Appendices for COVID-19 Living Evidence Profile #2
(Version 5: 27 October 2021)

Appendix 1: Methodological details

We use a standard protocol for preparing living evidence profiles (LEP) to ensure that our approach to identifying research evidence as well as experiences from other countries and from Canadian provinces and territories are as systematic and transparent as possible in the time we were given to prepare the profile.

Identifying research evidence

For each LEP, we search our continually updated inventory of best evidence syntheses and guide to key COVID-19 evidence sources for:
1) guidelines (defined as providing recommendations or other normative statements derived from an explicit process for evidence synthesis);
2) full systematic reviews;
3) rapid reviews;
4) protocols for reviews or rapid reviews that are underway;
5) titles/questions for reviews that are being planned;
6) single studies (when no guidelines, systematic reviews or rapid reviews are identified);
7) opinion pieces
   a. Explicit assessment of the pros and cons of an approach to renewal
   b. Cited data and/or evidence that was explicitly used in deriving a suggested approach for renewal
   c. Documented stakeholder-engagement process to elicit approaches for renewal
   d. Endorsement of lessons learned by a formal group or a large, informal group of signatories to a statement related to renewal

For the first version of this LEP, we also searched Health Systems Evidence (www.healthsystemsevidence.org) and HealthEvidence (www.healthevidence.org), to identify any relevant evidence documents that might have relevance to the COVID-19 vaccine roll-out, but were produced before the pandemic, given that the other sources searched were specific to COVID-19. In Health Systems Evidence, we searched for overviews of systematic reviews, systematic reviews of effects, systematic reviews addressing other questions, and protocols for systematic reviews, that may provide insights about vaccine-delivery systems by searching for 'vaccine' using the filters for 'public health' (under health-system sectors). In HealthEvidence, we searched using the categories for 'Immunization' and 'Policy and Legislation' under the intervention strategy filter combined with 'Communicable Disease/Infection' category under the topic filter.

Each source for these documents is assigned to one team member who conducts hand searches (when a source contains a smaller number of documents) or keyword searches to identify potentially relevant documents. A final inclusion assessment is performed both by the person who did the initial screening and the lead author of the rapid evidence profile, with disagreements resolved by consensus or with the input of a third reviewer on the team. The team uses a dedicated virtual channel to discuss and iteratively refine inclusion/exclusion criteria throughout the process, which provides a running list of considerations that all members can consult during the first stages of assessment.

During this process we include published, pre-print and grey literature. We do not exclude documents based on the language of a document. However, we are not able to extract key findings from

documents that are written in languages other than Chinese, English, French or Spanish. We provide any documents that do not have content available in these languages in an appendix containing documents excluded at the final stages of reviewing.

Identifying experiences from other countries and from Canadian provinces and territories

For each LEP, we collectively decide on what countries to examine based on the question posed. For other countries we search relevant sources included in our continually updated guide to key COVID-19 evidence sources. These sources include government-response trackers that document national responses to the pandemic. In addition, we conduct searches of relevant government and ministry websites. In Canada, we search websites from relevant federal and provincial governments, ministries and agencies (e.g., Public Health Agency of Canada).

While we do not exclude countries based on language, where information is not available through the government-response trackers, we are unable to extract information about countries that do not use English, Chinese, French or Spanish as an official language.

Assessing relevance and quality of evidence

We assess the relevance of each included evidence document as being of high, moderate or low relevance to the question. We then use a colour gradient to reflect high (darkest blue) to low (lightest blue) relevance.

Two reviewers independently appraised the quality of the guidelines we identified as being highly relevant using AGREE II. We used three domains in the tool (stakeholder involvement, rigour of development and editorial independence) and classified guidelines as high quality if they were scored as 60% or higher across each of these domains.

Two reviewers independently appraise the methodological quality of systematic reviews and rapid reviews that are deemed to be highly relevant. Disagreements are resolved by consensus with a third reviewer if needed. AMSTAR rates overall methodological quality on a scale of 0 to 11, where 11/11 represents a review of the highest quality. High-quality reviews are those with scores of eight or higher out of a possible 11, medium-quality reviews are those with scores between four and seven, and low-quality reviews are those with scores less than four. It is important to note that the AMSTAR tool was developed to assess reviews focused on clinical interventions, so not all criteria apply to systematic reviews pertaining to health-system arrangements or to economic and social responses to COVID-19. Where the denominator is not 11, an aspect of the tool was considered not relevant by the raters. In comparing ratings, it is therefore important to keep both parts of the score (i.e., the numerator and denominator) in mind. For example, a review that scores 8/8 is generally of comparable quality to a review scoring 11/11; both ratings are considered 'high scores.' A high score signals that readers of the review can have a high level of confidence in its findings. A low score, on the other hand, does not mean that the review should be discarded, merely that less confidence can be placed in its findings and that the review needs to be examined closely to identify its limitations. (Lewin S, Oxman AD, Lavis JN, Fretheim A. SUPPORT Tools for evidence-informed health Policymaking (STP): 8. Deciding how much confidence to place in a systematic review. *Health Research Policy and Systems* 2009; 7 (Suppl1):S8.

Preparing the profile

Each included document is hyperlinked to its original source to facilitate easy retrieval. For all included guidelines, systematic reviews, rapid reviews and single studies (when included), we prepare a small number of bullet points that provide a brief summary of the key findings, which are used to summarize

key messages in the text. Protocols and titles/questions have their titles hyperlinked given that findings are not yet available. We then draft a brief summary that highlights the total number of different types of highly relevant documents identified (organized by document), as well as their key findings, date of last search (or date last updated or published), and methodological quality.

Appendix 2a: Key findings from <u>new</u> evidence documents that address the question, organized by document type and sorted by relevance to the question and COVID-19

Type of document	Relevance to question	Key findings	Recency or status
Guidelines			
Full systematic reviews	• Promoting alternatives to long-term care	• The goal of this review was to assess the efficacy and accessibility of remotely delivered interventions to reduce burden and improve mood and quality of life of caregivers of people with dementia • The interventions varied in their frameworks, components and delivery, and either used printed materials, telephone or video technologies suitable for caregivers who have difficulty accessing face-to-face services due to their own health problems or transport barriers • In a comparison of experimental interventions with a control condition of information alone, the interventions may result in a slight reduction in caregiver burden and a slight improvement in depressive symptoms, but with little or no difference in caregiver health-related quality of life • However, there was no significant difference when compared with usual treatment, waiting list, or attention control Source	Published 4 January 2021

	• Renewing supports for residents (and their families and caregivers) and staff
	  o Engaging residents, families and caregivers in self-management, care choices, care delivery, and organizational and policy decision-making
	  o Supporting technology-enabled living among residents
		• The aim of this scoping review was to assess the impact of visitor restrictions on nursing-home residents and their families, as well as strategies and actions taken at nursing homes during the COVID-19 pandemic
		• After conducting a thematic analysis of included studies, three categories were generated: 1) the impact of COVID-19 on older people living in nursing homes and their families, 2) procedures and frameworks of homes during and after lockdown, and 3) solutions and resources provided by health
			Published 25 June 2021

		professionals to connect nursing-home residents with their families
		• Results highlighted that lockdowns and visitor restrictions had an impact on people with dementia who could not understand why their family members were no longer visiting them, and also how older people died in nursing homes with no relatives present for the bereavement process
		  o It also highlighted the need for more staff support to perform caregiver roles and family support in balancing work and caregiving responsibilities
		• Procedures and frameworks studied for allowing visitations during and after lockdowns were developed based on the gravity of the situation at a nursing home, with variations in visit options and screening procedures based on varying situations
		• To connect residents with their families, solutions identified were telephone, email, videocalls, or smartphone applications (apps)
		  o Proactive strategies for communication include assigning staff members as primary contacts for families to contact residents regularly and to stay informed about the residents' situation
		• The authors recommend that further research be conducted on identifying useful resources to ensure suitable communication between nursing-home residents and their families during confinement periods, and identifying non-pharmaceutical interventions to address families' and residents' needs during the pandemic
		Source	

Rapid reviews	• Renewing supports for residents (and their families and caregivers) and staff (and volunteers) o Engaging residents, families and caregivers in self-management, care choices, care delivery, and organizational and policy decision-making	• This report described effective or promising communication strategies for long-term care facilities for providing resident health updates to their families and other essential care partners during an infectious disease outbreak or a pandemic	Last updated 9 July 2021

	o Supporting technology-enabled living among residents	o One rapid review and three primary studies were identified from a limited literature search, all of which included an examination of communication strategies between long-term care facilities and essential care partners of residents o Two strategies in particular were evaluated: 1) the use of a standardized tool used by clinicians that facilitated relaying information about the anticipated outcomes of COVID-19 positive residents to their families, and 2) the implementation of a communication plan led by social workers for all LTC staff to keep families informed during the severe acute respiratory syndrome (SARS) outbreak o The studies described in this report recommended that effective communication strategies during an outbreak or pandemic should include reflective listening (i.e., careful listening to families' perspectives) by LTC staff, and regular communication using various platforms between care providers and families to help them manage expectations about possible outcomes for residents Source	
	• Renewing supports for residents and staff o Ensuring the safety and satisfaction of residents, staff and volunteers	• Interventions which aim to improve personal support worker well-being are key to improving their emotional health and resilience, as well as improving their retention • Unregulated PSWs in LTC face challenges in the workplace which undermine well-being, job satisfaction and employee retention, often stemming from the work's emotional and physical demand, the long and unsocial hours of work, low pay, low status, lack of connections to professional organizations/bodies, etc. • Summarized literature on interventions aimed at improving unregulated PSW well-being	Last updated 9 July 2021

	These interventions, ranging from self-compassion training to psycho-educational intervention, tend to have positive results for outcomes like compassion satisfaction, burnout, and perceived stress Source		
Protocols for reviews that are already underway	• Renewing supports for residents and staff o Ensuring the safety and satisfaction of residents, staff and volunteers	• Effects of the COVID-19 pandemic on health and work life outcomes among front-line nursing home staff Source	Anticipated completion date 26 November 2021
Titles and questions for reviews being planned			

Single studies	• Renewing delivery, financial and governance arrangements
	  o Improving safety and quality of care, and more generally improving quadruple-aim metrics
	  o Improving physical infrastructure
	• Renewing supports for residents and staff
	  o Ensuring an adequate supply of staff
	  o Optimizing skill mix among staff
	  o Remunerating staff
		• This study describes the themes generated from a virtual town-hall meeting conducted in September 2020 on the impacts of the COVID-19 pandemic on the long-term care sector in Ontario, Canada
		  o The meeting was comprised of 130 attendees from five continents, and three themes were generated based on their prominence in lay press, scientific, and clinical discussions: Physical infrastructure, infection control and frail LTC residents, and staffing
		• In terms of physical infrastructure, smaller, less-crowded homes were found to have had fewer and smaller outbreaks and to support better resident outcomes, making homes more resilient against infectious outbreaks
		  o These findings in turn should prompt policymakers to reimagine the physical infrastructure of LTC facilities in a post-pandemic world
		• When reflecting on infection and frailty of LTC residents, meeting participants acknowledged the challenges in balancing public-health restrictions to reduce viral circulation in homes with the health impacts on residents of these restrictions
		  o Participants reflected on lessons learned from China's LTC sector response during the three
			Published 8 April 2021

| | | pandemic waves of 2020, and Italy's response during its first pandemic wave
    ○ While China learned from the country's experience with SARS and had protocols for the prevention of communicable diseases in LTC homes in place that kept their death rates low, Italy experienced several challenges in preventing deaths due to a lack of preparedness to respond, including older buildings that hindered effective isolation, severe staff shortages in some homes, and a lack of standardized data about the LTC sector to inform appropriate policy responses
• In terms of staffing, the panellists acknowledged that additional staffing is required overall, but it must be complemented with full-time positions, equitable benefits (including paid sick leave), appropriate training, and mental health supports for staff
    ○ It was also found that the lack of data that captures the complexity of LTC residents makes it challenging to create an ideal staffing model, and that there is minimal support for physicians on geriatric training and medicine
• The study concluded that the infrastructure of LTC homes should be scaled to promote optimal well-being of residents in addition to infection control, infection control and resident wellness are not mutually exclusive and are equally important, improving LTC resident outcomes requires more stable and well-supported staff, and the sector must be supported by a quality-assurance system that is based on standardized, comprehensive data that can be used to support broad communities of practice
Source | |
| | • Renewing delivery, financial and governance arrangements | • This document describes how long-term care facilities in the U.S. were managed during the COVID-19 pandemic, and makes | Published 22 March 2021 |

