidance-providers-html>

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]. <https://www.health.nsw.gov.au/Infectious/covid-19/communities-of-practice/Pages/guide-visitor-sgracf-mps.aspx#strategies>

Grey Literature: (Sent October 20, 2020)

British Columbia

- There is no specific guidance/policy regarding family caregivers.

BCCDC Infection Prevention and Control Requirements for COVID-19 in Long Term Care and Seniors' Assisted Living. 30 June 2020. http://www.bccdc.ca/Health-Info-Site/Documents/COVID19_LongTermCareAssistedLiving.pdf

Long-Term Care Facilities & Assisted Living. [October 5, 2020]. <http://www.bccdc.ca/health-professionals/clinical-resources/covid-19-care/clinical-care/long-term-care-facilities-assisted-living>

Visitor Guidelines Poster: http://www.bccdc.ca/Health-Professionals-Site/Documents/LTC_AL_VISITOR_POLICY.pdf

Visitor Protocol: http://www.bccdc.ca/Health-Professionals-Site/Documents/Long_Term_Care_Assisted_Living_Screening_Visiting_poster.pdf

Infection Prevention and Control Requirements for COVID-19 in Long Term Care and Seniors' Assisted Living. [June 30, 2020]. http://www.bccdc.ca/Health-Info-Site/Documents/COVID19_LongTermCareAssistedLiving.pdf

- Refer to pg. 6-9 for guidance on visitation

Alberta

Office of the Chief Medical Officer of Health (Alberta). CMOH Order 2920. 23 July 2020.

<https://open.alberta.ca/publications/cmoh-order-29-2020-which-rescinds-cmoh-order-14-2020-2020-covid-19-response>

Alberta Health Services. Family Support & Visitation of Patients & Residents. Novel coronavirus (COVID-19). 20 October 2020. <https://www.albertahealthservices.ca/topics/Page17001.aspx>

Manitoba

Shared Health Manitoba. COVID-19 Long Term Care Resident Visitation Principles. 15 Oct 2020

<https://sharedhealthmb.ca/files/covid-19-pch-visitation-principles.pdf>

Shared Health Manitoba. Visitor Triage Process for Long Term Care July 24 2020.

<https://sharedhealthmb.ca/files/covid-19-visitor-triage-process-for-long-term.pdf>

Ontario

Ontario Ministry of Health Ministry & Ministry of Long Term Care. Coronavirus Disease (COVID-19) Information for the Long-Term Care (LTC) Sector)

<http://www.health.gov.on.ca/en/pro/programs/ltc/covid19.aspx>

Ontario. Ministry of Long Term Care. COVID-19: visiting long-term care homes

<https://www.ontario.ca/page/covid-19-visiting-long-term-care-homes>

Ontario. Ministry of Long Term Care. COVID-19: Long-term care homes in areas with visitor restrictions

<https://www.ontario.ca/page/covid-19-long-term-care-homes-in-areas-visitor-restrictions>

Ontario. Ministry of Long Term Care. Retirement Home COVID-19 Visiting Policy. 5 October 2019.

http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/retirement_homes_visiting_policy_guidance.pdf

Ontario. Ministry of Long Term Care. Resuming Visits in Long-Term Care Homes. N.d.

<https://files.ontario.ca/mltc-resuming-visits-long-term-care-homes-en-2020-06-11-v3.pdf>

Quebec

Informal and family caregivers and visitors to facilities during the coronavirus disease (COVID-19) pandemic. [August 28, 2020]. <https://www.quebec.ca/en/health/health-issues/a-z/2019-coronavirus/caregivers-during-the-covid-19-pandemic/>

- Applicable for visitations to long-term care centres

Newfoundland

Newfoundland & Labrador. COVID-19 Guidelines for Support Persons/Designated Visitors 18 Sept 2020

<https://www.gov.nl.ca/covid-19/guidelines-for-support-person-designated-visitors/>

PEI

Prince Edward Island. Long Term Care Easing Restriction on Visitation

<https://www.princeedwardisland.ca/en/information/health-pei/long-term-care-easing-restriction-visitation>

New Brunswick

Horizon Health Network. COVID-19 Visitor Guidelines at Hospitals and Health Care Facilities. N.d.

[https://en.horizonnb.ca/home/patients-and-visitors/coronavirus-\(covid-19\)/covid-19-visitor-restrictions-at-hospitals-and-health-care-facilities.aspx](https://en.horizonnb.ca/home/patients-and-visitors/coronavirus-(covid-19)/covid-19-visitor-restrictions-at-hospitals-and-health-care-facilities.aspx)

Nursing Homes (NH) and Adult Residential Facilities (ARF) Visitation Guidance. [August 26, 2020].

https://www2.gnb.ca/content/dam/gnb/Departments/h-s/pdf/arf_visitation_guidance_yellow-e.pdf

Nova Scotia

Nova Scotia Health Visitor Restrictions. September 17 2020. <http://www.nshealth.ca/coronavirus-home/nova-scotia-health-visitor-restrictions>

Nova Scotia Health. COVID-19 Toolkit – Family/Primary Support Person(s) and Family Caregivers. 2020.

http://policy.nshealth.ca/Site_Published/covid19/document_render.aspx?documentRender.IdType=6&documentRender.GenericField=&documentRender.Id=81791

Territories

Yukon. Long-term care visitation guidelines: COVID-19. [October 20, 2020]. <https://yukon.ca/en/health-and-wellness/covid-19-information/long-term-care-visitation-guidelines-covid-19>

Northwest Territories Health & Social Services. Visitor Restrictions and Processes During COVID-19.

<https://www.nthssa.ca/en/services/coronavirus-disease-covid-19-updates/visitor-restrictions-and-processes-during-covid-19>

General & International Resources

Canadian Foundation for Healthcare Improvement (CFHI-FCASS)

- Re-integration of family caregivers as essential partners in care in a time of COVID-19. (report) July 2020
https://www.cfhi-fcass.ca/docs/default-source/itr/tools-and-resources/bt-re-integration-of-family-caregivers-as-essential-partners-covid-19-e.pdf?sfvrsn=5b3d8f3d_2

Change Foundation.

- Caregiver ID: A program to help re-integrate caregivers during COVID-19. [News]. https://changeofoundation.ca/caregiver-id-a-program-to-help-re-integrate-caregivers-during-covid-19/?utm_source=Top+of+Mind+-+2020+Summer&utm_campaign=TOM%3A+SUMMER+2020&utm_medium=email

PHAC

- Infection Prevention and Control for COVID-19: Interim Guidance for Long-Term Care Homes. [April 8, 2020]. <https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/prevent-control-covid-19-long-term-care-homes.html#a5>
- COVID-19 Guidance for Long Term Care Facilities and Nursing Homes in Indigenous Communities. [April 14, 2020]. <https://www.sac-isc.gc.ca/eng/1586891818040/1586891878894>

National Institute on Aging (Canada)

- Finding the Right Balance: An Evidence-Informed Guidance Document to Support the Re-Opening of Canadian Long-Term Care Homes to Family Caregivers and Visitors during the COVID-19 Pandemic. [July 2020]. <https://static1.squarespace.com/static/5c2fa7b03917eed9b5a436d8/t/5f0f2678f205304ab1e695be/1594828410565/%27NIA+LTC+Visitor+Guidance+Document.pdf>
- Refer to pg. 6-9 for guidance on visitation policies

Public Health Physicians of Canada

- Snapshot of Long-Term Care Facility Visitation Policies across Canadian Province and Territories. [June 18, 2020]. http://www.phpc-mspc.ca/resources/Documents/Respository/PHPC_Scan_LTC%20policies_22Jun2020.pdf

Department of Health & Social Care (UK)

- Guidance: Update on Policies for Visiting Arrangements in Care Homes. [October 15, 2020]. <https://www.gov.uk/government/publications/visiting-care-homes-during-coronavirus>

Scottish Government

- Coronavirus (COVID-19): adult care homes visiting guidance. [October 12, 2020]. <https://www.gov.scot/publications/coronavirus-covid-19-adult-care-homes-visiting-guidance/>

Scottish Care

- Visiting Your Relative Living in a Care Home: Guidance. [June 25, 2020]. <https://scottishcare.org/wp-content/uploads/2020/06/Pre-visit-Visitor-Guidelines-booklet-Final-20.06.25.pdf>

Department of Health (Northern Ireland)

Covid-19: Visiting Nursing and Residential Care Homes – Summary for Family and Friend Carers. [September 22, 2020]. <https://www.health-ni.gov.uk/sites/default/files/publications/health/Revised-Visiting-Guidelines-23-09-2020-Care-Homes.pdf>

ARTICLES FROM THE LIBRARY DATABASES

1. Ashurst A. How to ... develop an in-house COVID-19 training programme for care home staff. *Nursing and Residential Care.* 2020;22(7):1-3. DOI: 10.12968/nrec.2020.22.7.6

ABSTRACT: Adrian Ashurst provides some ideas for developing in-house staff training for staff during lockdown, when external trainers are not permitted, in order to effectively care for and support older people through the pandemic

URL:

<http://shal.idm.oclc.org/login?url=https://search.ebscohost.com/login.aspx?direct=true&AuthType=ip,url,uid&db=rzh&AN=143860789&site=ehost-live&scope=site>

DOI: 10.12968/nrec.2020.22.7.6

2. Ashurst A. The impact of COVID-19 on residents, relatives and staff in care homes. Nursing and Residential Care. 2020;22(9):1-2. DOI: 10.12968/nrec.2020.22.9.11

ABSTRACT: We are now only beginning to realise the long-term implications of living alongside COVID-19. Adrian Ashurst investigates the impact of social distancing guidelines and restricted visitation

URL:

<http://shal.idm.oclc.org/login?url=https://search.ebscohost.com/login.aspx?direct=true&AuthType=ip,url,uid&db=rzh&AN=145300153&site=ehost-live&scope=site>

DOI: 10.12968/nrec.2020.22.9.11

3. Belmin J, Um Din N, Pariel S, et al. Confinement of staff with residents in nursing homes: a solution against COVID-19? Geriatr Psychol Neuropsychiatr Vieil. 2020;18(3):238-40. DOI: 10.1684/pnv.2020.0885

ABSTRACT: The Coronavirus disease 2019 (Covid-19) outbreak strongly affected nursing and was responsible for a high mortality rate. During the pandemic of March-May 2020, 17 French nursing homes organized staff confinement periods with residents 24 hours a day and 7 days a week, to reduce the risk of entry of the SARS-CoV-2 virus into their facilities, in a context where visits to residents were prohibited. By means of a telephone survey of their directors, we observed that 16 nursing homes (94%) had no cases of COVID-19 among the residents, and that mortality from COVID-19 was very low compared to that recorded at the national level by Sante publique France ($p < 10^{-4}$). Moreover, the number of cases of Covid-19 among the staff of these nursing homes was also lower than that recorded by Sante publique France ($p < 10^{-4}$). These establishments experienced certain difficulties which the directors managed to overcome and the investment of these teams was widely appreciated by the families of the residents and through the press.