	○ Reforming approaches to stewardship for the long-term care sector - Renewing supports for residents and staff ○ Ensuring an adequate supply of staff ○ Ensuring the safety and satisfaction of residents, staff and volunteers ○ Remunerating staff	- recommendations on how to improve on the implementation of COVID-19 related federal laws so that they can support LTC staff in an equitable way - Staffing levels fell short of federal- and state-level staffing standards even before the pandemic, but COVID-19 excerbated this fact even more when staff were loss due to illness - Despite the enactment of the federal Families First Coronavirus Response Act (FFCRA), which required 14 days paid sick leave for any COVID-19 related reasons, "presenteeism" of LTC staff (i.e., staff continued to work even after being exposed to or falling ill with COVID-19) continued to occur at significant levels - Refusal of legislators, regulators and industry leaders to address the concerns of LTC staff about unsafe working conditions throughout the pandemic may have contributed to negative consequences in mitigating the spread of COVID-19 ○ The Occupational Safety and Health Administration (OHSA) largely dismissed the complaints of LTC workers about workplace safety, and their enforcement activities were minimal - Missteps were also identified when executive orders were issued to transfer recovering COVID-19 patients to LTC homes that lacked PPE, testing kits, adequate staff, and space for isolation - In terms of data and enforcement, a report of the Office of Inspector General (OIG) in the U.S. Department of Health and Human Services revealed that there was a decrease in overall inspections and wide variation in homes that received an on-site survey ○ The OIG report concludes that more comprehensive data could be useful for creating	

		more targeted federal and state funding to address staffing complaints, and that facilities that do receive funding should comply with established Conditions of Participation	
		• Recommendations for action were provided for federal, state and local governments:	
		○ At the federal level, it was recommended that Congress should update the Nursing Home Reform Law to align it with recommendations for adequate staff-to-resident ratios, consider enacting legislation that will better align pandemic-related funding to improve quality and safety in nursing facilities, and the Centers for Medicare and Medicaid Services (CMS) should begin including race demographic data when collecting metrics from nursing homes	
		○ At the state level, legislators should pass or amend legislation that will ensure minimum standards for staffing levels in LTC homes, paid sick leave and protection for vulnerable groups that need to access paid sick leave, and requirements for all LTC employers to provide a minimum wage to all direct-care workers that aligns with expert recommendations	
		○ At the local level, cities and counties should pass or amend paid sick leave legislation that ensures that there is funding for community outreach to vulnerable populations and retaliation protection	
		[Source](#)	

	• Renewing delivery, financial and governance arrangements
	  ○ Supporting greater integration of long-term care with other sectors
	  ○ Reforming approaches to stewardship for the long-term care sector
	• Renewing supports for residents and staff
	  ○ Ensuring an adequate supply of staff
		• This review provides both near- and long-term policy solutions to address systemic problems within the U.S. long-term services and supports (LTSS) structure amplified by the COVID-19 pandemic
		• The review highlights that despite well-documented challenges with financing and delivering LTSS in the U.S., LTSS was largely omitted from U.S. healthcare-reform efforts, and little has changed
			Published June 2021

	- Ensuring the safety and satisfaction of residents, staff and volunteers - Optimizing skill mix among staff - Supporting technology-enabled care by staff - Remunerating staff	- over the past decade in the way that LTSS is delivered - COVID-19 unveiled stark social inequalities, with its impacts falling significantly on older residents and front-line staff of LTSS facilities who were typically women that belonged to minority groups and earned low wages - A total of seven near-term policy solutions were provided: - Require uniform public reporting of all COVID-19 cases in LTSS settings - Identify and support unpaid caregivers - Improve protections for direct-care workers, including increased access to PPE and paid sick leave - Increase coordination between LTSS agencies/providers and public-health departments - Enhance collaboration across health, LTSS and public-health systems - Reduce further barriers to telehealth in LTSS - Provide incentives to care for vulnerable populations - In terms of long-term reform, the authors suggested that the focus should be on comprehensive workforce development (e.g., standardized training, fair compensation), financing reform for the LTSS sector using a social-insurance approach, and creation of an age-friendly public health system Source
	- Promoting alternatives to long-term care - Enhancing the breadth and intensity of home- and community-care services to delay or avoid entry to long-term care	- This study identified the health-service experiences of frail home-care clients and their caregivers during the pandemic: - There have been service cancellations due to different home-care workers being assigned to clients, care workers also working in nursing homes, and testing positive for COVID-19.	Last updated July 2021

		o A key concern was having multiple care providers coming into a client's home. Modified access to home-care with infection control practices which increased client comfort o During COVID-19, there has been an emotional and physical toll on home-care clients as many missed their care workers and found it lonely o Clients also struggled to care for themselves safely. The impact of reduced services also increased the need for family caregiver support o COVID-19 has deterred many home-care clients from going into LTC due to a desire for increased regulation and better conditions o For some cases, passive remote monitoring technology (RMT) has declined in usage due to family members being more physically available during COVID-19 o Some cases also showed an increase in utilization as caregivers could check on their family members while not having to be physically present and potentially spread COVID-19. Others showed there was no impact on RMT utilization. Source	

	• Renewing delivery, financial and governance arrangements
	  o Improving access to care
	  o Changing service-delivery models
	• Renewing supports for residents and staff
	  o Ensuring an adequate supply of staff
	  o Optimizing skill mix among staff
	  o Supporting technology-enabled care by staff
		• The aim of this study was to describe the response of health systems to sudden changes in operations, using Advocate Aurora Health's (AAH) experience responding to the COVID-19 pandemic as a study case
		  o AAH is a not-for-profit health system in Illinois and Wisconsin, U.S., with 28 hospitals, over 500 sites of care, and 70 retail pharmacies
		• A surge operations incident command team was formed to increase surge capacity to 100% and to delineate emergency management changes
		  o Under their direction, clinic visits transitioned to telehealth where possible, and tents were
			Published 31 March 2021

| | | constructed to manage volumes during emergencies |
| | | o A centralized labour pool was also established and staffing needs were tracked for all in-patient, ambulatory, and retail pharmacy departments; job postings targeting retirees, technicians and students were also issued |

- In terms of pharmacy operation changes, automated dispensing capacity was expanded, curbside pickup was implemented at all retail pharmacies, and mail-order pharmacy services were offered
  - o To ensure supply-chain efficiency, inventory was increased, product allocations were maximized, items in high demand were purchased strategically, and use criteria for allocation of products to patients who would benefit the most were established
- System changes consisted of shuffling staff to respond to increased demand, centralizing highly used medications, and expediting the development of infrastructure to support electronic health records (EHR)
  - o The pharmacy drug policy centre (DPC) team collaborated with doctors to create criteria for popular treatment options and pathways
- Communication consolidation strategies were also implemented:
  - o The pharmacy cabinet met daily for an hour to discuss an agenda of system and resource updates as well as regulatory changes
  - o Communication with the entire pharmacy department was streamlined to prevent front-line staff from becoming overwhelmed with updates and changes
  - o A daily planning call took place for pharmacy leadership teams and a coronavirus resource

		page that addressed employee questions and concerns was developed • On a national level, tight communications with the Illinois Council of Health-System Pharmacists and the Pharmacy Society of Wisconsin allowed for system pharmacy department concerns to be escalated to forum meetings of the American Society of Health-System Pharmacists (ASHP) • To ensure well-being and resilience, the pharmacy leadership created a "buddy system" for leaders, redistributed workload, and provided consistent messaging • An engagement survey completed after the first surge of COVID-19 cases in 2020 saw a significant increase in scores for timely, transparent, and useful communication as well as trust in senior leadership, when compared to the 2019 survey • Evaluations of the response in this organization took place once management of the pandemic shifted from an acute response to a chronic approach o Working from home and remote medication history taking are being looked at as long-term options Source	

Opinion pieces	• Renewing delivery, financial and governance arrangements
	   o Altering funding arrangements
	• Renewing supports for residents and staff
	   o Ensuring the safety and satisfaction of residents, staff and volunteers
	   o Remunerating staff
		• World social protection report form the International Labor Organization focuses on ways to rebuild our social protection systems following the COVID-19 pandemic
		• The report points out the disproportionate effect that coverage gaps in long-term care have on women, who both make up a larger share of those who need care and are burdened with additional unpaid work caring for others that reduces their ability to participate in paid employment
		• With respect to establishing sufficient social protection for employees, the report made the following recommendations:
			Published March 2021

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<tr><td></td><td></td><td>o Providing employees sickness benefits including during quarantine periods
o Ensuring sickness benefits are provided or guaranteed by government to address gaps in coverage and in select sectors, often those that are hardest hit
• Key principles for structuring sickness benefits include:
o Coverage for all through public measures
o Solidarity in financing through social insurance contributions or taxation
o Limiting waiting periods to access sickness benefits to less than three days
o Providing 45% to 60% of typical earnings
o Ensuring that sickness benefits also support care for dependents
• The report notes that working conditions in the long-term care sector need to improve for it to become attractive, and suggests ways in which other countries have used financial arrangements to drive improvements, including:
o Dedicated LTC schemes
o Top-up pension benefits and or expansion of scope of disability benefits
o LTC provision embedded within social health protection benefit package
Source</td><td></td></tr>
<tr><td></td><td>• Renewing delivery, financial and governance arrangements
o Altering funding arrangements</td><td>• An Organisation for Economic Cooperation and Development report on pricing long-term care for older persons found eight key lessons that may be applicable:
o Public investments in formal long-term care systems are important because of population aging, and declines in the availability of family caregivers, many of whom are women
o A separate funding stream may help ensure that long-term care funding is not diverted to other purposes</td><td>Published 2021</td></tr>
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		- Funding to long-term care should be linked with need and the care provided - Where cost control is the primary objective and eligibility criteria are stringent, unmet needs may emerge - Funding to LTC should be based on a secure reliable source that reduces any regional inequities which may be done by better coordination across different levels of government - Price adjustments and add-on payments could be used more broadly to foster equity in provider payment - Quality measures in long-term care may be important and should be an area for further policy development Source	
	- Renewing supports for residents and staff - Ensuring adequate supply of staff - Ensuring the safety and satisfaction of residents, staff and volunteers - Remunerating staff	- OECD report focuses on how to attract and retain care workers for the elderly - Policies that have been successful in attracting more workers to the sector include: - Supporting training programs for students or unemployed - Providing financial support for training and guaranteed job entry - Using public-image campaigns to change the perception of LTC jobs and the image of traditional LTC carers - Policies to enhance retention include: - Wage increases for LTC workers has been found to be related to greater recruitment, longer tenure and less turnover - Resources to match wage increases such that they are not accompanied by increased workload and duties - Collective agreements and unionization of care workers	Published 2021

		- Development of coaching programs and workplace counselling services to promote prevention of accidents and burnouts - Providing workers with greater flexibility and control can boost job satisfaction, and this can include promoting training and career trajectories • Policies to improve productivity and outcomes for the money spent include: - Better use of technologies to improve care coordination across home, institutional and hospital care settings, including assistive technology such as the use of alarms and sensors - Task delegation between LTC workers such as training care workers to assist nurses with medicine management - Investing in activities that help older adults to age well and retain their autonomy, including having rehabilitation and re-ablement embedded as part of the LTC needs, and placing a strong emphasis on prevention and healthy aging Source	
	• Renewing supports for residents and staff - Ensuring adequate supply of staff - Ensuring the safety and satisfaction of residents, staff and volunteers - Remunerating staff	• The OECD study examines the effects of the COVID-19 pandemic on the employees in long-term care homes • The study highlights the need to invest heavily in human resources, fit-for-purpose technology, and improving the coordination with the rest of the health system to reduce risk and burnout among staff • Recommendations to invest in human resources include: - Increasing wages or providing bonuses for care workers - Improving leadership within long-term care homes to empower employees	Published 22 June 2020

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- o Enforcing safety standards such as staff ratios and qualifications, ensuring infrastructure is up to date through, for example, national standards
- With respect to technology and coordination, recommendations include:
- o Investing in electronic devices that automate the registration of patient data for monitoring
- o Improved coordination with primary and specialty care is key through, for example, involving primary-care and specialty-care providers to act as part of the care team in the long-term care facility

[Source](#)
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Appendix 2b. Highly relevant evidence documents from previous versions of the LEP

Type of document	Relevance to question	Key findings	Recency or status

Guidelines developed using a robust process (e.g., GRADE)	• Preventing infections
	  o Adhering to infection-prevention measures
		• This guidance is intended for all care workers working in care homes in England and can also be applied to visitors or essential caregivers within the care-home setting
		• This guidance provides a minimum standard on the use of personal protective equipment (PPE) and face masks, and covers what PPE to wear in three main scenarios:
		  o Providing direct personal care
		  o Other contact within two metres of anyone else
		  o Carrying out domestic duties or other activities
		• For each scenario, the guidance describes the recommended items of PPE and sections on putting on and removing PPE, handling waste (including PPE), cleaning eye protection between uses, and aerosol-generating procedures (AGP)
		• The guidance also provides detailed PPE recommendations for the following populations:
		  o Residents who are clinically extremely vulnerable
		  o Residents with learning disabilities, mental health problems, autism and dementia
		  o Residents who have been vaccinated
		• Source (low-quality AGREE II rating; Public Health England)
			Last updated 9 June 2021

	• Preventing infections o Adjusting resident accommodations, shared spaces and common spaces	• The Public Health Agency of Canada issued guidance related to the ventilation and filtration considerations in long-term care homes • Recommendations include using the highest-efficiency particular filter that the HVAC system is capable of handling, ensuring that the room has adequate air exchanges, and whenever possible	Last updated 12 April 2021

		taking advantage of natural ventilation by opening windows • If ventilation cannot be improved it is suggested that long-term care homes should put in place portable or ceiling fans and single-unit air conditions to circulate air within the room • Alternatively, high-quality HEPA filters may also be used, however homes should ensure that they are recognized by a certified body Source (Public Health Agency of Canada)	
	• Preventing infections o Vaccinating staff and residents	• The National Advisory Committee on Immunization is suggesting that key populations be prioritized, which includes those at high risk of severe illness and death due to advanced age or other high-risk conditions, and those who are most likely to transmit COVID-19 to those at high-risk of severe illness • Other considerations including the reduction of health inequities and how to engage those are who systematically marginalized are being considered in the roll-out of the vaccine Source (Government of Canada)	Published December 2020
	• Preventing infections o Vaccinating staff and residents	• The priorities for the COVID-19 vaccination program should be the prevention of COVID-19 mortality and the protection of health and social-care staff and systems • Secondary priorities should include vaccination of individuals at increased risk of hospitalization and increased risk of exposure, and to maintain resilience in essential services • Based on the proposed guidelines, the order of priority of COVID-19 vaccinations begins with residents in a care home for older adults and their carers • Immunization advice and communication programs should be tailored to mitigate inequalities. Specifically, programs should be	Published 6 January 2021

		tailored to Black, Asian and minority ethnic groups who have higher rates of infection, morbidity and mortality [Source](#) (Department of Health and Social Care, Government of the United Kingdom)	

	• Preventing infections
	  o Adhering to infection-prevention measures
	  o Restricting and screening staff and visitors
	  o Quarantine of exposed or potentially exposed residents
	• Managing outbreaks
	  o Adhering to infection-control measures
		• Long-term care homes are high-risk settings for the transmission of COVID-19 to and among residents and staff
		• The following should be in place to prevent and control COVID-19 irrespective of whether infection has occurred:
		  o Ensure the existence of an infection prevention and control (IPC) focal point
		  o Implement standard IPC precautions for all residents
		  o In areas with known or suspected transmission of COVID-19 implement universal masking for all health workers, caregivers, professionals, visitors and residents
		  o Ensure physical distancing
		  o Ensure adequate ventilation
		  o Ensure adequate staffing levels and staff organization, appropriate working hours, and protection for staff from occupational risks
		• The following are critical to ensure early detection of COVID-19:
		  o Implement symptom surveillance and/or regular laboratory testing of staff and residents
		  o Ensure appropriate management of exposure among health workers
		  o Expand testing to all staff and residents when a positive case of COVID-19 is identified
		  o Test residents upon admission or re-admission to long-term care homes in areas with community or cluster transmission
		• When a resident is suspected or confirmed of having a COVID-19 case, the following should be implemented immediately:
			Last updated 8 January 2021

		- Follow specific procedures for environmental cleaning and disinfection, waste and laundry management - Isolate suspected or confirmed cases of COVID-19 in single rooms or, if not possible, cohort residents with other cases - Conduct careful clinical assessments of patients and include early treatment as appropriate and evaluation of resident transfer if needed - Quarantine all contacts of confirmed cases of COVID-19 for 14 days [Source]	
	- Preventing infections - Adhering to infection-prevention measures - Restricting and screening staff and visitors - Quarantining of exposed or potentially exposed residents and staff - Testing of residents and staff - Supporting staff and residents - Renewing supports for residents and staff - Engaging residents, families and caregivers in self-management, care choices, care delivery, and organizational and policy decision-making	- This guidance is applicable to care-home residents across all four nations of the United Kingdom; the intended audience includes, but is not limited to, care-home staff, primary-care teams including general practitioners (GPs), community teams providing care for older people including Hospital At Home teams, hospital-discharge teams, and those providing advice on infection control to care homes - This guidance covers the following issues about managing COVID-19 in a care home environment: - Infection control - Staff and resident testing - Admissions to care homes - Family visiting - Diagnosing COVID-19 in care homes - Management and treatment of COVID-19 in care homes - Advance care planning - End-of-life care - Continuing routine healthcare [Source] (British Geriatrics Society)	Last update 18 November 2020
	- Preventing infections - Adhering to infection-prevention measures	This guideline is provided to assist public health authorities, residential-care services, healthcare	Last update 29 July 2020

	○ Restricting and screening staff and visitors ○ Quarantining of exposed or potentially exposed residents and staff ○ Testing of residents and staff ○ Supporting staff and residents - Managing outbreaks ○ Adding or replacing administrators and staff ○ Adhering to infection-control measures - Renewing supports for residents and staff ○ Ensuring an adequate supply of staff	workers and carers by providing best practice information for the prevention and management of COVID-19 outbreaks in residential care homes in Australia - This guideline presents a flowchart for COVID-19 management in RCF, which includes the following aspects: ○ Develop a facility management plan (e.g., plan for a surge workforce) ○ Vaccinate all residents and staff against influenza ○ Infection control preparedness (e.g., staff training, early detection by screening and testing) ○ Risk management for COVID-19 ○ Manage a suspected or confirmed case of COVID-19 ○ Manage a suspected outbreak of COVID-19 - This guideline provides a COVID-19 outbreak preparedness checklist and a COVID-19 outbreak management checklist - Standard precautions are a group of infection-prevention practices always used in healthcare settings and must be used in RCF with a suspected or confirmed COVID-19 outbreak, which consist of: ○ Hand hygiene ○ The use of appropriate personal protective equipment ○ Respiratory hygiene and cough etiquette ○ Regular cleaning of the environment and equipment Source (The Communicable Diseases Network Australia)	
	- Preventing infections ○ Adhering to infection-prevention measures ○ Restricting and screening staff and visitors	- WHO provides 11 policy objectives to mitigate the impact of COVID-19 across long-term care: ○ Include long-term care in all phases of the national response	Last updated 24 July 2020

○ Quarantine of exposed or potentially exposed residents ○ Contact tracing among staff and visitors ○ Supporting staff and residents • Managing outbreaks ○ Adhering to infection-control measures ○ Making additional spatial, service, screening, testing, isolation and support changes ○ Transferring residents when their care needs exceed capacity in the home • Renewing delivery, financial and governance arrangements ○ Improving safety and quality of care, and more generally improving quadruple-aim metrics ○ Changing service-delivery models ○ Altering funding arrangements ○ Adjusting governance arrangements ○ Supporting greater integration of long-term care with other sectors • Renewing supports for residents and staff ○ Engaging residents, families and caregivers in self-management, care choices, care delivery and organizational and policy decision-making ○ Supporting technology-enabled living among residents ○ Ensuring an adequate supply of staff ○ Ensuring the safety and satisfaction of staff and volunteers	○ Mobilize adequate funding for long-term care to respond to and recover from the pandemic ○ Ensure effective monitoring and evaluation of the impact of COVID-19 on long-term care and ensure efficient information channelling between health and long-term care systems to optimize responses ○ Secure staff and resources including adequate health workforce and health products ○ Ensure the continuum and continuity of essential services for people receiving long-term care ○ Ensure that infection prevention and control standards are implemented and adhered to in all long-term care settings ○ Prioritize testing, contact tracing and monitoring of the spread of COVID-19 among people receiving and providing long-term care ○ Provide support for family and voluntary caregivers ○ Prioritize the psychosocial well-being of people receiving and providing long-term care ○ Ensure smooth transition to the recovery phase ○ Initiate steps for transformation of health and long-term care systems to appropriately integrate and ensure continuous, effective governance of long-term care services Source (World Health Organization)	
• Preventing infection ○ Adhering to infection-prevention measures ○ Restricting and screening staff and visitors	• In addition to general guidance related to education, sanitation, wearing of PPE, and self-monitoring for symptoms, guidance for long-term care homes and nursing homes in Indigenous communities emphasized: ○ Notifying the First Nations and Inuit Health Branch regional medical officer, provincial or	Last updated 14 April 2020

		territorial chief public health officer should there be suspected or confirmed cases o Active screening procedures for new and re-admissions as well as any visitors entering the facility o Restricting to essential visitors only which include compassionate care visits and those who are essential to care and well-being Source (Government of Canada)	

	• Preventing infection
	  o Adhering to infection-prevention measures
	  o Restricting and screening staff and visitors
		• Guidance for Centres for Medicare and Medicaid emphasized:
		  o Working with state and local health departments to ensure stable supplies of PPE
		  o Symptoms screening for every individual who enters the long-term care home;
		  o Ensure the proper wearing of PPE among staff and increased PPE if COVID-19 transmission occurs
		  o Use separate staffing wherever possible and designate a COVID-negative and COVID-positive team
		Source (Centres for Medicare and Medicaid)
			Last updated 2 April 2020

	• Managing outbreaks
	  o Adhering to infection-control measures
	  o Making additional spatial, service, screening, testing, isolation and support changes
		• This guideline from the Ontario Ministry of Health provides guidance for public-health units on case, contact and outbreak management of all confirmed and probable cases of COVID-19, and also additional guidance for variants of concern (VOC) positive cases
		• Although there are no changes to existing public health measures or infection-prevention and control measures when applied to new VOC, more rigorous application of the measures is recommended due to the increased risk of transmission of VOC
		• Priority for screening and follow-up should be given to high Priority Risk Settings for Transmission, especially if the outbreak case is suspected to be caused by a VOC	