URL: <https://www.ncbi.nlm.nih.gov/pubmed/32897192>

DOI: 10.1684/pnv.2020.0885

4. Bergman C, Stall NM, Haimowitz D, et al. Recommendations for Welcoming Back Nursing Home Visitors during the COVID-19 Pandemic: Results of a Delphi Panel. Journal of the American Medical Directors Association. 2020.

ABSTRACT: Objectives Nursing homes became epicenters of COVID-19 in the spring of 2020. Due to the substantial case fatality rates within congregate settings, federal agencies recommended restrictions to family visits. Six months into the COVID-19 pandemic, these largely remain in place. The objective of this study was to generate consensus guidance statements focusing on essential family caregivers and visitors. Design A modified two-step Delphi process was used to generate consensus statements. Setting and Participants The Delphi panel consisted of 21 US and Canadian post-acute and long-term care experts in clinical medicine, administration, and patient care advocacy. Methods State and federal reopening statements were collected in June 2020 and the panel voted on these using a three-point Likert scale with consensus defined as $\geq 80\%$ of panel members voting "Agree." The consensus statements then informed development of the visitor guidance statements. Results The Delphi process yielded 77 consensus statements. Regarding visitor guidance, the panel made five strong recommendations: 1) maintain strong infection prevention and control precautions, 2) facilitate indoor and outdoor visits, 3) allow limited physical contact with appropriate precautions, 4) assess individual residents' care preferences and level of risk tolerance, and 5) dedicate an essential caregiver and extend the definition of compassionate care visits to include care that promotes psychosocial wellbeing of residents. Conclusions and Implications The COVID-19 pandemic has seen substantial regulatory changes without strong consideration of the impact on residents. In the absence of timely and rigorous research, the involvement of clinicians and patient care advocates is important to help create the balance between individual resident preferences and the health of the collective. The results of this evidence-based Delphi process will help guide policy decisions as well as inform future research.

URL: <https://doi.org/10.1016/j.jamda.2020.09.036>

5. Bianchetti A, Bellelli G, Guerini F, et al. Improving the care of older patients during the COVID-19 pandemic. Aging Clin Exp Res. 2020;32(9):1883-8. DOI: 10.1007/s40520-020-01641-w

ABSTRACT: The SARS-CoV-2 pandemic has led to a dramatic crisis of Health Care Systems worldwide, and older people have been among the most disadvantaged. Specific recommendations and reports have been released both at International and National level, regarding the diagnosis and management of COVID-19 in the elderly. However, little has been proposed for an appropriate response to older, frail and multimorbid patients in different settings of care (acute care units, long term care facilities, nursing homes and primary care) and for the management of geriatric syndromes (i.e. delirium, sarcopenia, falls). We presume that the current pandemic will lead to substantial changes in health care systems, and we suggest

some key guide principles that could inspire the provision of health care services to older people and their families. These principles are primarily directed to physicians and nurses working in the geriatric field but could also be useful for other specialists.

URL: <https://www.ncbi.nlm.nih.gov/pubmed/32654005>

DOI: 10.1007/s40520-020-01641-w

6. Bolt SR, van der Steen JT, Mujezinovic I, et al. Practical nursing recommendations for palliative care for people with dementia living in long-term care facilities during the COVID-19 pandemic: A rapid scoping review. *Int J Nurs Stud.* 2020;113:103781. DOI: 10.1016/j.ijnurstu.2020.103781

ABSTRACT: **BACKGROUND:** The acute nature of COVID-19 and its effects on society in terms of social distancing and quarantine regulations affect the provision of palliative care for people with dementia who live in long-term care facilities. The current COVID-19 pandemic poses a challenge to nursing staff, who are in a key position to provide high-quality palliative care for people with dementia and their families. **OBJECTIVE:** To formulate practice recommendations for nursing staff with regard to providing palliative dementia care in times of COVID-19. **DESIGN AND METHOD:** A rapid scoping review following guidelines from the Joanna Briggs Institute. Eligible papers focused on COVID-19 in combination with palliative care for older people or people with dementia and informed practical nursing recommendations for long-term care facilities. After data extraction, we formulated recommendations covering essential domains in palliative care adapted from the National Consensus Project's Clinical Practice Guidelines for Quality Palliative Care. **DATA SOURCES:** We searched the bibliographic databases of PubMed, CINAHL and PsycINFO for academic publications. We searched for grey literature using the search engine Google. Moreover, we included relevant letters and editorials, guidelines, web articles and policy papers published by knowledge and professional institutes or associations in dementia and palliative care. **RESULTS:** In total, 23 documents (7 (special) articles in peer-reviewed journals, 6 guides, 4 letters to editors, 2 web articles (blogs), 2 reports, a correspondence paper and a position paper) were included. The highest number of papers informed recommendations under the domains 'advance care planning' and 'psychological aspects of care'. The lowest number of papers informed the domains 'ethical care', 'care of the dying', 'spiritual care' and 'bereavement care'. We found no papers that informed the 'cultural aspects of care' domain. **CONCLUSION:** Literature that focuses specifically on palliative care for people with dementia in long-term care facilities during the COVID-19 pandemic is still largely lacking. Particular challenges that need addressing involve care of the dying and the bereaved, and ethical, cultural and spiritual aspects of care. Moreover, we must acknowledge grief and moral distress among nursing staff. Nursing leadership is needed to safeguard the quality of care and nursing staff should work together within an interprofessional care team to initiate advance care planning conversations in a timely manner, to review and document advance care plans, and to adapt goals of care as they may change due to the COVID-19 situation. **Tweetable abstract:** The current COVID-19 pandemic affects people living with dementia, their families and their professional caregivers. This rapid scoping review searched for academic and grey literature to formulate practical recommendations for nursing staff working in long-term care facilities on how to provide palliative care for people with dementia in times of COVID-19. There is a particular need for grief and bereavement support and we must acknowledge grief and moral distress among nursing staff. This review exposes practice and knowledge gaps in the response to COVID-19 that reflect the longstanding neglect and weaknesses of palliative care in the long-term care sector. Nursing leadership is needed to safeguard the quality of palliative care, interprofessional collaboration and peer support among nursing staff.

URL: <https://www.ncbi.nlm.nih.gov/pubmed/33080475>

DOI: 10.1016/j.ijnurstu.2020.103781

7. Boucher NA, Van Houtven CH, Dawson WD. Older Adults Post-Incarceration: Restructuring Long-Term Services and Supports in the Time of COVID-19. *Journal of the American Medical Directors Association.* 2020.

ABSTRACT: **Objectives** To describe long-term care services and supports (LTSS) in the US, note their limitations in serving older adults post-incarceration, and offer potential solutions – with special consideration for the COVID-19 pandemic **Design** Narrative review **Setting and Participants:** Long-term care services and supports for older adults post-incarceration **Methods** Literature review and policy analysis **Results** Skilled nursing facilities, nursing homes, assisted living, adult foster homes, and informal care from family and friends compose LTSS for older adults, but their utilization suffers from access and payment complexities, especially for older adults post-incarceration A combination of public-private partnerships, utilization of health professional trainees, and unique approaches to informal caregiver support, including direct compensation to caregivers, could help older adults reentering our communities following prison **Conclusions and Implications** Long-standing gaps in US LTSS are revealed by the coronavirus (SARS-CoV-2) pandemic Older adults entering our communities from prison are particularly vulnerable and need unique solutions to aging care as they face stigma and

access challenges not typically encountered by the general population Our review and discussion offer guidance to systems, practitioners, and policy makers on how to improve the care of older adults post-incarceration

URL: <https://doi.org/10.1016/j.jamda.2020.09.030>

8. Castellucci M, Christ G. Feds issue new COVID testing guidelines and safety training for nursing home staff. Modern Healthcare. 2020;50(36):11-.

ABSTRACT: The article reports on the issuance by the U.S. Centers for Medicare and Medicaid Services (CMS) in October 2020 of new nursing home guidelines for the testing and safety training of staff for COVID-19.

URL:

<http://shal.idm.oclc.org/login?url=https://search.ebscohost.com/login.aspx?direct=true&AuthType=ip,url,uid&db=rzh&AN=146339643&site=ehost-live&scope=site>

9. Chan EYY, Gobat N, Kim JH, et al. Informal home care providers: the forgotten health-care workers during the COVID-19 pandemic. Lancet. 2020;395(10242):1957-9. DOI: 10.1016/S0140-6736(20)31254-X

URL: <https://www.ncbi.nlm.nih.gov/pubmed/32497509>

DOI: 10.1016/S0140-6736(20)31254-X

10. Chase J. Caring for Frail Older Adults During COVID-19: Integrating Public Health Ethics into Clinical Practice. J Am Geriatr Soc. 2020;68(8):1666-70. DOI: 10.1111/jgs.16666

ABSTRACT: During the coronavirus disease 2019 (COVID-19) pandemic, principles from both clinical and public health ethics cue clinicians and healthcare administrators to plan alternatives for frail older adults who prefer to avoid critical care, and for when critical care is not available due to crisis triaging. This article will explore the COVID-19 Ethical Decision Making Framework, published in British Columbia (BC), Canada, to familiarize clinicians and policymakers with how ethical principles can guide systems change, in the service of frail older adults. In BC, the healthcare system has launched resources to support clinicians in proactive advance care planning discussions, and is providing enhanced supportive and palliative care options to residents of long-term care facilities. If the pandemic truly overwhelms the healthcare system, frailty, but not age alone, provides a fair and evidence-based means of triaging patients for critical care and could be included into ventilator allocation frameworks. *J Am Geriatr Soc* 68:1666-1670, 2020.