		• A lower threshold for classifying contacts as high risk of exposure and requiring quarantine should be implemented in order to enhance the identification of contacts
		  o Case and contact follow-up should be prioritized when the case is identified as a VOC in order to, as much as possible, interrupt transmission to the community
		• Asymptomatic testing should be enhanced
		  o High-risk exposure contacts should be tested immediately and quarantine for 14 days
		  o Contacts that test negative initially should be retested on or after day 10 of quarantine
		  o High-risk exposure contacts that develop symptoms should be managed as probable cases and be retested
		• Household contacts of all symptomatic individuals are required to quarantine for 14 days (period of incubation) until the symptomatic person receives a negative COVID-19 test, and if the symptomatic individual is not tested, the period of incubation for all household contacts must start at the end of the symptomatic person's isolation period
		  o COVID-19 cases and contacts should be supported with isolation and quarantine measures, such as use of isolation facilities, food delivery services, and sick leave benefits
		  o Household contacts of symptomatic individuals should be counselled by public-health units to stay home while the symptomatic individual is quarantining
		Source	

	• Managing outbreaks
	  o Adhering to infection-control measures (e.g., donning and doffing personal protective equipment)
	  o Making additional spatial, service, screening, testing, isolation and support changes
		• This guideline from the American Geriatrics Society (AGS) provides recommendations for U.S. federal, state and local governments on decision-making for care of patients with COVID-19 in nursing homes (NH) and long-term care (LTC) homes	Published 29 April 2020

	- o Transferring residents when their care needs exceed capacity in the home - Renewing delivery, financial and governance arrangements - o Improving access to care - Renewing supports for residents and staff - o Ensuring an adequate supply of staff - o Remunerating staff	- Recommendations for the federal government include: - o Using the full force of the Defense Production Act to increase production of personal protective equipment, testing kits, laboratory supplies, and supplies for symptom management and end-of-life care - o Proactively monitoring the supply of medications and equipment used for patients at the end of life to prevent any future gaps in supply - o Authorizing the Department of Defense to work with the federal and state governments to coordinate the delivery and sharing of scare resources within and across states, and to help prioritize congregate-living settings and home healthcare agencies so that they can get the resources they need - o Building capacity, in collaboration with states, to provide hospital-level care in the home for patients with COVID-19 after hospital discharge - o Ensuring access to paid leave for all health professionals and direct care workers on the front lines of the pandemic - o Increasing payment to NHs caring for residents with COVID-19 and providing tax relief for NHs that provide paid family leave to homecare workers, and support staff caring for older adults and people with disabilities - The AGS also recommends that the Centers for Disease Control (CDC) develop guidelines for transferring presumed or confirmed COVID-19-positive residents from nursing homes to an emergency department - Recommendation for state and local governments include:	

		o Restricting the transfer of COVID-19-positive individuals to a NH unless the facility can safely and effectively isolate the patient from other residents and follows appropriate IPAC protocols, including the use of PPE by staff and residents o Coordinating pandemic response planning with important stakeholders such as geriatrics health professionals, NH leadership teams, and hospice and palliative-care experts o Collecting and using data to model hotspots, supply of beds, and PPE, and improve pandemic-response planning o Including NHs in emergency personnel distribution deployment considerations to ensure adequate staffing • According to the AGS, NHs should implement procedures to regularly screen NH staff for possible infection and ensure that they are trained in infection control, the use of PPE, and recognition of COVID-19 symptoms Source (American Geriatrics Society)	
Full systematic reviews	• Renewing supports for residents and staff o Supporting technology-enabled care by staff	• The review examined telehealth and telemedicine modalities (e.g., video, asynchronous messages, and Bluetooth stethoscopes that maximize access to specialty care, care models, and improve patient outcomes • The use of telehealth reduced emergency, hospital admissions and exposure to COVID-19, and improved processes (e.g., expedient access to specialists) for geriatrics, psychiatric, and palliative care Source (AMSTAR rating 5/9)	Literature last searched October 2020
	• Renewing delivery, financial and governance arrangements o Altering funding arrangements	• The review discussed the development of public long-term care insurance (LTCI) and related challenges from 59 identified studies • The authors described that there are benefits to LTCI such as improved physical health of the	Literature last searched April 2020

		beneficiaries, reduced economic-welfare losses with members of families with disabilities (especially in Germany, Japan and South Korea), reduced length-of-stay and hospitalization costs (in China) • The sustainability and stability of LTCI financing and cultural practices should be considered when developing a LTCI Source (AMSTAR rating 5/9)	
	• Promoting alternatives to long-term care o Enhancing the breadth and intensity of home- and community-care services to delay or avoid entry to long-term care	• The review described community-based housing models for older adults aging in place and summarized four themes and related considerations given that they may support physical and mental health and well-being, quality of life, and general satisfaction: o Social relations (e.g., built environment such as close living units and shared spaces) o Health and well-being (e.g., program offerings, social arrangements, availability of care services) o Sense of self and autonomy (e.g., intentional design of housing models) o Activity participation (e.g., on-site staff to support residents with their community and facilitating access) Source (AMSTAR rating 5/9)	Literature last searched 2019
	• Renewing supports for residents and staff o Supporting technology-enabled care by staff	• The review examined telehealth and telemedicine modalities (e.g., video, asynchronous messages, and Bluetooth stethoscopes that maximize access to specialty care, care models, and improve patient outcomes • The use of telehealth reduced emergency, hospital admissions and exposure to COVID-19, and improved processes (e.g., expedient access to specialists) for geriatrics, psychiatric, and palliative care Source (AMSTAR rating 5/9)	Literature last searched October 2020

• Renewing delivery, financial and governance arrangements o Altering funding arrangements	• The review discussed the development of public long-term care insurance (LTCI) and related challenges from 59 identified studies • The authors described that there are benefits to LTCI such as improved physical health of the beneficiaries, reduced economic-welfare losses with members of families with disabilities (especially in Germany, Japan and South Korea), reduced length-of-stay and hospitalization costs (in China) • The sustainability and stability of LTCI financing and cultural practices should be considered when developing a LTCI Source (AMSTAR rating 5/9)	Literature last searched April 2020
• Preventing infections o Adhering to infection-prevention measures	• The review identified evidence on infection protection and control measures for adults aged 60 years and older in long-term care settings • There were mixed results for increasing hand hygiene and personal protective equipment, and no significant results for social distancing • The authors indicated that the absence or mixed evidence does not imply that these measures should not be employed during an outbreak Source (AMSTAR rating 3/9)	Published 28 March 2020
• Managing outbreaks o Making additional spatial, service, screening, testing, isolation and support changes	• Residents of long-term care homes form a distinct vulnerable population with a single-facility attack rate of 45% and case fatality rate of 23% • Of the cases in long-term care homes, 31% were asymptomatic • Residents were identified as the index case in 58% of the outbreaks and a staff member in 42% • These findings point to the importance of early identification using rapid diagnosis and identification of primary and secondary cases and close contacts once a case is identified Source (AMSTAR rating 9/11)	Pre-print (Literature last searched 3 November 202

• Managing outbreaks o Making additional spatial, service, screening, testing, isolation and support changes	• Large outbreaks at long-term care homes shared the same genomic characteristics including a single-lineage rapid expansion • This demonstrates that there is a very small number of introductions to the long-term care homes • Genomic data can be used to estimate when an introduction into a long-term care facility likely took place Source (AMSTAR rating 5/9)	Search last completed 26 January 2021
• Renewing delivery, financial and governance arrangements o Altering funding arrangements o Adjusting governance arrangements	• For-profit ownership was not consistently associated with a higher probability of a COVID-19 outbreak, however there was evidence that these homes had worse outcomes for accumulative infections and mortality following an outbreak • For-profit owned homes were also associated with shortages in personal protective equipment which may have contributed to increased infection and deaths • Chain affiliation was correlated with an increased risk of outbreak, but was not found to be associated with higher rates of deaths or infections Source (AMSTAR rating 8/10)	Search last completed 26 January 2021
• Renewing delivery, financial and governance arrangements o Improving physical infrastructure • Renewing supports for residents and staff o Supporting technology-enabled care by staff	• Health information technology (HIT) has been increasingly adopted by long-term care homes, but many homes do not employ systematic processes to implement HIT, under-invest in staff training, and lack necessary technology support and infrastructure • No evidence was found to suggest that HIT increases staff turnover, and evidence about whether HIT affects staff productivity was mixed • HIT may facilitate teamwork and communication, but does not appear to have an impact on quality of care or resident health outcomes	Published 2018

	• In order for HIT to have an impact on productivity and quality of care, initial investments to train workforces and implement HIT systematically is necessary • Policy incentives should be developed to encourage better preparation for HIT, develop supporting infrastructure, train staff to use HIT and engage LTC facility staff in the design and implementation of HIT Source (AMSTAR 3/9)	
• Renewing delivery, financial and governance arrangements o Altering funding arrangements	• The review found that for-profit nursing homes have worse outcomes in both employee and client well-being compared to not-for-profit nursing homes • Policymakers should weigh the benefits and drawbacks on the financial arrangement of long-term care homes (for-profit or non-for-profit) Source (AMSTAR rating 6/9)	Literature last searched 2015

• Renewing delivery, financial and governance arrangements
  o Improving physical infrastructure
• Renewing supports for residents and staff
  o Ensuring an adequate supply of staff
  o Ensuring safety and satisfaction of staff and volunteers
	• Studies found low-to-moderate levels of burnout, moderate levels of depersonalization, and moderate-to-high levels of personal accomplishment among staff in long-term care homes working with older adults with dementia
	• An association was found between low staffing levels and increased job strain and emotional exhaustion
	• A positive association was found between a poor work environment (both physical and cultural) and staff burnout and stress, however four studies found that perceived support from colleagues protected against burnout and stress
	Source (AMSTAR rating 4/10)
		Literature last searched 10 August 2017

• Renewing delivery, financial and governance arrangements
  o Changing service-delivery models
• Renewing supports for residents and staff
  o Optimizing skill mix among staff
	• An increasing number of frail older adults are transferred from long-term care centres to hospitals to receive acute care, but these are often avoidable	Literature last searched 26 February 2019

| | | • The review identified five programs/interventions which all demonstrated a decrease in hospitalizations or emergency-department visits, including:
○ Advance nurses within long-term care homes who can visit and manage patients with chronic diseases as well as complete assessments and monitor changes in health status
○ INTERACT program which consists of seven tools aimed to prevent hospital admissions and focused on early management of conditions in the long-term care sector
○ End-of-life supports including implementing a palliative-care framework and sets of tools to support good palliative care
○ Implementing condition-specific pathways;
○ Extended-care paramedics who respond to calls for acute issues in long-term care centres and who may be able to provide supports for residents without transferring them to hospital
Source (AMSTAR 7/9) | |
| | • Renewing delivery, financial and governance arrangements
○ Improving physical infrastructure
• Renewing supports for residents and staff
○ Ensuring an adequate supply of staff | • Long-term care facility characteristics such as non-profit status, rural homes and homes with a higher percentage of private rooms may be associated with higher quality of life
• One study suggested that Green House with individualized care had better quality of life than conventional long-term care homes
• No evidence suggested that the mix of Licensed Vocational Nurses, Registered Nurses and Licensed Practical Nurses and total nursing staff had no significant relationship with quality of life
• The limited evidence in this review does not allow strong conclusions, but raises questions about whether long-term care facility structure can improve resident quality of life
Source (AMSTAR 4/9) | Literature last searched 31 March 2012 |

• Renewing supports for residents and staff o Engaging residents, families and caregivers in self-management, care choices, care delivery, and organizational and policy decision-making	• Shared decision-making is a critical element of providing person-centred care • People living with cognitive impairment often have the desire and ability to participate in shared decision-making about their everyday care, but their ability to contribute is frequently underestimated by staff • Practical interventions to support shared decision-making were found to have good outcomes for persons living with cognitive impairments, although implementing these types of resources in extended-care environments such as long-term care homes would require care workers to be given the time and authority to develop the skills to use these types of aids Source (AMSTAR rating 8/11)	Literature last searched October 2016
• Renewing supports for residents and staff o Engaging residents, families and caregivers in self-management, care choices, care delivery, and organizational and policy decision-making	• Family caregivers value their role in decision-making and want to maintain this role even when individuals are placed in a residential setting • Time with staff and discussions with staff at a long-term care facility are critical to support effective participation of family in care decisions • Family caregivers use a range of information and sources of information in their decision-making which includes both information provided by health professionals as well as the values, wishes and quality of life of the resident Source (AMSTAR rating 8/10)	Literature last searched 2013

• Renewing supports for residents and staff
    o Ensuring the safety and satisfaction of staff and volunteers
    o Remunerating staff
	• The review examined factors that led to job satisfaction by nonprofessional nursing care providers in long-term care homes and were organized into individual factors and organizational factors
	• Important individual factors were empowerment and autonomy at work, while organizational factors included facility resources (such as the
		Literature last searched 1 May 2013

	equipment and supplies available for caring) and workload • Interestingly, both satisfaction with salary/benefits and job performance were not associated with greater overall job satisfaction Source (AMSTAR rating 7/10)	
• Renewing supports for residents and staff o Ensuring an adequate supply of staff	• No consistent evidence was found in examining the relationship between staffing levels and quality of care, with the exception of pressure ulcers, where across all included studied more staff led to fewer ulcers regardless of the staff member delivering care Source (AMSTAR rating 6/10)	Literature last searched April 2013
• Renewing supports for residents and staff o Supporting technology-enabled care by staff	• Facilitators associated with electronic health record (EHR) adoption in long-term care include: access and transfer of resident information, long-run cost savings, error reduction (largely in prescription errors and patient allergy alerts), clinical and administrative efficiency, user perceptions, facility characteristics, and staff retention • Barriers to the implementation of EHRs include: initial investment cost; professional push-back on a new system; little training on the use of a new system; and a lack of time for implementation and understanding Source (AMSTAR rating 4/9)	Literature last searched 2014
• Renewing supports for residents and staff o Supporting technology-enabled care by staff	• Long-term care (LTC) homes have slower adoption of electronic health records (EHRs) than other areas of the healthcare industry despite providing care to the fastest-growing group of the population • EHRs demonstrated significant improvement in documenting and managing LTC homes and enhanced quality outcomes	Literature last searched 24 April 2017

		• Implementing EHRs in LTC homes can improve management of clinical documentation and facilitate better decision-making Source (AMSTAR rating 4/9)	
	• Promoting alternatives to long-term care o Engaging residents, families and caregivers in shared decision-making about whether to enter long-term care	• The qualitative review found that making decisions related to when to enter a long-term care facility can be extremely challenging and were often centred on one of three reasons: concern for safety of the resident at home; reaching a breaking point in caregiving; and lacking the supports necessary for caregiving • Hesitation about placing family members in long-term care often stemmed from guilt of abandonment and needing reassurance and validation about the decision • Select interventions can help to facilitate discussions with people with dementia, their caregivers and their care teams to improve the decision-making experience, including dyadic counselling and the use of communication tools such as talking mats, however additional research is needed to identify others Source (AMSTAR rating 5/9)	Literature last searched August 2018
	• Promoting alternatives to long-term care o Enhancing the breadth and intensity of home- and community-care services to delay or avoid entry to long-term care	• Although most Canadians die in hospital, many prefer to die at home • Factors associated with increased likelihood of home death included having multidisciplinary home palliative care, preference for home death and early referral to palliative care • Knowledge of these determinants can inform care planning about the feasibility of dying in the preferred location among healthcare providers, family members and patients • Early referral to palliative care and multidisciplinary home palliative-care teams may improve the likelihood of patients dying in their preferred location	Literature last searched 2013

		Source AMSTAR (8/11)	
	• Promoting alternatives to long-term care ○ Enhancing the breadth and intensity of home- and community-care services to delay or avoid entry to long-term care	• Long-term care (LTC) facility residents generally have more physical and cognitive limitations than home and community-based services (HCBS) and assisted living (AL) care recipients • There was insufficient and low-quality evidence to compare outcome trajectories of HCBS or AL care recipients • Low-strength evidence suggested no differences in outcomes for physical function, mental health, cognition and mortality • Low-strength evidence suggested that HCBS recipients experienced higher rates of certain harms, while LTC facility residents experienced higher rates of others Source (AMSTAR 9/10)	Literature last searched March 2012
	• Promoting alternatives to long-term care ○ Supporting technology-enabled care at home	• The findings from the review suggest that older home-dwelling patients can benefit from virtual visits to enhance feelings of independence, social inclusion and medication compliance • Service users found virtual visits satisfactory and can be used in combination with in-person visits to maintain care at home for longer, even among complex older adults Source (AMSTAR rating 5/9)	Literature last searched April 2013

Rapid reviews	• Preventing infections
	   ○ Adhering to infection-prevention measures
	   ○ Adjusting resident accommodations, shared spaces and common spaces
	   ○ Adjusting service provision
	   ○ Restricting and screening staff and visitors
	• Managing outbreaks
	   ○ Adhering to infection-control measures
		• This rapid review explored factors contributing to COVID-19 spread and mortality in nursing homes and provided an overview of the responses implemented to overcome COVID-19 challenges
		• Based on the literature search, the factors that emerged related to COVID-19 spread and mortality are as follows:
		   ○ Resident-related factors, such as comorbidities, nutrition and cognition;
		   ○ Facility characteristics, such as physical space, occupancy and for-profit status;
			Literature last searched 31 January 2021

		o Staffing characteristics such as staffing levels, staff-to-resident ratio, and staff multi-employment; o Disease characteristics such as asymptomatic transmission; o External factors such as community rates, availability of personal protective equipment, prevailing health and social care policies • In terms of responses, identified themes included widespread testing, isolation and cohorting of residents, staff protection and support, promotion of residents' well-being, and technological innovations • This rapid review highlighted a number of weaknesses in the long-term care sector that contributed to poor outcomes, however it also identified multiple responses that successfully mitigated some of the adverse impacts • [Source](#) (AMSTAR rating 2/9)	

	• Managing outbreaks
	  o Adding or replacing administrators and staff
	  o Adhering to infection-control measures (e.g., donning and doffing personal protective equipment)
	  o Making additional spatial, service, screening, testing, isolation and support changes
	  o Transferring residents when their care needs exceed capacity in the home
		• The Oxford COVID-19 Evidence Service Team at the Centre for Evidence-Based Medicine identified key infection control measures in the prevention of outbreaks in care homes, including:
		o Hand hygiene (e.g., access to hand hygiene throughout facilities and adhering to four or more of the WHO multi-modal strategy)
		o Environmental decontamination (e.g., daily cleaning of most-touched surfaces)
		o Staff rotation (e.g., allocating staff to one facility)
		o Visitors (e.g., restricting visitation to only emergency/critical cases)
		o Testing (e.g., creating rapid testing)
		• Implementation challenges included maintaining adequate staffing, supplies, potential negative consequences of restricting residents to their rooms, and difficulty controlling movement for certain residents (e.g., with dementia)
			Published 14 April 2021

	Source (AMSTAR rating 2/9)	

• Preventing infections
  ○ Vaccinating staff and residents
  ○ Adhering to infection-prevention measures
  ○ Adjusting service provision
  ○ Restricting and screening staff and visitors
  ○ Testing of residents and staff
  ○ Isolating suspected or confirmed cases among residents and staff
  ○ Contact tracing among staff and visitors
  ○ Supporting staff and residents
	• This rapid review undertaken by the Health Information and Quality Authority (HIQA) looks at a range of guidance for long-term care facilities in the context of COVID-19 and provides a comparison of current guidance in Ireland with those across the world
	• The variations of guidance in different countries compared to Ireland were captured within the following themes in order to describe any innovative or enhanced protective measures which may be in use:
	  ○ Vaccines
	  ○ Testing
	  ○ Monitoring
	  ○ Admissions and transfers
	  ○ Cohorting
	  ○ Controls to minimize risk of inadvertent introduction of virus
	  ○ Physical distancing
	  ○ Visitations
	  ○ Personal protective equipment (PPE)
	  ○ Environmental cleaning
	  ○ Immunization
	  ○ Governance
	Source (AMSTAR rating 2/9)
		Published 19 March 2021

• Preventing infections
  ○ Adhering to infection-prevention measures
  ○ Adjusting resident accommodations, shared spaces and common spaces
  ○ Restricting and screening staff and visitors
• Managing outbreaks
  ○ Adding or replacing administrators and staff
  ○ Adhering to infection-control measures
	• This review assessed the risk factors and death rates associated with COVID-19 outbreaks in Ontario's long-term care homes (LTCH), and what measures have been and can be used to support public-health interventions and policy changes in these settings
	• The most important risk factors for outbreaks in long-term care homes were the incidence rates of infections in the surrounding communities of the homes, the occurrence of long-term care staff infections, older design of certain homes, chain ownership, and crowding
		Last update 26 January 2021

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- Public health interventions and policies implemented in Ontario to mitigate risk factors for outbreaks included:
  - A public order to restrict long-term care staff from working in more than one long-term care home during the first wave
  - Incorporating emerging evidence on outbreaks and deaths into the provincial pandemic surveillance tools
  - Making attempts to restrict occupancy in long-term care homes to two residents per room
  - Requiring residents to designate a maximum of two essential caregivers who can visit without time limits
- Further measures that can be effective at preventing future outbreaks, hospitalizations and deaths from COVID-19 in long-term care homes are improving staff working conditions, implementing measures to reduce the risk of community transmission around the LTC homes, and disallowing three- and four-resident rooms while increasing temporary housing for crowded homes
- Other measures suggested included enhancing infection prevention and control procedures in homes, improved prevention and detection of COVID-19 infection in LTC staff, strategies to promote vaccine acceptance amongst staff and residents, and improving data collection on LTC homes during the pandemic

Source (AMSTAR rating 0/9)

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- Preventing infections
  - Adhering to infection-prevention measures
  - Adjusting service provision
  - Restricting and screening staff and visitors
  - Testing of residents and staff
- Promoting alternatives to long-term care
  - Supporting technology-enabled care at home

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- There is emerging evidence on prevention measures, including early detection of index case, systematic testing of all residents and staff, removal of high-risk contacts from the facility, and isolating cases into separate wards

</td><td>Published 10 December 2020</td></tr>
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		• Digital technologies for contact tracing, early detection, and remote monitoring have shown promising evidence Source (AMSTAR rating 3/9)	