URL: <https://www.ncbi.nlm.nih.gov/pubmed/32557533>

DOI: 10.1111/jgs.16666

11. Chen AT, Ryskina KL, Jung HY. Long-Term Care, Residential Facilities, and COVID-19: An Overview of Federal and State Policy Responses. J Am Med Dir Assoc. 2020;21(9):1186-90. DOI: 10.1016/j.jamda.2020.07.001

ABSTRACT: The COVID-19 pandemic has disproportionately affected residents and staff at long-term care (LTC) and other residential facilities in the United States. The high morbidity and mortality at these facilities has been attributed to a combination of a particularly vulnerable population and a lack of resources to mitigate the risk. During the first wave of the pandemic, the federal and state governments received urgent calls for help from LTC and residential care facilities; between March and early June of 2020, policymakers responded with dozens of regulatory and policy changes. In this article, we provide an overview of these responses by first summarizing federal regulatory changes and then reviewing state-level executive orders. The policy and regulatory changes implemented at the federal and state levels can be categorized into the following 4 classes: (1) preventing virus transmission, which includes policies relating to visitation restrictions, personal protective equipment guidance, and testing requirements; (2) expanding facilities' capacities, which includes both the expansion of physical space for isolation purposes and the expansion of workforce to combat COVID-19; (3) relaxing administrative requirements, which includes measures enacted to shift the attention of caretakers and administrators from administrative requirements to residents' care; and (4) reporting COVID-19 data, which includes the reporting of cases and deaths to residents, families, and administrative bodies (such as state health departments). These policies represent a snapshot of the initial efforts to mitigate damage inflicted by the pandemic. Looking ahead, empirical evaluation of the consequences of these policies-including potential unintended effects-is urgently needed. The recent availability of publicly reported COVID-19 LTC data can be used to inform the development of evidence-based regulations, though there are concerns of reporting inaccuracies. Importantly, these data should also be used to systematically identify hot spots and help direct resources to struggling facilities.

URL: <https://www.ncbi.nlm.nih.gov/pubmed/32859298>

DOI: 10.1016/j.jamda.2020.07.001

12. Chu CH, Donato-Woodger S, Dainton CJ. Competing crises: COVID-19 countermeasures and social isolation among older adults in long-term care. Journal of Advanced Nursing. 2020;76(10):2456-9. DOI: 10.1111/jan.14467

ABSTRACT: The article focuses on change fatigue which has been described feeling of stress, burnout and exhaustion of powerless associated with change in workplace and mentions that workers may experience to become withdrawn and decision to leave workplace. Topics discussed include nurses who experience feelings of powerlessness and decreased work life satisfaction, increased rate of attrition and absenteeism and behavioral change due to organizational change.

URL:

<http://shal.idm.oclc.org/login?url=https://search.ebscohost.com/login.aspx?direct=true&AuthType=ip,url,uid&db=rzh&AN=145960196&site=ehost-live&scope=site>

DOI: 10.1111/jan.14467

13. Crumb L, Williams T, Griffith K. Don't Forget About Us: Perspectives on Social Distancing in Assisted Living and Long-Term Care Facilities From Rural Nurse Practitioners. J Gerontol Nurs. 2020;46(6):6. DOI: 10.3928/00989134-20200511-02

ABSTRACT: The article explores perspectives on social distancing in assisted living and long-term care facilities from rural nurse practitioners. It discusses the public health challenges faced by the coronavirus pandemic, along with shifting focus to patients in acute care facilities and frontline health care workers in large urban cities, along with safety initiatives instituted to help prevent and mitigate the spread of Covid-19 among older adults in residential care.

URL: <https://www.ncbi.nlm.nih.gov/pubmed/32453433>

DOI: 10.3928/00989134-20200511-02

14. DeCaporale-Ryan L, Goodman J, Simning A, et al. Addressing Skilled Nursing Facilities' COVID-19 Psychosocial Needs Via Staff Training and a Process Group Intervention. Am J Geriatr Psychiatry. 2020;28(8):894-5. DOI: 10.1016/j.jagp.2020.04.023

URL: <https://www.ncbi.nlm.nih.gov/pubmed/32417025>

DOI: 10.1016/j.jagp.2020.04.023

15. Dosa D, Jump RLP, LaPlante K, et al. Long-Term Care Facilities and the Coronavirus Epidemic: Practical Guidelines for a Population at Highest Risk. Journal of the American Medical Directors Association. 2020;21(5):569-71.

URL: <http://ovidsp.ovid.com/ovidweb.cgi?T=JS&CSC=Y&NEWS=N&PAGE=fulltext&D=medl&AN=32179000>
<https://libkey.io/libraries/843/openurl?output=full&sid=OVID:medline&id=pmid:32179000&id=doi:10.1016%2Fj.jamda.2020.03.004&issn=1525-8610&isbn=&volume=21&issue=5&spage=569&pages=569-571&date=2020&title=Journal+of+the+American+Medical+Directors+Association&atitle=Long-Term+Care+Facilities+and+the+Coronavirus+Epidemic%3A+Practical+Guidelines+for+a+Population+at+Highest+Risk.&aulast=Dosa&pid=%3Cauthor%3EDosa+D%3BJump+RLP%3BLaPlante+K%3BGravenstein+S%3C%2Fauthor%3E%3CAN%3E32179000%3C%2FAN%3E%3CDT%3EEditorial%3C%2FDT%3E>

16. Duvignaud A, Lhomme E, Pistone T, et al. Home Treatment of Older People with Symptomatic SARS-CoV-2 Infection (COVID-19): A structured Summary of a Study Protocol for a Multi-Arm Multi-Stage (MAMS) Randomized Trial to Evaluate the Efficacy and Tolerability of Several Experimental Treatments to Reduce the Risk of Hospitalisation or Death in outpatients aged 65 years or older (COVERAGE trial). Trials. 2020;21(1):846. DOI: 10.1186/s13063-020-04619-1

ABSTRACT: **OBJECTIVES:** To assess the efficacy of several repurposed drugs to prevent hospitalisation or death in patients aged 65 or more with recent symptomatic SARS-CoV-2 infection (COVID-19) and no criteria for hospitalisation. **TRIAL DESIGN:** Phase III, multi-arm (5) and multi-stage (MAMS), randomized, open-label controlled superiority trial. Participants will be randomly allocated 1:1:1:1:1 to the following strategies: Arm 1: Control arm Arms 2 to 5: Experimental treatment arms Planned interim analyses will be conducted at regular intervals. Their results will be reviewed by an Independent Data and Safety Monitoring Board. Experimental arms may be terminated for futility, efficacy or toxicity before the end of the trial. New experimental arms may be added if new evidence suggests that other treatments should be tested. A feasibility and acceptability substudy as well as an immunological substudy will be conducted alongside the trial. **PARTICIPANTS:** Inclusion criteria are: 65-year-old or more; Positive test for SARS-CoV-2 on a nasopharyngeal swab; Symptoms onset within 3 days before diagnosis; No hospitalisation criteria; Signed informed consent; Health insurance. Exclusion criteria are: Inability to make an informed decision to participate (e.g.: dementia, guardianship); Rockwood Clinical Frailty Scale ≥ 7 ; Long QT syndrome; QTc interval > 500 ms; Heart rate < 50 /min; Kalaemia > 5.5 mmol/L or < 3.5 mmol/L; Ongoing treatment with piperazine, halofantrine, dasatinib, nilotinib, hydroxyzine, domperidone, citalopram, escitalopram, potent inhibitors or inducers of cytochrome P450 CYP3A4 isoenzyme, repaglinide, azathioprine, 6-mercaptopurine, theophylline,

pyrazinamide, warfarin; Known hypersensitivity to any of the trial drugs or to chloroquine and other 4-aminoquinolines, amodiaquine, mefloquine, glafenine, floctafenine, antrafenine, ARB; Hepatic porphyria; Liver failure (Child-Pugh stage \geq B); Stage 4 or 5 chronic kidney disease (GFR $<$ 30 mL/min/1.73 m²); Dialysis; Hypersensitivity to lactose; Lactase deficiency; Abnormalities in galactose metabolism; Malabsorption syndrome; Glucose-6-phosphate dehydrogenase deficiency; Symptomatic hyperuricemia; Ileus; Colitis; Enterocolitis; Chronic hepatitis B virus disease. The trial is being conducted in France in the Bordeaux, Corse, Dijon, Nancy, Paris and Toulouse areas as well as in the Grand Duchy of Luxembourg. Participants are recruited either at home, nursing homes, general practices, primary care centres or hospital outpatient consultations. INTERVENTION AND COMPARATOR: The four experimental treatments planned in protocol version 1.2 (April 8th, 2020) are: (1) Hydroxychloroquine 200 mg, 2 tablets BID on day 0, 2 tablets QD from day 1 to 9; (2) Imatinib 400 mg, 1 tablet QD from day 0 to 9; (3) Favipiravir 200 mg, 12 tablets BID on day 0, 6 tablets BID from day 1 to 9; (4) Telmisartan 20 mg, 1 tablet QD from day 0 to 9. The comparator is a complex of vitamins and trace elements (AZINC Forme et Vitalite(R)), 1 capsule BID for 10 days, for which there is no reason to believe that they are active on the virus. In protocol version 1.2 (April 8th, 2020): People in the control arm will receive a combination of vitamins and trace elements; people in the experimental arms will receive hydroxychloroquine, or favipiravir, or imatinib, or telmisartan. MAIN OUTCOME: The primary outcome is the proportion of participants with an incidence of hospitalisation and/or death between inclusion and day 14 in each arm. RANDOMISATION: Participants are randomized in a 1:1:1:1 ratio to each arm using a web-based randomisation tool. Participants not treated with an ARB or ACEI prior to enrolment are randomized to receive the comparator or one of the four experimental drugs. Participants already treated with an ARB or ACEI are randomized to receive the comparator or one of the experimental drugs except telmisartan (i.e.: hydroxychloroquine, imatinib, or favipiravir). Randomisation is stratified on ACEI or ARBs treatment at inclusion and on the type of residence (personal home vs. nursing home). BLINDING (MASKING): This is an open-label trial. Participants, caregivers, investigators and statisticians are not blinded to group assignment. NUMBERS TO BE RANDOMISED (SAMPLE SIZE): A total of 1057 participants will be enrolled if all arms are maintained until the final analysis and no additional arm is added. Three successive futility interim analyses are planned, when the number of participants reaches 30, 60 and 102 in the control arm. Two efficacy analyses (interim degrees 3 and final) will be performed successively. TRIAL STATUS: This describes the Version 1.2 (April 8th, 2020) of the COVERAGE protocol that was approved by the French regulatory authority and ethics committee. The trial was opened for enrolment on April 15th, 2020 in the Nouvelle Aquitaine region (South-West France). Given the current decline of the COVID-19 pandemic in France and its unforeseeable dynamic in the coming months, new trial sites in 5 other French regions and in Luxembourg are currently being opened. A revised version of the protocol was submitted to the regulatory authority and ethics committee on June 15th, 2020. It contains the following amendments: (i) Inclusion criteria: age \geq 65 replaced by age \geq 60; time since first symptoms $<$ 3 days replaced by time since first symptoms $<$ 5 days; (ii) Withdrawal of the hydroxychloroquine arm (due to external data); (iii) increase in the number of trial sites. TRIAL REGISTRATION: The trial was registered on ClinicalTrials.gov on April 22nd, 2020 (Identifier: NCT04356495) and on EudraCT on April 10th, 2020 (Identifier: 2020-001435-27). FULL PROTOCOL: The full protocol is attached as an additional file, accessible from the Trials website (Additional file 1). In the interest of expediting dissemination of this material, the familiar formatting has been eliminated; this Letter serves as a summary of the key elements of the full protocol. The study protocol has been reported in accordance with the Standard Protocol Items: Recommendations for Clinical Interventional Trials (SPIRIT) guidelines (Additional file 2).

URL: <https://www.ncbi.nlm.nih.gov/pubmed/33050924>

DOI: 10.1186/s13063-020-04619-1

17. Eckardt P, Guran R, Hennemyre J, et al. Hospital affiliated long term care facility COVID-19 containment strategy by using prevalence testing and infection control best practices. Am J Infect Control. 2020;03:03. DOI: 10.1016/j.ajic.2020.06.215

ABSTRACT: In a hospital affiliated long term care facility, we found an opportunity to interrupt a potential outbreak of COVID-19 using a point prevalence testing containment strategy and applying infection prevention and control best practices. Three serial point prevalence studies were conducted on all residents and employees in 14-day intervals and percent positive was used as marker for effective infection control efforts. A multi disciplinary strike team from a acute care was used to disseminate infection control education and support to long term care partners. These results highlight the need for swift identification and action in congregant high risk settings to prevent rapid spread and large scale outbreaks of COVID-19.

URL: <https://www.ncbi.nlm.nih.gov/pubmed/32622836>

DOI: 10.1016/j.ajic.2020.06.215

18. Egan K. Digital technology, health and wellbeing and the COVID-19 pandemic: it's time to call forward informal carers from the back of the queue. *Seminars in Oncology Nursing*. 2020;15:1088-.

ABSTRACT: Objective To describe the current challenges of family caregivers during and beyond the COVID-19 pandemic, the need for future digital innovations including involvement from professional nursing roles Data Sources Review of recent literature from PubMed and relevant health and care reports Conclusions The COVID-19 pandemic has caused monumental disruption to healthcare delivery and care Caregivers face unprecedented levels of uncertainty: both for the people they care for and for their own health and wellbeing Given that many carers face poor health and wellbeing- there is a significant risk that health inequalities will be increased by this pandemic, particularly for high risk groups Innovations including those supported and delivered by digital health could make a significant difference but careful planning and implementation is a necessity for widespread implementation Implications for Nursing practice Carers need to be championed in the years ahead to ensure they do not become left at the "back of the queue" for health and wellbeing equity This situation has been exacerbated by the COVID-19 pandemic Disruptive change to health and social care is now required where digital health solutions hold considerable promise, yet to be fully realised

URL: <https://doi.org/10.1016/j.soncn.2020.151088>

19. Fraley A. The Big Pause in Geriatric Massage: Will Touch in Long-Term Care Facilities be Changed Forever by COVID-19? *Massage Magazine*. 2020(293):22-5.

ABSTRACT: The article discusses the potential effects of the COVID-19 pandemic to geriatric massage services in long-term care facilities and nursing homes in the U.S. Also cited are the COVID-19 death data in nursing homes as of October 2020, the importance of massage therapy to the elderly population, as well as the guidelines issued by the Centers for Disease Control and Prevention (CDC) for massage services in said facilities like the use of single-use personal protective equipment (PPE).

URL:

<http://shal.idm.oclc.org/login?url=https://search.ebscohost.com/login.aspx?direct=true&AuthType=ip,url,uid&db=rzh&AN=146201516&site=ehost-live&scope=site>

20. Gallagher S, Wetherell MA. Risk of depression in family caregivers: unintended consequence of COVID-19. *BJPsych Open*. 2020;6(6):e119. DOI: 10.1192/bjo.2020.99

ABSTRACT: BACKGROUND: Coronavirus disease 2019 (COVID-19) is likely to exacerbate the symptoms of poor mental health in family caregivers. AIMS: To investigate whether rates of depressive symptomatology increased in caregivers during COVID-19 and whether the unintended consequences of health protective measures, i.e., social isolation, exacerbated this risk. Another aim was to see if caregivers accessed any online/phone psychological support during COVID. METHOD: Data (1349 caregivers; 6178 non-caregivers) was extracted from Understanding Society, a UK population-level data-set. The General Health Questionnaire cut-off scores identified those who are likely to have depression. RESULTS: After adjustment for confounding caregivers had a higher risk of having depressive symptoms compared with non-caregivers, odds ratio (OR) = 1.22 (95% CI 1.05-1.40, P = 0.008) evidenced by higher levels of depression pre-COVID-19 (16.7% caregivers v. 12.1% non-caregivers) and during the COVID-19 pandemic (21.6% caregivers v. 17.9% non-caregivers), respectively. Further, higher levels of loneliness increased the risk of depression symptoms almost four-fold in caregivers, OR = 3.85 (95% CI 3.08-4.85, P < 0.001), whereas accessing therapy attenuated the risk of depression (43%). A total of 60% of caregivers with depression symptoms reported not accessing any therapeutic support (for example online or face to face) during the COVID-19 pandemic. CONCLUSIONS: COVID-19 has had a negative impact on family caregivers' mental health with loneliness a significant contributor to depressive symptomatology. However, despite these detriments in mental health, the majority of caregivers do not access any online or phone psychiatric support. Finally, psychiatric services and healthcare professionals should aim to focus on reducing feelings of loneliness to support at-risk caregivers.

URL: <https://www.ncbi.nlm.nih.gov/pubmed/33040759>

DOI: 10.1192/bjo.2020.99

21. Hado E, Friss Feinberg L. Amid the COVID-19 Pandemic, Meaningful Communication between Family Caregivers and Residents of Long-Term Care Facilities is Imperative. *Journal of Aging & Social Policy*. 2020;32(4-5):410-5.

ABSTRACT: Older adults residing in long-term care facilities are especially vulnerable for severe illness or death from COVID-19. To contain the transmission of the virus in long-term care facilities, federal health officials have issued strict visitation guidelines, restricting most visits between residents and all visitors, including family members. Yet, many older adults rely on family care for social support and to maintain their health, well-being, and safety in long-term care facilities, and therefore need to stay connected to their families. The federal government, state and local leaders, and long-term care

facilities should take further actions to enable the relationship between residents of long-term care facilities and families during the COVID-19 pandemic.

URL: <http://ovidsp.ovid.com/ovidweb.cgi?T=JS&CSC=Y&NEWS=N&PAGE=fulltext&D=medl&AN=32441209>
<https://libkey.io/libraries/843/openurl?output=full&sid=OVID:medline&id=pmid:32441209&id=doi:10.1080%2F08959420.2020.1765684&issn=0895-9420&isbn=&volume=32&issue=4-5&spage=410&pages=410-415&date=2020&title=Journal+of+Aging+%26+Social+Policy&atitle=Amid+the+COVID-19+Pandemic%2C+Meaningful+Communication+between+Family+Caregivers+and+Residents+of+Long-Term+Care+Facilities+is+Imperative.&aulast=Hado&pid=%3Cauthor%3EHado+E%3BFriss+Feinberg+L%3C%2Fauthor%3E%3CAN%3E32441209%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E>

22. Harasym P, Brisbin S, Afzaal M, et al. Barriers and facilitators to optimal supportive end-of-life palliative care in long-term care facilities: a qualitative descriptive study of community-based and specialist palliative care physicians' experiences, perceptions and perspectives. *BMJ Open*. 2020;10(8):e037466. DOI: 10.1136/bmjopen-2020-037466

ABSTRACT: OBJECTIVE: The COVID-19 pandemic has highlighted ongoing challenges to optimal supportive end-of-life care for adults living in long-term care (LTC) facilities. A supportive end-of-life care approach emphasises family involvement, optimal symptom control, multidisciplinary team collaboration and death and bereavement support services for residents and families. Community-based and palliative care specialist physicians who visit residents in LTC facilities play an important role in supportive end-of-life care. Yet, perspectives, experiences and perceptions of these physicians remain unknown. The objective of this study was to explore barriers and facilitators to optimal supportive end-of-life palliative care in LTC through the experiences and perceptions of community-based and palliative specialist physicians who visit LTC facilities. DESIGN: Qualitative study using semi-structured interviews, basic qualitative description and directed content analysis using the COM-B (capability, opportunity, motivation - behaviour) theoretical framework. SETTING: Residential long-term care. PARTICIPANTS: 23 physicians who visit LTC facilities from across Alberta, Canada, including both in urban and rural settings of whom 18 were community-based physicians and 5 were specialist palliative care physicians. RESULTS: Motivational barriers include families' lack of frailty knowledge, unrealistic expectations and emotional reactions to grief and uncertainty. Capability barriers include lack of symptom assessment tools, as well as palliative care knowledge, training and mentorship. Physical and social design barriers include lack of dedicated spaces for death and bereavement, inadequate staff, and mental health and spiritual services of insufficient scope for the population. CONCLUSION: Findings reveal that validating families' concerns, having appropriate symptom assessment tools, providing mentorship in palliative care and adapting the physical and social environment to support dying and grieving with dignity facilitates supportive, end-of-life care within LTC.