	• Preventing infections
	  o Adhering to infection-prevention measures
	  o Restricting and screening staff and visitors
	  o Testing of residents and staff
	  o Contact tracing among staff and visitors
	  o Supporting staff and residents
		• The following risk factors were associated with COVID-19 infections, outbreaks and mortality in long-term care (LTC) homes
		  o Incidence in the surrounding community was found to have the strongest association with COVID-19 infections and/or outbreaks in LTC settings (moderate certainty of the evidence)
		  o Several resident-level factors including, racial/ethnic minority status, older age, male sex, and receipt of Medicaid or Medicare were associated with risk of COVID-19 infections, outbreaks and mortality; severity of impairment was associated with infections and outbreaks, but not mortality (low certainty of the evidence)
		  o At the organizational level, increased staffing, particularly registered nurse (RN) staffing was consistently associated with reduced risk of COVID-19 infections, outbreaks and mortality, while for-profit status, facility size/density and movement of staff between homes was consistently associated with increased risk of COVID-19 infections, outbreaks and mortality (low certainty of the evidence)
		• The following strategies were found to mitigate the risk of outbreaks and mortality within LTC
		  o Most guideline recommendations include surveillance, monitoring and evaluation of staff and resident symptoms, and use of PPE (low certainty of the evidence)
		  o Other interventions include the promotion of hand hygiene, enhanced cleaning measures,
			Literature last searched 30 November 2020

	social distancing, and cohorting (low certainty of the evidence) o Technological platforms and tools (e.g., digital contact tracing, apps, heat maps) are being developed and show potential for decreased transmission through the efficient case and/or contact identification (very low certainty of the evidence) Source (AMSTAR 7/10)	
• Preventing infections o Adhering to infection-prevention measures o Adjusting service provision o Restricting and screening staff and visitors o Testing of residents and staff	• The review identified measures implemented in long-term care homes to reduce COVID-19 transmission, and the effect on morbidity and mortality of residents, staff, and visitors • Interventions included mass testing, use of personal protective equipment, symptom screening, visitor restrictions, and infection-prevention measures (e.g., hand hygiene, droplet/contact precautions, resident cohorting) • Mass testing residents with or without staff testing was the primary measure to reduce COVID-19 transmission • Increased facility size, greater number of beds and number of staff (and who work in multiple homes), fewer staff sick-leave days, and reduced availability of PPE were associated with the probability of COVID-19 cases and size of outbreak • For-profit status long-term care homes were identified more commonly with increased odds of case outbreaks than non-profit status long-term care homes Source (AMSTAR rating 7/9)	Pre-print (Last update 3 November 2020)
• Preventing infections o Restricting and screening staff and visitors • Renewing supports for residents and staff	• This review assesses the impacts of visitor policies in care homes during the COVID-19 pandemic • There was no evidence found so far to suggest that visitors have introduced COVID-19 infections to care homes	Last update 1 November 2020

	o Engaging residents, families and caregivers in self-management, care choices, care delivery, and organizational and policy decision-making	o However, this finding may reflect that most care homes did not allow visitors during peaks of the pandemic • It was found that there was a severe impact on the well-being of residents in care homes during the period of visitor bans, as demonstrated by high levels of loneliness, depression, and worsening mood of residents • Prior to the pandemic there was evidence of substantial provision of unpaid care by volunteers in care homes, suggesting that visitor bans and restrictions may have resulted in a reduction in the quality and quantity of care provided to residents during the pandemic Source (AMSTAR rating 0/9)	

	• **Preventing infections**
	  o Adhering to infection-prevention measures
	  o Adjusting service provision
	  o Testing of residents and staff
		• Based on five observational studies and one clinical practice guideline, infection-prevention measures included social distancing and isolation, PPE use and hand hygiene, screening, training, and staff policies
		• Significant reduction in the prevalence of COVID-19 infection among staff and residents were attributed to the use of PPE, screening tests, sick pay to staff, self-confinement of staff, maintaining maximum residents' occupancy, training and social distancing
		• Increases in the prevalence of COVID-19 infection among staff and residents were associated with hiring temporary staff, not assigning staff to care separately for infected and uninfected residents, inability to isolate infected residents, and infrequent cleaning of communal areas
		Source (AMSTAR rating 5/9)
			Published 30 October 2020

	• Preventing infections
	  o Adhering to infection-prevention measures
	  o Adjusting service provision
	  o Restricting and screening staff and visitors
		• The review provides a summary of best practices for support staff when re-opening of long-term care homes during the COVID-19 pandemic, including:	Published 27 October 2020

	○ Testing of residents and staff - Promoting alternatives to long-term care ○ Supporting technology-enabled care at home	○ Education, training, and adequate PPE for staff ○ Active screening and surveillance of staff, residents, and visitors ○ Use of PPE and strict hand hygiene ○ Mandate droplet precautions ○ Adequate staff-to-patient ratio ○ Staff and resident cohorting (e.g., designating staff to care for specific cohorts) ○ Coordination and consultation with primary-care providers ○ Access to IPC specialists or outbreak response teams ○ Promote and enforce sick leave with adequate compensation ○ Limit staff work locations ○ Increased use of electronic devices and technologies to streamline care - Most of the literature described the need for adequate PPE, staffing ratios, training for staff on IPC protocols Source (AMSTAR rating 5/9)	
	- Preventing infections ○ Adhering to infection-prevention measures ○ Adjusting service provision - Renewing supports for residents and staff ○ Engaging residents, families and caregivers in self-management, care choices, care delivery, and organizational and policy decision-making ○ Ensuring the safety and satisfaction of staff and volunteers	- The review provides extensive and detailed practical recommendations specifically for patients with dementia, and nursing staff and leadership in long-term care homes, related to COVID-19, which is categorized into the following: 1) advanced-care planning; 2) physical aspects of care; 3) psychological aspects of care; 4) social aspects of care; 5) spiritual aspects of care; 6) care of the dying; 7) bereavement care; 8) ethical aspects of care; 9) and structural and processes of care - Most of the included studies described advance-care planning and psychological care, but limited practical recommendations on spiritual care, care of the dying and the bereaved, and ethical aspects Source (AMSTAR rating 7/9)	Published 24 September 2020

• Preventing infections
   o Adhering to infection-prevention measures
   o Supporting staff and residents
	• This rapid review identified and examined nine clinical practice guidelines (CPGs) for infection prevention and control of COVID-19 or other coronaviruses in adults 60 years or older living in long-term care homes (LTCF)
	• The most common recommendation in the CPGs was establishing surveillance and monitoring systems followed by mandating the use of personal protective equipment, 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
	• There are significant gaps in the current recommendations, especially related to the movement of staff between LTCF, as well as an overall lack of guidelines specific to managing highly virulent outbreaks in LTCF
	Source (AMSTAR rating 6/9)
		Literature last searched 31 July 2020

• Preventing infections
   o Adhering to infection-prevention measures
   o Restricting and screening staff and visitors
   o Testing of residents and staff
   o Supporting staff and residents
• Renewing delivery, financial and governance arrangements
   o Supporting greater integration of long-term care with other sectors
	• Key findings were identified in relation to aspects of infection prevention and control, the need for regional coordination/organizational networks, and pandemic management guidance for the long-term care sector
	• The effectiveness of infection control measures is dependent upon several factors and a combination of strategies with the most significant being:
	   o Access to hand hygiene in the workspace
	   o Restricting visitation
	   o Rapid identification of cases among both staff and residents through testing
	   o Environmental decontamination
	   o Allocating staff to one facility for reducing spread across several locations
	   o Providing psychosocial support for staff
	(Internal document) (AMSTAR rating 0/9)
		Published 24 June 2020)

	• Preventing infections o Isolating suspected or confirmed cases among residents and staff	• There is no research evidence that described the effectiveness of cohorting residents with COVID-19 to shared rooms in long-term care homes • Isolation in single rooms and cohorting when single rooms are not available are recommended based on other infection-control recommendations and expert opinion Source (AMSTAR 8/10)	Published 12 June 2020
	• Preventing infections o Adhering to infection-prevention measures	• Aside from hand hygiene, there was no high-quality evidence identified on what works to prevent respiratory virus introduction and spread in care homes • Measures recommended by clinical guidelines appear to be based predominantly on expert opinion Source (AMSTAR rating 3/9)	Literature last searched 28 April 2020

	• Preventing infections
	   o Adhering to infection-prevention measures
	   o Adjusting service provision
	   o Restricting and screening staff and visitors
		• The review identified infection protection and control recommendations from 17 clinical practice guidelines (CPGs) for adults aged 60 years and older in long-term care settings
		• Most of the CPGs recommended hand hygiene, wearing personal protective equipment, social distancing or isolation, disinfecting surfaces, droplet precautions, surveillance and evaluation, and using diagnostic testing to confirm illnesses
		• Only some CPGs recommended other infection control measures such as policies and procedures for visitors, residents and/or staff, cough etiquette, providing supplies, staff and/or resident education and communication, communication, involving health professionals, ventilation practices, and cohorting equipment
		Source (AMSTAR rating 7/9)
			Published 16 March 2020

	• Managing outbreaks	• The rapid review presented the definitions for COVID-19 'outbreaks' in long-term care homes for the following eight Canadian provinces: British Columbia, Alberta, Saskatchewan, Manitoba,	Published 1 February 2021

		Ontario, Quebec, Nova Scotia, and New Brunswick (Internal document; AMSTAR rating 0/9)	

	• Managing outbreaks
	   o Making additional spatial, service, screening, testing, isolation and support change
		• This review explored the potential benefits, harms, evidence, and implementation challenges for routine asymptomatic COVID-19 screen testing of long-term care staff in order to prevent long-term care home COVID-19 outbreaks, and what impact COVID-19 vaccination of long-term care staff and residents has on the need for ongoing screen testing for asymptomatic COVID-19
		• It was found that currently there is no available real-world evidence to either support or refute the benefits of routine asymptomatic COVID-19 screen testing in the prevention of COVID-19 outbreaks in long-term care homes
		• Given the high rates of protection of COVID-19 vaccines against symptomatic and asymptomatic COVID-19 infection and symptoms, asymptomatic routine screen testing may not be beneficial enough to outweigh the harms and challenges associated with ongoing screen testing
		• These harms and challenges include the following:
		   o Physical discomfort and injury from frequent nasopharyngeal swabbing
		   o Staff behaviour change associated with the knowledge that screen testing outcome is negative
		   o False-positive outcomes
		   o Limited laboratory capacity due to increased test turnaround
		   o Rapid antigens tests can mitigate the high test turnaround and costs, however these tests require frequent testing by staff which can exacerbate the current long-term care staff shortages
		Source (AMSTAR rating 2/9)
			Published 23 March 2021

	• Managing outbreaks
	  o Making additional spatial, service, screening, testing, isolation and support changes
	• Renewing delivery, financial and governance arrangements
	  o Supporting greater integration of long-term care with other sectors
		• This rapid review aimed to compare the impact of initial government policies on aged care homes between the U.K. and Australia during the first wave of attack of COVID-19
		• Both countries were found to put prioritized resources to hospitals over aged care homes during the first wave of attack and give lower priority for hospitalization of aged care-home residents (e.g., discharging without testing for COVID-19 or discouraging admissions)
		• The public-health policy in Australia aiming towards earlier intervention with earlier national lockdown and more viral testing to prevent new cases might be associated with a lower fatality rate
		• The initial policy in the U.K. focusing mainly on protecting resources for hospitals, and a delay in national lockdown intervention and lower viral testing rate, resulted in more lives lost in the aged care sector
		• The policies of resource distribution and hospitalization can have detrimental effects on older aged care-home residents, but early lockdown and availability of viral testing to the public seem to have contributed to a lower absolute number of fatalities in this vulnerable population
		Source (AMSTAR rating 3/9)
			Published 2 March 2021

	• Managing outbreaks
	  o Transferring residents when their care needs exceed capacity in the home
		• This rapid review discussed moving COVID-19-positive long-term care (LTC) residents to other settings
		• Limited information was identified about moving measures and their effectiveness within the LTC sector
		  o Six jurisdictions (i.e., Ontario, British Columbia, Alberta, United States, Spain, and South Korea) have established moving measures for LTC homes that can be implemented if required
			Published 30 November 2020

	o As of August 2020, New South Wales (Australia) has not permitted moving of residents into hospitals o The Government of Canada, the Royal Society of Canada, American Geriatrics Society, and Taiwan recommend transferring LTC residents to a hospital or other setting if isolation is not feasible in the event of a COVID-19 outbreak (Internal document; AMSTAR rating 0/9)	

• Renewing delivery, financial and governance arrangements
  o Improving safety and quality of care and more generally improving quadruple-aim metrics
	• Long-term care home (LTCH) inspections are generally supported by national or state-level legislation (i.e., Acts or regulations) and/or by a legal body (i.e., national government)
	• Inspection approaches generally include an inspection guideline that is used by an inspecting body to assess whether LTCHs are complying with LTC legislative standards, and may include the following focus areas:
	  o Administration
	  o Resident services
	  o Human resources and
	  o Environment
	• This rapid review also discussed the following aspects of LTCH inspections:
	  o Frequency of inspections
	  o Types of inspections
	  o Inspection timelines
	  o Methods/tools used in inspections
	  o Inspecting bodies
	  o Inspection process
	  o Post-inspection
	(Internal document; AMSTAR rating 0/9)
		Published 29 January 2021

• Renewing delivery, financial and governance arrangements o Changing service-delivery models	• The review identified 366 peer-reviewed publications on optimal models of care and interventions that improve quality of life, quality of care, and health outcomes for residents living in long-term care homes	Published 10 June 2020

		• 274 implementation-strategy studies described supporting multidisciplinary teams, targeting specific conditions or risk factors, or a combination of both • The literature had more studies on dementia care, oral care, exercise/mobility, overall resident care, and optimal/appropriate medication use, with fewer studies on hearing care, vision care, and foot care • 92 studies assessed healthcare service delivery studies, with 37 studies evaluating allied healthcare teams and 10 studies evaluating models of direct patient care • There was limited information on interventions involving care aides and PSWs even though they are responsible for 90% of direct resident care Source (AMSTAR rating 5/9)	
• Renewing delivery, financial and governance arrangements ○ Changing service-delivery models • Renewing supports for residents and staff ○ Engaging residents, families and caregivers in self-management, care choices, care delivery, and organizational and policy decision-making	• This review reports on documentary and content analysis of international and country-specific guidance on palliative care in nursing homes in the context of COVID-19 • Palliative-care themes that emerged from the guidance included end-of-life visits, advance-care planning, clinical decision-making. However, international documents lacked guidance specifically for palliative care and focused primarily on COVID-19 infection prevention and control • This review highlights the lack of attention and recommendations on key aspects of palliative care, such as symptom management, staff education and support, and referral protocols Source (AMSTAR 7/9)	Published 10 May 2020
• Renewing supports for residents and staff • Optimizing skill mix among staff	• The rapid reviews aimed to produce research-based 'top tips' to respond to questions and concerns emerging from the care home sector in the early stages of the COVID-19 crisis in the	Published 22 October 2020

		U.K., and complement emerging COVID-19 policy and practice guidelines
		• Eight rapid reviews were conducted based on the following topics that arose from staff and managers in the first few weeks of the COVID-19 pandemic
		  o End-of-life care when staff are unsure what is best
		  o Hydration and COVID-19
		  o Supporting families at a distance
		  o Supporting residents with dementia to stay in touch with families using video-calls
		  o Supporting residents who do not understand self-isolation and social distancing
		  o Using doll therapy to comfort people with dementia
		  o Using music to provide comfort and reassurance
		  o Supporting staff following deaths in care homes
		• The above eight rapid reviews revealed gaps in research evidence, with research having a lot to say about what care homes should do and far less about how they should do it
		• The complementary rapid-review of 18 government and expert guidance documents emphasized the magnitude of expectations and requirements for care-home staff and managers during the COVID-19 pandemic
		• Care-home research needs to be multidisciplinary with engaging the staff to co-design and co-produce research and pathways based on their knowledge
		Source (AMSTAR rating 3/9)	

	• Promoting alternatives to long-term care o Enhancing the breadth and intensity of home- and community-care services to delay or avoid entry to long-term care	• There is limited available evidence on how primary care and community nursing services can adapt during a pandemic	Published 4 June 2020

		• Key findings included the need for consistent and timely communications of protocols and infection-prevention measures, need for psychosocial, financial, and emotional support, training and skills development, and debriefing with staff to ensure resilience Source (AMSTAR rating 3/9)	

Guidelines developed using some type of evidence synthesis and/or expert opinion	• Preventing infections
	  o Vaccinating staff and residents
	  o Adhering to infection-prevention measures
	  o Adjusting resident accommodations, shared spaces and common spaces
	  o Restricting and screening staff and visitors
	  o Quarantining of exposed or potentially exposed residents (within facility) and staff (at home)
	  o Testing of residents and staff
	  o Isolating suspected or confirmed cases among residents (within same or different facility) and staff (at home or in alternative settings like hotels)
	  o Contact tracing among staff and visitors
	• Managing outbreaks
	  o Adhering to infection-control measures
	  o Making additional spatial, service, screening, testing, isolation and support changes
	  o Transferring residents when their care needs exceed capacity in the home
		• Recommendations included in this guideline for the prevention of COVID-19 infections in LTC homes were:
		  o Providing sufficient PPE for staff and residents as well as training on use of PPE
		  o Designation of a leader in each LTCF to support implementation of preventive measures
		  o Regularly testing staff (at least once using a rapid antigen test)
		  o Avoid overcrowding of residents in the homes
		  o Ensure adequate access to external consultation services for healthcare of residents
		  o Establish procedures for (re)admission of residents recuperating from COVID-19-related symptoms
		  o Implement measures to minimize the introduction of COVID-19 infection during visitations from relatives and caregivers, such as requiring the wearing of masks and testing visitors if local incidence is high (more than 50/100,000 per week)
		  o Develop procedures for residents who test positive for COVID-19 and/or display symptoms and for their contacts
		  o Have break rooms and changing rooms for staff
		  o Inform staff, residents and their relatives about vaccination and encourage them to consent to vaccination
			Published 15 January 2021

		- Recommendations for providing medical treatment for asymptomatic COVID-19 patients include: - Isolating the patient for 10 days - Providing counselling and social support - Considering vitamin D and zinc replacement if needed - Checking for vital signs and symptoms regularly - Encouraging the patient to remain mobile, if possible, through physical exercises - These recommendations also apply for medical treatment of symptomatic COIVD-19 patients, but with the following caveats: - Following 10-day isolation, the patient must be symptom-free for at least two days in order to end isolation - Providing medical treatment to address COVID-19 symptoms - Checking regularly for indications for hospital admission and prepare all useful information for the admission in case needed Source	
	- Preventing infections - Adhering to infection-prevention measures - Quarantining of exposed or potentially exposed residents and staff - Testing of residents and staff - Isolating suspected or confirmed cases among residents and staff - Managing outbreaks - Adhering to infection-control measures	- European Geriatric Medicine Society (EuGMS)'s guidance pulls from authors from different European countries with prior experience of COVID-19 outbreaks in long-term care homes and is aimed to provide expertise for long-term care prevention and transmission of COVID-19 - The guidance is to be used alongside existing local, regional, or national recommendations, and outlines a list of measures that requires an assessment of the risk-benefit ratio on a case-by-case basis - Recommendations include: - Infection prevention and control focal points should be set up in every long-term care facility	Published 3 November 2020

		o Residents, staff members and visitors should undergo routine testing, even those who are asymptomatic o Isolation of those infected or have been in contact with those who are infected with COVID-19 Source	
	• Preventing infections o Adjusting resident accommodation, shared spaces and common spaces	• A designated member of staff should be assigned to lead epidemic preparedness and response within the long-term care facility • Enhanced traffic control bundling should be implemented which includes restricting entry to visitors during community outbreaks, assessing all entrants for symptoms, and universal masking requirement for everyone within the facility • The long-term care homes should designate transition zones, clean zones, and where necessary COVID-19-positive zones with checkpoints for hand disinfection between each zone Source	Published June 2020

	• Preventing infections
	  o Adhering to infection-prevention measures
	  o Adjusting service provision
		• No published primary or systematic reviews were identified, but key recommendations came from government and international agencies
		• All the guidelines described using single rooms when available, and then cohort patients with positive cases of COVID-19 into units, floor, or a wing
		• Some guidelines described that patients with suspected COVID-19 cases should only be cohorted with other suspected cases
		Source
			Published April 2020

	• Preventing infections
	  o Adhering to infection-prevention measures
	  o Restricting and screening staff and visitors
	  o Testing of residents and staff
		• The National Institute on Ageing (NIA) in Canada recommends an 'Iron Ring' set of collective actions that can be taken to protect long-term care home and retirement home residents during the COVID-19 pandemic:	Last updated 21 April 2020

	o Isolating suspected or confirmed cases among residents (within same or different facility) and staff o Supporting staff and residents	o Restricting all non-essential visits in order to reduce the risk of introducing the coronavirus into the home o Limiting movement of LTC care providers to one care setting wherever possible, and simultaneously introducing incentives to do so, such as top-ups on pay o Requiring the use of appropriate personal protective equipment by care providers and residents and providing training to support its use o Implementing testing and isolating procedures that include staff and residents who may be asymptomatic or have atypical presentations o Implementing flexible admission and discharge policies for LTC settings to give residents and their families the flexibility to defer a placement offer, or leave and return to a care setting quickly based on what would best support their overall health and well-being • The NIA encourages staff and family members to look for safe ways to engage with residents without entering the home, such as using tablets to communicate with residents or visiting residents through the window of their rooms • This guideline reports on the uptake of the 'Iron Ring' guidance across Canadian provinces as of 21 April 2020 Source	
	• Preventing infections o Adhering to infection-prevention measures o Adjusting resident accommodations, shared spaces and common spaces o Adjusting service provision	• Recommendations provided in this guideline on physical distancing in long-term care homes and assisted living homes include: o Avoid sofas and instead use individual chairs facing away from each other for seating, separated by a minimum of one metre o Avoid shared activities within the same space, and if this is not possible residents and staff should perform hand hygiene before, during	Published 31 March 2020

	and after activities, with adequate spacing between residents ○ Seating in tv/media lounges should be arranged in theatre style with maximum spacing between chairs (two metres on each side is ideal) ○ Ensure that all congregate settings receive enhanced infection control cleaning and consider removing or replacing communal seating (e.g., benches) ○ During mealtimes ensure that residents are distanced at least two metres apart and not facing each other, and when this is not possible consider tray service or providing meals in shifts with appropriate sanitization between residents Source (Vancouver Coastal Health Authority)	
• Managing outbreaks ○ Making additional spatial, service, screening, testing, isolation and support changes	• Advance-care planning should be undertaken with residents who have been diagnosed with COVID-19 and should include discussions about preferences for mechanical ventilation, and prescriptions to support pain management in a palliative approach should be made in advance for the problems that may arise (including sub-cutaneous forms of prescription drugs as oral dosages may not be possible) Source	Last updated March 2020

• Preventing infections
  ○ Restricting and screening staff and visitors
  ○ Supporting staff and residents
	• This guidance document reviewed the emerging nursing-home visitor policies that have been issued in Canada's 10 provincial and three territorial governments as well as international policies and guidance for evidence-informed recommendations to support the re-opening of Canadian nursing homes
	• There are six core principles and planning assumptions that were identified to be made to current and future guidelines:
		Published 3 August 2020

		o Policies should differentiate between family caregivers and general visitors o Restricted access to visiting must balance the risks of COVID-19 infection with the risks of well-being and quality of life of the resident o Visitor policies should prioritize equity o Transparent, regular and accessible communication and direction of policies should be made by governments, public-health authorities and nursing homes o Robust data related to re-opening should be collected and reported o A feedback and rapid appeals mechanism should be implemented Source	
	• Renewing delivery, financial and governance arrangements o Supporting greater integration of long-term care with other sectors	• Guidance developed by National Health Service England, Public Health England and the Care Quality Commission (CQC) for a designation scheme of settings for people leaving hospital who have tested positive for COVID-19 and are being transferred to a care home, to be taken up by local authorities, clinical commissioning groups, care providers and people who utilize these services • The new guidance requires the following: o Every patient to receive a COVID-19 test result within 48 hours prior to discharge o Those likely to be infectious with COVID-19 being discharged into a registered care-home setting should first be discharged into a designated setting o 14-day period of isolation before moving into a care home from a designated setting o Designated premises will need to have undergone an inspection by CQC o Local authorities must ensure there are sufficient available designated settings Source (NHS England, Public Health England, and Care Quality Commission)	Last updated 18 February 2021