URL: <https://www.ncbi.nlm.nih.gov/pubmed/32759247>

DOI: 10.1136/bmjopen-2020-037466

23. Kent EE, Ornstein KA, Dionne-Odom JN. The Family Caregiving Crisis Meets an Actual Pandemic. *J Pain Symptom Manage*. 2020;60(1):e66-e9. DOI: 10.1016/j.jpainsymman.2020.04.006

ABSTRACT: The coronavirus disease 2019 (COVID-19) pandemic presents unique challenges to those who work with the seriously ill population, including both health care providers and the family caregivers providing unpaid care. We rely on this lay workforce as health care routinely transitions care to the home, and now more than ever, we are depending on them in the current pandemic. As palliative care and other health care providers become overwhelmed with patients critically ill with COVID-19, and routine care becomes delayed, we have a charge to recognize and work with family caregivers. Our commentary provides rationale for the need to focus on family caregivers and key considerations for how to include them in pandemic clinical decision making.

URL: <https://www.ncbi.nlm.nih.gov/pubmed/32283220>

DOI: 10.1016/j.jpainsymman.2020.04.006

24. Kim G, Wang M, Pan H, et al. A Health System Response to COVID-19 in Long-Term Care and Post-Acute Care: A Three-Phase Approach. *J Am Geriatr Soc*. 2020;68(6):1155-61. DOI: 10.1111/jgs.16513

ABSTRACT: BACKGROUND: The Seattle, WA, area was ground zero for coronavirus disease 2019 (COVID-19). Its initial emergence in a skilled nursing facility (SNF) not only highlighted the vulnerability of its patients and residents, but also the limited clinical support that led to national headlines. Furthermore, the coronavirus pandemic heightened the need for improved collaboration among healthcare organizations and local and state public health. METHODS: The University of Washington Medicine's (UWM's) Post-Acute Care (PAC) Network developed and implemented a three-phase approach within its pre-existing network of SNFs to help slow the spread of the disease, support local area SNFs from becoming

overwhelmed when inundated with COVID-19 cases or persons under investigation, and help decrease the burden on area hospitals, clinics, and emergency medical services. RESULTS: Support of local area SNFs consisted of the following phases that were implemented at various times as COVID-19 impacted each facility at different times. Initial Phase: This phase was designed to (1) optimize communication, (2) review infection control practices, and (3) create a centralized process to track and test the target population. Delayed Phase: The goals of the Delayed Phase were to slow the spread of the disease once it is present in the SNF by providing consistent education and reinforcing infection prevention and control practices to all staff. Surge Phase: This phase aimed to prepare facilities in response to an outbreak by deploying a "Drop Team" within 24 hours to the facility to expeditiously test patients and exposed employees, triage symptomatic patients, and coordinate care and supplies with local public health authorities. CONCLUSIONS: The COVID-19 Three-Phase Response Plan provides a standardized model of care that may be implemented by other health systems and SNFs to help prepare and respond to COVID-19. *J Am Geriatr Soc* 68:1155-1161, 2020.

URL: <https://www.ncbi.nlm.nih.gov/pubmed/32343363>

DOI: 10.1111/jgs.16513

25. Lester PE, Holahan T, Siskind D, et al. Policy Recommendations Regarding Skilled Nursing Facility Management of Coronavirus 19 (COVID-19): Lessons from New York State. *J Am Med Dir Assoc.* 2020;21(7):888-92. DOI: 10.1016/j.jamda.2020.05.058

ABSTRACT: To provide policy recommendations for managing Coronavirus 19 (COVID-19) in skilled nursing facilities, a group of certified medical directors from several facilities in New York state with experience managing the disease used e-mail, phone, and video conferencing to develop consensus recommendations. The resulting document provides recommendations on screening, protection of staff, screening of residents, management of Coronavirus 19 positive and presumed positive cases, communication during an outbreak, management of admissions and readmissions, and providing emotional support for staff. These consensus guidelines have been endorsed by the Executive Board of the New York Medical Directors Association and the Board of the Metropolitan Area Geriatrics Society.

URL: <https://www.ncbi.nlm.nih.gov/pubmed/32674814>

DOI: 10.1016/j.jamda.2020.05.058

26. Mahoney KJ. Self-Direction of Home and Community-Based Services in the Time of COVID-19. *J Gerontol Soc Work.* 2020;1-4. DOI: 10.1080/01634372.2020.1774833

ABSTRACT: During the COVID-19 pandemic, nursing homes and assisted living facilities have accounted for over 20% of all infections, adult day care and other congregate sites have closed, and traditional home care agencies are facing staff shortages. In this environment, self-direction of home and community-based services, where the participant can hire their own staff and manage a budget that can be used for a broad range of goods and services including home modifications and assistive devices, is seen as a promising intervention. Using self-direction participants can minimize the number of people who enter their homes and pay close family and friends who were already providing many hours of informal care, and now may be unemployed. The Center for Medicare and Medicaid Services is encouraging this approach. This commentary presents information on how states have responded using the new CMS Toolkit by expanding who can be a paid caregiver, increasing budgets and broadening the kinds of items that can be purchased with budgets to include items like personal protective equipment and supports for telehealth. This Commentary concludes with policy and research questions regarding how the delivery of long-term services and supports (LTSS) may change as the world returns to "normal".

URL: <https://www.ncbi.nlm.nih.gov/pubmed/32501150>

DOI: 10.1080/01634372.2020.1774833

27. McDonald MV, Brickner C, Russell D, et al. Observation of Hand Hygiene Practices in Home Health Care. *J Am Med Dir Assoc.* 2020;15:15. DOI: 10.1016/j.jamda.2020.07.031

ABSTRACT: OBJECTIVE: To describe nurse hand hygiene practices in the home health care (HHC) setting, nurse adherence to hand hygiene guidelines, and factors associated with hand hygiene opportunities during home care visits. DESIGN: Observational study of nurse hand hygiene practices. SETTING: and Participants: Licensed practical/vocational and registered nurses were observed in the homes of patients being served by a large nonprofit HHC agency. METHODS: Two researchers observed 400 home care visits conducted by 50 nurses. The World Health Organization's "5 Moments for Hand Hygiene" validated observation tool was used to record opportunities and actual practices of hand hygiene, with 3 additional opportunities specific to the HHC setting. Patient assessment data available in the agency electronic health record and a nurse demographic questionnaire were also collected to describe patients and nurse participants. RESULTS: A total of 2014 opportunities were observed. On arrival in the home was the most frequent opportunity (n = 384), the least

frequent was after touching a patient's surroundings (n = 43). The average hand hygiene adherence rate was 45.6% after adjusting for clustering at the nurse level. Adherence was highest after contact with body fluid (65.1%) and lowest after touching a patient (29.5%). The number of hand hygiene opportunities was higher when patients being served were at increased risk of an infection-related emergency department visit or hospitalization and when the home environment was observed to be "dirty." No nurse or patient demographic characteristics were associated with the rate of nurse hand hygiene adherence. CONCLUSIONS AND IMPLICATIONS: Hand hygiene adherence in HHC is suboptimal, with rates mirroring those reported in hospital and outpatient settings. The connection between poor hand hygiene and infection transmission has been well studied, and it has received widespread attention with the outbreak of SARS-CoV-2. Agencies can use results found in this study to better inform quality improvement initiatives.

URL: <https://www.ncbi.nlm.nih.gov/pubmed/32943340>

DOI: 10.1016/j.jamda.2020.07.031

28. Monin JK, Ali T, Syed S, et al. Family Communication in Long-Term Care During a Pandemic: Lessons for Enhancing Emotional Experiences. Am J Geriatr Psychiatry. 2020;12:12. DOI: 10.1016/j.jagp.2020.09.008

ABSTRACT: OBJECTIVE: Family visits with residents at long-term care (LTC) facilities have been restricted during the COVID-19 pandemic. The objective was to examine what communication methods, other than in-person visits, during the pandemic were associated with greater positive and lower negative emotional experiences for LTC residents and their family members and friends. DESIGN: Cross-sectional. SETTING: Nationally targeted online survey. PARTICIPANTS: One hundred sixty-one community-dwelling adults who had a family member or friend in a LTC facility. MEASUREMENTS: The Positive and Negative Affect Scale was used to assess participant's own emotions and perceived resident emotions during the pandemic. Questions were asked about nine communication methods other than physical visits (e.g., phone, video-conference, e-mail, and letters) in terms of frequency of use during the pandemic. Sociodemographics, resident health, and facility factors were assessed and used as covariates where indicated. RESULTS: During the pandemic, greater phone frequency was associated with less participant negative emotions (beta = -0.17). Greater e-mail frequency was associated with more perceived resident positive emotions (beta = 0.28). Greater frequency of letters delivered by staff was associated with more participant negative emotions (beta = 0.23). Greater frequency of letters delivered by staff and the postal service were associated with more perceived resident negative emotions (beta = 0.28; beta = 0.34, respectively). CONCLUSION: These findings highlight the importance of synchronous, familiar methods of communication like the phone and email between families and LTC residents to maintain their emotional well-being when in-person visits are restricted.

URL: <https://www.ncbi.nlm.nih.gov/pubmed/33004262>

DOI: 10.1016/j.jagp.2020.09.008

29. 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 and Residents. J Pediatric Infect Dis Soc. 2020;10:10. DOI: 10.1093/jpids/piaa122

ABSTRACT: BACKGROUND: Children in pediatric long-term care (LTC) facilities are commonly infected with respiratory tract viruses as they have many high-risk co-morbidities and require significant interactions with the health care team. From previous studies, we know that infected staff can often be the source of transmission of infection to the children. If instituted quickly, infection control practices can help mitigate the spread of infection. METHODS: We will describe how Sunshine Children's Home and Rehabilitation Center responded to federal and state infection control and prevention mandates in long-term care for COVID-19. We will report our practice changes, staff and resident screening and testing results as well as outcomes of the COVID-19 infected cases. CONCLUSION: The outcomes for COVID-19 infection among pediatric long-term care staff and residents are in stark contrast to the data available for the adult providers and residents in adult nursing homes. Implementation and change in infection control practices and procedures resulted in much fewer cases of COVID-19 infection in our pediatric LTC residents.

URL: <https://www.ncbi.nlm.nih.gov/pubmed/33038241>

DOI: 10.1093/jpids/piaa122

30. Office EE, Rodenstein MS, Merchant TS, et al. Reducing Social Isolation of Seniors during COVID-19 through Medical Student Telephone Contact. J Am Med Dir Assoc. 2020;21(7):948-50. DOI: 10.1016/j.jamda.2020.06.003

ABSTRACT: Social isolation has been associated with many adverse health outcomes in older adults. We describe a phone call outreach program in which health care professional student volunteers phoned older adults, living in long-term care facilities and the community, at risk of social isolation during the COVID-19 pandemic. Conversation topics were related to coping, including fears or insecurities, isolation, and sources of support; health; and personal topics such as family and

friends, hobbies, and life experiences. Student volunteers felt the calls were impactful both for the students and for the seniors, and call recipients expressed appreciation for receiving the calls and for the physicians who referred them for a call. This phone outreach strategy is easily generalizable and can be adopted by medical schools to leverage students to connect to socially isolated seniors in numerous settings.

URL: <https://www.ncbi.nlm.nih.gov/pubmed/32674825>

DOI: 10.1016/j.jamda.2020.06.003

31. Ouslander JG, Grabowski DC. COVID-19 in Nursing Homes: Calming the Perfect Storm. J Am Geriatr Soc. 2020;31:31.

DOI: 10.1111/jgs.16784

ABSTRACT: The pandemic of viral infection with the severe acute respiratory syndrome coronavirus-2 that causes COVID-19 disease has put the nursing home industry in crisis. The combination of a vulnerable population that manifests nonspecific and atypical presentations of COVID-19, staffing shortages due to viral infection, inadequate resources for and availability of rapid, accurate testing and personal protective equipment, and lack of effective treatments for COVID-19 among nursing home residents have created a "perfect storm" in our country's nursing homes. This perfect storm will continue as society begins to reopen, resulting in more infections among nursing home staff and clinicians who acquire the virus outside of work, remain asymptomatic, and unknowingly perpetuate the spread of the virus in their workplaces. Because of the elements of the perfect storm, nursing homes are like a tinderbox, and it only takes one person to start a fire that could cause many deaths in a single facility. Several public health interventions and health policy strategies, adequate resources, and focused clinical quality improvement initiatives can help calm the storm. The saddest part of this perfect storm is that many years of inaction on the part of policy makers contributed to its impact. We now have an opportunity to improve nursing homes to protect residents and their caregivers ahead of the next storm. It is time to reimagine how we pay for and regulate nursing home care to achieve this goal.

URL: <https://www.ncbi.nlm.nih.gov/pubmed/32735036>

DOI: 10.1111/jgs.16784

32. 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

ABSTRACT: **BACKGROUND:** The objective of this review was to examine the current guidelines for infection prevention and control (IPAC) of coronavirus disease-19 (COVID-19) or other coronaviruses in adults 60 years or older living in long-term care facilities (LTCF). **METHODS:** EMBASE, MEDLINE, Cochrane library, pre-print servers, clinical trial registries, and relevant grey literature sources were searched until July 31, 2020, using database searching and an automated method called Continuous Active Learning(R) (CAL(R)). All search results were processed using CAL(R) to identify the most likely relevant citations that were then screened by a single human reviewer. Full-text screening, data abstraction, and quality appraisal were completed by a single reviewer and verified by a second. **RESULTS:** Nine clinical practice guidelines (CPGs) were included. The most common recommendation in the CPGs was establishing surveillance and monitoring systems followed by mandating the use of PPE; physically distancing or cohorting residents; environmental cleaning and disinfection; promoting hand and respiratory hygiene among residents, staff, and visitors; and providing sick leave compensation for staff. **CONCLUSIONS:** Current evidence suggests robust surveillance and monitoring along with support for IPAC initiatives are key to preventing the spread of COVID-19 in LTCF. However, there are significant gaps in the current recommendations especially with regard to the movement of staff between LTCF and their role as possible transmission vectors. **SYSTEMATIC REVIEW REGISTRATION:** PROSPERO CRD42020181993.

URL: <https://www.ncbi.nlm.nih.gov/pubmed/32977848>

DOI: 10.1186/s13643-020-01486-4

33. Rolland Y, Lacoste MH, de Mauleon A, et al. Guidance for the Prevention of the COVID-19 Epidemic in Long-Term Care Facilities: A Short-Term Prospective Study. J Nutr Health Aging. 2020;24(8):812-6. DOI: 10.1007/s12603-020-1440-2

ABSTRACT: **BACKGROUND:** Guidance aiming at limiting the entry and spread of the COVID-19 have been widely communicated to Long-term Care Facilities (LTCFs). However, no clinical research has investigated their relevance. **OBJECTIVE:** Our objective was to compare the guidance applied for the prevention of the COVID-19 epidemic between the LTCFs having been contaminated by COVID-19 and LTCFs having not been contaminated. **METHODS:** A questionnaire was sent and systematically accompanied by phone call to the 132 LTCFs of Haute-Garonne (Occitania region, South-West of France). The questionnaire focused on the preventive measures implemented before March 23, 2020 (first LTCFs contaminated in this area). The questionnaire focused on physician support, implementation of usual guidance (eg, masks,

hydro-alcoholic solute used), training on hygiene, containment in residents' rooms and other distancing measures, use of temporary workers, compartmentalization within zones of residents and staff and a self-assessment analogic scale on the quality of the application of the preventive measures. We compared implementation of the guidance between the LTCFs with at least one case of COVID-19 among residents and/or health care professionals and LTCFs without COVID-19 case (between March 23rd and May 6th). RESULTS: 124 LTCFs participated (93.9%). 30 LTCFs (24.19%) were contaminated with COVID-19. Large heterogeneity of the application of the guidance was observed. Public LTCFs (OR=0.39 (0.20-0.73)), LTCFs which organized staff compartmentalization within zones (OR=0.19 (0.07-0.48)), and LTCF with a staff who self-assessed a higher quality implementation of the preventive measures (OR=0.65 (0.43-0.98)) were significantly more likely to avoid contamination by the COVID-19 outbreak. CONCLUSION: Our study supports the relevance of guidance to prevent the entry of COVID-19, in particular the staff compartmentalization within zones, as well as the perception of the staff regarding the quality of implementation of those measures in LTCFs.

URL: <https://www.ncbi.nlm.nih.gov/pubmed/33009529>

DOI: 10.1007/s12603-020-1440-2

34. Ruopp MD. Overcoming the Challenge of Family Separation From Nursing Home Residents During COVID-19. J Am Med Dir Assoc. 2020;21(7):984-5. DOI: 10.1016/j.jamda.2020.05.022

URL: <https://www.ncbi.nlm.nih.gov/pubmed/32536554>

DOI: 10.1016/j.jamda.2020.05.022

35. Russell BS, Hutchison M, Tambling R, et al. Initial Challenges of Caregiving During COVID-19: Caregiver Burden, Mental Health, and the Parent-Child Relationship. Child Psychiatry Hum Dev. 2020;51(5):671-82. DOI: 10.1007/s10578-020-01037-x

ABSTRACT: Research confirms that the mental health burdens following community-wide disasters are extensive, with pervasive impacts noted in individuals and families. It is clear that child disaster outcomes are worst among children of highly distressed caregivers, or those caregivers who experience their own negative mental health outcomes from the disaster. The current study used path analysis to examine concurrent patterns of parents' (n = 420) experience from a national sample during the early months of the U.S. COVID-19 pandemic. The results of a multi-group path analysis, organized by parent gender, indicate good fit to the data [$\chi^2(10) = 159.04, p < .01$]. Results indicate significant linkages between parents' caregiver burden, mental health, and perceptions of children's stress; these in turn are significantly linked to child-parent closeness and conflict, indicating possible spillover effects for depressed parents and compensatory effects for anxious parents. The impact of millions of families sheltering in place during the COVID-19 pandemic for an undefined period of time may lead to unprecedented impacts on individuals' mental health with unknown impacts on child-parent relationships. These impacts may be heightened for families whose caregivers experience increased mental health symptoms, as was the case for fathers in the current sample.

URL: <https://www.ncbi.nlm.nih.gov/pubmed/32749568>

DOI: 10.1007/s10578-020-01037-x

36. Sacco G, Foucault G, Briere O, et al. COVID-19 in seniors: Findings and lessons from mass screening in a nursing home. Maturitas. 2020;141:46-52. DOI: 10.1016/j.maturitas.2020.06.023

ABSTRACT: BACKGROUND/OBJECTIVE: The COVID-19 epidemic is particularly serious in older adults. The symptomatology and epidemic profile remain little known in this population, especially in disabled oldest-old people with chronic diseases living in nursing homes. The objective of the present study was to comprehensively describe symptoms and chronological aspects of the diffusion of the SARS-CoV-2 virus in a nursing home, among both residents and caregivers. DESIGN: Five-week retrospective cohort study. SETTING: A middle-sized nursing home in Maine-et-Loire, west of France. PARTICIPANTS: Eighty-seven frail older residents (87.9 +/- 7.2 years; 71% female) and 92 staff members (38.3 +/- 11.7 years; 89% female) were included. MEASUREMENTS: Mass screening for SARS-CoV-2 was performed in both residents and staff. Attack rate, mortality rate, and symptoms among residents and staff infected with SARS-CoV-2 were recorded. RESULTS: The attack rate of COVID-19 was 47% in residents (case fatality rate, 27%), and 24% in staff. Epidemic curves revealed that the epidemic started in residents before spreading to caregivers. Residents exhibited both general and respiratory signs (59% hyperthermia, 49% cough, 42% polypnea) together with geriatric syndromes (15% falls, 10% altered consciousness). The classification tree revealed 100% COVID-19 probability in the following groups: i) residents younger than 90 with dyspnea and falls; ii) residents older than 90 with anorexia; iii) residents older than 90 without anorexia but with altered consciousness. Finally, 41% of staff members diagnosed with COVID-19 were asymptomatic. CONCLUSIONS: The paucisymptomatic expression of COVID-19 in older residents, together with the high prevalence of asymptomatic forms in

caregivers, justifies mass screening in nursing homes, possibly prioritizing residents with suggestive combinations of clinical signs including dyspnea, falls, anorexia and/or altered consciousness.

URL: <https://www.ncbi.nlm.nih.gov/pubmed/33036702>

DOI: 10.1016/j.maturitas.2020.06.023

37. Schlaudecker JD. Essential Family Caregivers in Long-Term Care During the COVID-19 Pandemic. J Am Med Dir Assoc. 2020;21(7):983. DOI: 10.1016/j.jamda.2020.05.027

URL: <https://www.ncbi.nlm.nih.gov/pubmed/32536552>

DOI: 10.1016/j.jamda.2020.05.027

38. Scopetti M, Santurro A, Tartaglia R, et al. Expanding frontiers of risk management: care safety in nursing home during COVID-19 pandemic. Int J Qual Health Care. 2020;27:27. DOI: 10.1093/intqhc/mzaa085

ABSTRACT: BACKGROUND: Nursing homes provide long-term care and have residential-oriented hospitalizations characterized by medical, nursing, and social-care treatments for a typically geriatric population. In the current emergency phase, the problem of infections in residential structures for the elderly is taking on considerable importance in relation to the significant prevalence rates of COVID-19. SAFETY IMPROVEMENT STRATEGIES: Prevention and control measures for SARS-CoV-2 infection in nursing homes should be planned before a possible outbreak of COVID-19 occurs and should be intensified during any exacerbation of the same. Each facility should identify a properly trained contact person-also external-for the prevention and control of infections, who can refer to a multidisciplinary support committee and who is in close contact with the local health authorities. The contact person should collaborate with professionals in order to prepare a prevention and intervention plan that considers national provisions and scientific evidence, the requirements for reporting patients with symptoms compatible with COVID-19, the indications for the management of suspected, probable or confirmed cases of COVID-19. DISCUSSION: Adequate risk management in residential structures implies the establishment of a coordination committee with dedicated staff, the implementation of a surveillance program for the rapid recognition of the outbreaks, the identification of suitable premises and equipment, the application of universal precautions, the adaptation of care plans to reduce the possibility of contagion among residents, the protection of operators and staff training initiatives.

URL: <https://www.ncbi.nlm.nih.gov/pubmed/32720688>

DOI: 10.1093/intqhc/mzaa085

39. Siu HY, Kristof L, Elston D, et al. A cross-sectional survey assessing the preparedness of the long-term care sector to respond to the COVID-19 pandemic in Ontario, Canada. BMC Geriatr. 2020;20(1):421. DOI: 10.1186/s12877-020-01828-w

ABSTRACT: BACKGROUND: The COVID-19 pandemic is a significant public health emergency that impacts all sectors of healthcare. The negative health outcomes for the COVID-19 infection have been most severe in the frail elderly dwelling in Canadian long-term care (LTC) homes. METHODS: An online cross-sectional survey of Ontario LTC Clinicians working in LTC homes in Ontario Canada was conducted to provide the clinician perspective on the preparedness and engagement of the LTC sector during the COVID-19 pandemic. The survey questionnaire was developed in collaboration with the Ontario Long-Term Care Clinicians organization (OLTCC) and was distributed between March 30, 2020 to May 25, 2020. All registered members of the OLTCC and Nurse-led LTC Outreach Teams were invited to participate. The primary outcomes were: 1) the descriptive report of the screening measures implemented, communication and information received, and the preparation of the respondent's LTC home to a potential COVID-19 outbreak; and 2) the level of agreement, as reported using a five-point Likert scale), to COVID-19 preparedness statements for the respondent's LTC home was also assessed. RESULTS: The overall response rate was 54% (160/294). LTC homes implemented a wide range of important interventions (e.g. instituting established respiratory isolation protocols, active screening of new LTC admissions, increasing education on infection control processes, encouraging sick staff to take time off, etc). Ample communications pertinent to the pandemic were received from provincial LTC organizations, the government and public health officials. However, the feasibility of implementing public health recommendations, as well as the engagement of the LTC sector in pandemic planning were identified as areas of concern. Medical director status was associated with an increased knowledge of local implementation of interventions to mitigate COVID-19, as well as endorsing increased access to reliable COVID-19 information and resources to manage a potential COVID-19 outbreak in their LTC home. CONCLUSIONS: This study highlights the communication and implementation of recommendations in the Ontario LTC sector, despite some concerns regarding feasibility. Importantly, LTC clinician respondents clearly indicated that better engagement with LTC leaders is needed to plan a coordinated pandemic response.

URL: <https://www.ncbi.nlm.nih.gov/pubmed/33092541>

40. Stall NM, Johnstone J, McGeer AJ, 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. *J Am Med Dir Assoc.* 2020;21(10):1365-70 e7. DOI: 10.1016/j.jamda.2020.07.038

ABSTRACT: During the first few months of the coronavirus disease 2019 (COVID-19) pandemic, Canadian nursing homes implemented strict no-visitor policies to reduce the risk of introducing COVID-19 in these settings. 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. As Canada emerges from its first wave of the pandemic, nursing homes across the country have cautiously started to reopen these settings, yet there is broad criticism that emerging visitor policies are overly restrictive, inequitable, and potentially harmful. We reviewed the nursing home visitor policies for Canada's 10 provinces and 3 territories as well as international policies and reports on the topic to develop 10 pro-informed, data-driven, and expert-reviewed guidance for the re-opening of Canadian nursing homes to family caregivers and visitors.

URL: <https://www.ncbi.nlm.nih.gov/pubmed/32981662>

DOI: 10.1016/j.jamda.2020.07.038

41. Strang P, Bergstrom J, Martinsson L, et al. Dying From COVID-19: Loneliness, End-of-Life Discussions, and Support for Patients and Their Families in Nursing Homes and Hospitals. A National Register Study. *J Pain Symptom Manage.* 2020;60(4):e2-e13. DOI: 10.1016/j.jpainsymman.2020.07.020

ABSTRACT: **CONTEXT:** Preparation for an impending death through end-of-life (EOL) discussions and human presence when a person is dying is important for both patients and families. **OBJECTIVES:** The aim was to study whether EOL discussions were offered and to what degree patients were alone at time of death when dying from coronavirus disease 2019 (COVID-19), comparing deaths in nursing homes and hospitals. **METHODS:** The national Swedish Register of Palliative Care was used. All expected deaths from COVID-19 in nursing homes and hospitals were compared with, and contrasted to, deaths in a reference population (deaths in 2019). **RESULTS:** A total of 1346 expected COVID-19 deaths in nursing homes (n = 908) and hospitals (n = 438) were analyzed. Those who died were of a more advanced age in nursing homes (mean 86.4 years) and of a lower age in hospitals (mean 80.7 years) (P < 0.0001). Fewer EOL discussions with patients were held compared with deaths in 2019 (74% vs. 79%, P < 0.001), and dying with someone present was much more uncommon (59% vs. 83%, P < 0.0001). In comparisons between nursing homes and hospital deaths, more patients dying in nursing homes were women (56% vs. 37%, P < 0.0001), and significantly fewer had a retained ability to express their will during the last week of life (54% vs. 89%, P < 0.0001). Relatives were present at time of death in only 13% and 24% of the cases in nursing homes and hospitals, respectively (P < 0.001). The corresponding figures for staff were 52% and 38% (P < 0.0001). **CONCLUSION:** Dying from COVID-19 negatively affects the possibility of holding an EOL discussion and the chances of dying with someone present. This has considerable social and existential consequences for both patients and families.

URL: <https://www.ncbi.nlm.nih.gov/pubmed/32721500>

DOI: 10.1016/j.jpainsymman.2020.07.020

42. Telford CT, Onwubiko U, Holland DP, et al. Preventing COVID-19 Outbreaks in Long-Term Care Facilities Through Preemptive Testing of Residents and Staff Members - Fulton County, Georgia, March-May 2020. *MMWR Morb Mortal Wkly Rep.* 2020;69(37):1296-9. DOI: 10.15585/mmwr.mm6937a4

ABSTRACT: Long-term care facility (LTCF) residents are at particularly high risk for morbidity and mortality associated with infection with SARS-CoV-2, the virus that causes coronavirus disease 2019 (COVID-19), given their age and high prevalence of chronic medical conditions, combined with functional impairment that often requires frequent, close contact with health care providers, who might inadvertently spread the virus to residents (1,2). During March-May 2020 in Fulton County, Georgia, >50% of COVID-19-associated deaths occurred among LTCF residents, although these persons represented <1% of the population (3,4). Mass testing for SARS-CoV-2 has been an effective strategy for identifying asymptomatic and presymptomatic infections in LTCFs (5). This analysis sought to evaluate the timing at which mass testing took place in relation to the known presence of a COVID-19 infection and the resulting number of infections that occurred. In 15 LTCFs that performed facility-wide testing in response to an identified case, high prevalences of additional cases in residents and staff members were found at initial testing (28.0% and 7.4%, respectively), suggesting spread of infection had already occurred by the time the first case was identified. Prevalence was also high during follow-up, with a total of 42.4% of residents and 11.8% of staff members infected overall in the response facilities. In comparison, 13 LTCFs conducted testing

as a preventive strategy before a case was identified. Although the majority of these LTCFs identified at least one COVID-19 case, the prevalence was significantly lower at initial testing in both residents and staff members (0.5% and 1.0%, respectively) and overall after follow-up (1.5% and 1.7%, respectively). These findings indicate that early awareness of infections might help facilities prevent potential outbreaks by prioritizing and adhering more strictly to infection prevention and control (IPC) recommendations, resulting in fewer infections than would occur when relying on symptom-based screening (6,7).

URL: <https://www.ncbi.nlm.nih.gov/pubmed/32941413>

DOI: 10.15585/mmwr.mm6937a4

43. Van Houtven CH, DePasquale N, Coe NB. Essential Long-Term Care Workers Commonly Hold Second Jobs and Double- or Triple-Duty Caregiving Roles. J Am Geriatr Soc. 2020;68(8):1657-60. DOI: 10.1111/jgs.16509

ABSTRACT: OBJECTIVES: Long-term care (LTC) facilities are particularly dangerous places for the spread of COVID-19 given that they house vulnerable high-risk populations. Transmission-based precautions to protect residents, employees, and families alike must account for potential risks posed by LTC workers' second jobs and unpaid care work. This observational study describes the prevalence of their (1) second jobs, and (2) unpaid care work for dependent children and/or adult relatives (double- and triple-duty caregiving) overall and by occupational group (registered nurses [RNs], licensed practical nurses [LPNs], or certified nursing assistants [CNAs]). DESIGN: A descriptive secondary analysis of data collected as part of the final wave of the Work, Family and Health Study. SETTING: Thirty nursing home facilities located throughout the northeastern United States. PARTICIPANTS: A subset of 958 essential facility-based LTC workers involved in direct patient care. MEASUREMENTS: We present information on LTC workers' demographic characteristics, health, features of their LTC occupation, additional paid work, wages, and double- or triple-duty caregiving roles. RESULTS: Most LTC workers were CNAs, followed by LPNs and RNs. Overall, more than 70% of these workers agreed or strongly agreed with this statement: "When you are sick, you still feel obligated to come into work." One-sixth had a second job, where they worked an average of 20 hours per week, and more than 60% held double- or triple-duty caregiving roles. Additional paid work and unpaid care work characteristics did not significantly differ by occupational group, although the prevalence of second jobs was highest and accompanying work hours were longest among CNAs. CONCLUSION: LTC workers commonly hold second jobs along with double- and triple-duty caregiving roles. To slow the spread of COVID-19, both the paid and unpaid activities of these employees warrant consideration in the identification of appropriate clinical, policy, and informal supports. J Am Geriatr Soc 68:1657-1660, 2020.

URL: <https://www.ncbi.nlm.nih.gov/pubmed/32338767>

DOI: 10.1111/jgs.16509

44. Verbeek H, Gerritsen DL, Backhaus R, 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. J Am Med Dir Assoc. 2020;21(7):900-4. DOI: 10.1016/j.jamda.2020.06.020

ABSTRACT: OBJECTIVES: To prevent and control COVID-19 infections, nursing homes across the world have taken very restrictive measures, including a ban for visitors. These restrictive measures have an enormous impact on residents' well-being and pose dilemmas for staff, although primary data are lacking. A Dutch guideline was developed to cautiously open nursing homes for visitors during the COVID-19 pandemic. This study reports the first findings on how the guideline was applied in the local context; the compliance to local protocols; and the impact on well-being of residents, their family caregivers, and staff. DESIGN: A mixed-methods cross-sectional study was conducted. SETTING AND PARTICIPANTS: In total, 26 nursing homes were permitted to enlarge their possibilities for allowing visitors in their facility. These nursing homes were proportionally representative of the Netherlands as they were selected by their local Area Health Authority for participation. At each nursing home, a contact person was selected for participation in the current study. METHODS: A mixed-methods cross-sectional study was conducted, consisting of questionnaire, telephone interviews, analyses of documentation (ie, local visiting protocols), and a WhatsApp group. RESULTS: Variation in local protocols was observed, for example, related to the use of personal protective equipment, location, and supervision of visits. In general, experiences were very positive. All nursing homes recognized the added value of real and personal contact between residents and their loved ones and indicated a positive impact on well-being. Compliance with local guidelines was sufficient to good. No new COVID-19 infections were reported during this time. CONCLUSIONS AND IMPLICATIONS: These results indicate the value of family visitation in nursing homes and positive impact of visits. Based on these results, the Dutch government has decided to allow all nursing homes in the Netherlands to cautiously open their homes using the guidelines. More research is needed on impact and long-term compliance.

URL: <https://www.ncbi.nlm.nih.gov/pubmed/32674816>

DOI: 10.1016/j.jamda.2020.06.020

45. Wang Z. Use the Environment to Prevent and Control COVID-19 in Senior-Living Facilities: An Analysis of the Guidelines Used in China. *HERD*. 2020;1937586720953519. DOI: 10.1177/1937586720953519

ABSTRACT: OBJECTIVE: To identify the environmental factors essential for infection control in senior-living facilities. BACKGROUND: In the COVID-19 pandemic, older adults are more likely to be infected and develop serious outcomes than young people. Worldwide, senior-living facilities face a battle to protect their residents. Compared with age-related declines, the built environment is more modifiable and can be used for infection control. METHODS: This research conducted content analysis of the guidelines on COVID-19 control issued by the State Council of China in February 2020 for senior-living facilities. Six senior-living facility managers in China were interviewed and shared their experiences using these guidelines. Quantitative and qualitative analyses were conducted to identify the essential environmental factors for infection control. RESULTS: Environmental factors suggested in the guidelines were analyzed for three groups of infection-control strategies: keep COVID-19 from entering the facility, prevent COVID-19 spread in the facility, and manage infection and illness. Key topics of experience using the guidelines were identified, including residents' needs for social interaction and the difficulties of providing dedicated air-conditioning and circulation systems. Based on these analyses, from the perspective of environmental design, environmental factors essential for COVID-19 control in senior-living facilities were summarized at the site, building, and room levels. CONCLUSION: Proper planning and design of the built environment promote strategies for infection control in senior-living facilities. Findings can be used to guide the new design, renovation, and modification of senior-living facilities for COVID-19 control and future public health emergencies.

URL: <https://www.ncbi.nlm.nih.gov/pubmed/32909834>

DOI: 10.1177/1937586720953519

46. Yeh TC, Huang HC, Yeh TY, et al. Family members' concerns about relatives in long-term care facilities: Acceptance of visiting restriction policy amid the COVID-19 pandemic. *Geriatr Gerontol Int*. 2020;20(10):938-42. DOI: 10.1111/ggi.14022

ABSTRACT: AIM: The policy enforcing visiting restriction during the COVID-19 pandemic may cause feelings of social isolation among residents in long-term care facilities. This study aimed to explore family members' concerns for their relatives during the lockdown period, assess their level of acceptance of the visiting restriction policy and determine the associated factors. METHODS: From the 156 family members interviewed, demographic data, satisfaction with overall care quality, worry and concerns for their relatives, acceptance of the visiting restriction and arrangement for the residents if cluster infections occur in the facility were recorded. RESULTS: Among the members interviewed, 83 (53.2%) were men; mean age of members was 56.3 +/- 9.8; most were offspring of residents in the facility (n = 121, 77.6%), most visited the residents at least once a week (n = 113, 72.4%) before the lockdown. 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%). Nearly 84.6% of those interviewed accepted the visiting restriction policy, and a higher satisfaction rating independently associated with acceptance of the visiting restriction policy (odds ratio 2.15). CONCLUSIONS: During the lockdown period, staff members should provide more psychological information about residents to their family members. Higher satisfaction rating was found to be independent of the acceptance of the visiting restriction policy. Therefore, good quality of care of the facility wins the trust of family members, and this might mitigate the tension between the family members and staff during a major crisis. *Geriatr Gerontol Int* **, **: **_** *Geriatr Gerontol Int* 2020; 20: 938-942.

URL: <https://www.ncbi.nlm.nih.gov/pubmed/32886842>

DOI: 10.1111/ggi.14022

47. Zhao F, Ahmed F, Faraz NA. Caring for the caregiver during COVID-19 outbreak: Does inclusive leadership improve psychological safety and curb psychological distress? A cross-sectional study. *Int J Nurs Stud*. 2020;110:103725-.

ABSTRACT: BACKGROUND: Public health emergencies and epidemics shatter the assumptions of the world as a safe place. Healthcare workers are at the forefront of such pressures resulting from a persistent threat to their safety and well being. It is therefore important to study such mechanisms that can influence and predict the psychological distress of nurses. OBJECTIVES: While there is an increasing number of studies on positive outcomes of leadership styles, their influence on curbing unwanted adverse outcomes is scarce. This study aims to observe the influence of an inclusive leadership style on psychological distress while assessing the mediating role of psychological safety. It uses the theoretical lens of job demands-resources theory and the theory of shattered assumptions to develop and test hypotheses. DESIGN: Cross-Sectional Study with Temporal Separation SETTINGS AND PARTICIPANTS: The researchers recruited 451 on-duty registered nurses from 5 hospitals providing patient care during the highly infectious phase of COVID-19 in January 2020 in Wuhan city, the epicentre of the outbreak in China. METHODS: After obtaining permission from hospital administration, data were collected through

an online questionnaire survey in three stages with temporal separation to avoid common method bias. Partial least square structural equation modelling was used to analyze data. The study controlled for effects of age, gender, experience, working hours and education. RESULTS: Hypothesized relationships proved significant. Inclusive leadership has an inverse relationship with psychological distress with a strong path-coefficient. Psychological safety mediates the relationship between inclusive leadership and psychological distress while explaining 28.6% variance. Multi-group analysis results indicate no significant differences between respondents based on these control variables CONCLUSIONS: Recurring or prolonged experiences of stress and anxiety at the workplace, without a mechanism to counter such effects, can culminate into psychological distress. Inclusive leadership style can serve as such a mechanism to curb psychological distress for healthcare workers by creating a psychologically safe environment.
 URL: <https://dx.doi.org/10.1016/j.ijnurstu.2020.103725>

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

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#	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 (Expanders - Apply equivalent	12,170

	((behaviour* or behavior*) N2 intervent*)) OR MW (((behaviour* or behavior*) N2 intervent*))	subjects Search modes - Boolean/Phrase	
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 - Boolean/Phrase	34,158
S18	S3 AND S13 AND S17	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase	166
S19	S3 AND S6 AND S17	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase	80
S20	S18 OR S19	Limiters - Exclude MEDLINE records	145

Expanders - Apply equivalent
subjects
Search modes - Boolean/Phrase

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