Protocols for reviews that are underway	• Renewing delivery, financial and governance arrangements • Altering funding arrangements	• Recruiting and retaining nurses and carers in care homes: what works, for which staff, under what circumstances, and at what cost? The REACH realist review protocol • Source	Anticipated completion 31 January 2023
	• Preventing infections • Adhering to infection-prevention measures	• Cleaning and disinfecting bacteria and viruses from surfaces in hospitals, long-term care homes and nursing homes: Systematic review and meta-analysis • Source	Anticipated completion date 5 August 2021
	• Preventing infections • Restricting and screening staff and visitors	• Hospital visitor policies during the COVID-19 pandemic: A living systematic review • Source	Anticipated completion date 24 June 2021
	• Renewing supports for residents and staff o Ensuring the safety and satisfaction of staff and volunteers	• Staff factors associated with resident satisfaction in long-term care settings: A systematic review Source	Anticipated completion date 23 May 2021
	• Renewing supports for residents and staff • Supporting technology-enabled living among residents	• Systematic review exploring social media and video communication use during the COVID-19 pandemic by older adults aged 60 years and above, and its impact on loneliness, social isolation and social well-being Source	Anticipated completion date 21 September 2021
	• Preventing infections • Adhering to infection-prevention measures	• Systematic review of strategies to improve hand hygiene and infection rate in nursing homes Source	Anticipated completion date 30 September 2021
	• Preventing infections • Managing outbreaks	• Evaluating the measures taken by nursing homes to minimize transmission of COVID-19 Source	Anticipated completion date 26 February 2021
	• Managing outbreaks	• Appraisal of the incidence, infection and mortality rates across for-profit, public and non-profit care homes for the elderly Source	Anticipated completion date 1 March 2021
	• Preventing infections • Managing outbreaks	• Examining the evidence on prevention, mitigation, preparedness, response, and recovery plans for	Anticipated completion date 31 January 2021

		long-term care homes affected by viral respiratory infection pandemics Source	
	• Managing outbreaks	• Identifying the global epidemiological burden of COVID-19 in long-term care homes • Examining the clinical manifestations of COVID-19 outbreaks and the risk factors associated with adverse outcomes of COVID-19 outbreaks in residential care homes Source	Anticipated completion date 30 October 2020
	• Preventing infections • Managing outbreaks	• Identifying measures to reduce the transmission of COVID-19 in long-term care homes and limit its impact on morbidity and mortality Source	Anticipated completion date 31 August 2020
	• Preventing infections • Managing outbreaks	• Assessing the strategies previously and currently used by care homes to prevent and control the spread of COVID-19 and other infectious and contagious diseases Source	Anticipated completion date 31 March 2021
	• Renewing supports for residents and staff o Ensuring the safety and satisfaction of staff and volunteers	• Assessing the effectiveness and feasibility of workplace health promotion for employees in long-term care homes Source	Anticipated completion date 1 March 2021
	• Renewing supports for residents and staff o Supporting technology-enabled living among residents	• Identifying technology-based interventions designed for nursing-home residents and investigating their efficacy for nursing-home residents and homes Source	Preprint (Last update 14 December 2020)

	• Renewing delivery, financial and governance arrangements
	  o Improving safety and quality of care, and more generally improving quadruple-aim metrics
	• Renewing supports for residents and staff
	  o Ensuring the safety and satisfaction of staff and volunteers
		• Care-home staff perceptions of their roles and responsibilities to enhance quality
		Source	

Titles/questions for reviews that are being planned	• **Preventing infections** o Adhering to infection-prevention measures o Adjusting service provision	• Identifying infection prevention and control interventions, programs, and infrastructures aimed at reducing infections in long-term care homes Source	Last update April 2020
	• Preventing infections	• Effectiveness of interventions to reduce transmission of COVID-19 in care homes Source	Registered April 2020
	• Preventing infections	• Effective measures to reduce spread of COVID-19 in care homes Source	Registered March 2020
	• Promoting alternatives to long-term care	• When and in what circumstances do we palliate elderly/frail patients at home? Source	Registered March 2020
Single studies in areas where no reviews were identified	• Preventing infections • Vaccinating staff and residents	• Centers for Disease Control and Prevention (CDC) in the United States analyzed the age distribution of COVID-19 vaccination during the period of 14 December 2020 and 1 May 2021, and assessed differences by age by calculating the weekly proportion, rate, and rate ratio by age group for COVID-19 outcomes, including cases, emergency-department (ED) visits, hospital admissions, and deaths • By the end of the analysis period of 1 May 2021, the following age groups had received one or more vaccine dose: o 82% of adults aged 65 years and older o 63% of adults aged 50-64 years o 42% of adults aged 18-49 years • From 29 November 2020 to 1 May 2021, COVID-19 incidence, ED visits, hospital admissions, and deaths declined more in older adults, who had higher vaccination coverage, than in younger adults, who had lower coverage • The study's findings suggest that tailored efforts by state and local jurisdictions to rapidly increase vaccine coverage among all eligible age groups	Published 11 June 2021

		could contribute to further reductions in COVID-19 cases and severe outcomes Source	

• Preventing infections
• Vaccinating staff and residents
		• In February 2021, among 627 persons with SARS-CoV-2 infection across 75 skilled-nurse facilities in Chicago, U.S., 22 SARS-CoV-2 infections were identified among 12 residents and 10 staff members across 15 facilities, 14 days and more after receiving their second vaccine dose of a two-dose COVID-19 vaccination series
		• Other findings showed:
		   o Almost two thirds (14 of 22; 64%) of persons with breakthrough infections were asymptomatic
		   o Two residents were hospitalized due to COVID-19, with one of the two resulting in death
		   o No facility-associated secondary transmission was identified
		• Although few SARS-CoV-2 infections in fully vaccinated persons were observed, these cases demonstrate the need for skilled-nurse facilities to follow recommended routine infection-prevention and control practices, and promote high vaccination coverage among their residents and staff members
		Source
			Published 30 April 2021

• Preventing infections • Restricting and screening staff and visitors		• The qualitative study examined the consequences of isolation and social restrictions (e.g., lockdown, visiting restrictions) on the well-being of older adults in nursing homes in Finland • The authors reported that isolation and social restrictions aggravated existing conditions within residents (e.g., deterioration of physical abilities, memory disorders) and had an impact on families (e.g., anxiety, grief, severe stress, concern) • The authors concluded that nursing homes should implement protocols that improve social	Published 31 May 2021

		interactions between residents and their families or caregivers when restrictions are in place Source	
	• Preventing infections o Adhering to infection-prevention measures • Adjusting service provision	• This study investigated the impact of COVID-19 control measures on the health condition of patients and the working conditions of staff in a rural nursing home in Japan • Findings of the study conclude that after COVID-19 infection control measures, including contact limitation, monitoring of health conditions of staff, and information and communication technology (ICT) usage, were implemented on 1 April 2020, there was no significant difference in the number of medical care visits to the emergency department between pre-COVID and post-COVID periods • The total number of days taken off by staff increased in the post-COVID period due to staff changing their working styles and systems, but the difference was not statistically significant when compared to the pre-COVID period • By implementing strict infection-control measures and effective communication channels between staff, as well as limiting contact times with patients and other workers, the rural nursing home was able to mitigate infection risks of patients and workers and improve staff working conditions Source	Published 28 May 2021
	• Preventing infections • Adhering to infection-prevention measures	• The aim of this review was to assess how Japan's COVID-19 and long-term care policies resulted in relatively low incidence of COVID-19 transmission in Long-Term Care Facilities (LTCFs) in the country compared to both European countries and the United States • Japan implemented a strict lockdown on its LTCFs much earlier than other countries (between mid- and late-February), due partially to well-established lockdown protocols already in	Published 14 May 2021

	place in some LTCFs because of seasonal influenza outbreaks in January and February 2020, coupled with the activation of lockdown protocols in all LTCFs after being alerted to early COVID-19 warnings from health officials • Japan also had community-based public-health agencies that LTCFs reported to that mediated communication between health facilities and local and national authorities, and kept them informed about the transmission of communicable diseases within communities o The use of face masks was also already implemented as a normal part of LTCF protocols during influenza season when the COVID-19 pandemic first hit Japan • The success of Japan's long-term care sector demonstrates the importance of hierarchically organized government agencies specifically for elderly care, effective communications between LTCFs and regulatory authorities, and routine protocols for infection prevention and control in LTCFs Source	
• Preventing infections • Adhering to infection-prevention measures	• This cross-sectional study was conducted to evaluate the preparedness and adherence of Brazilian long-term care facilities (LTCFs) to the World Health Organization (WHO) infection-prevention and control (IPC) guidance, and examine the association of LTCF size with adherence to recommendations • The results showed that the preparedness for mitigating COVID-19 in Brazilian LTCFs was considered excellent for most of the proposed recommendations, regardless of LTCF size o A total of 362 facilities were included in the study and 308 (85.1%) adhered to 14 or more recommendations	Preprint (last edited 14 June 2021)

	o Regarding LTCF size, the study found a lower adherence to screening visitors for COVID-19 signs and symptoms, and to isolating patients until they have two negative laboratory tests, in larger facilities than in medium and small facilities Source	
• Preventing infections • Vaccinating staff and residents	• Centers for Disease Control and Prevention (CDC) in the United States analyzed the age distribution of COVID-19 vaccination during the period of 14 December 2020 and 1 May 2021, and assessed differences by age by calculating the weekly proportion, rate, and rate ratio by age group for COVID-19 outcomes, including cases, emergency-department (ED) visits, hospital admissions, and deaths • By the end of the analysis period of 1 May 2021, the following age groups had received one or more vaccine dose: o 82% of adults aged 65 years and older o 63% of adults aged 50-64 years o 42% of adults aged 18-49 years • From 29 November 2020 to 1 May 2021, COVID-19 incidence, ED visits, hospital admissions, and deaths declined more in older adults, who had higher vaccination coverage, than in younger adults, who had lower coverage • The study's findings suggest that tailored efforts by state and local jurisdictions to rapidly increase vaccine coverage among all eligible age groups could contribute to further reductions in COVID-19 cases and severe outcomes Source	Published 11 June 2021
• Preventing infections • Vaccinating staff and residents	• In February 2021, among 627 persons with SARS-CoV-2 infection across 75 skilled-nurse facilities in Chicago, U.S., 22 SARS-CoV-2 infections were identified among 12 residents and 10 staff members across 15 facilities, 14 days and more	Published 30 April 2021

		after receiving their second vaccine dose of a two-dose COVID-19 vaccination series
		• Other findings showed:
		  ○ Almost two thirds (14 of 22; 64%) of persons with breakthrough infections were asymptomatic
		  ○ Two residents were hospitalized due to COVID-19, with one of the two resulting in death
		  ○ No facility-associated secondary transmission was identified
		• Although few SARS-CoV-2 infections in fully vaccinated persons were observed, these cases demonstrate the need for skilled-nurse facilities to follow recommended routine infection-prevention and control practices, and promote high vaccination coverage among their residents and staff members
		Source	

	• Preventing infections • Restricting and screening staff and visitors	• The qualitative study examined the consequences of isolation and social restrictions (e.g., lockdown, visiting restrictions) on the well-being of older adults in nursing homes in Finland • The authors reported that isolation and social restrictions aggravated existing conditions within residents (e.g., deterioration of physical abilities, memory disorders) and had an impact on families (e.g., anxiety, grief, severe stress, concern) • The authors concluded that nursing homes should implement protocols that improve social interactions between residents and their families or caregivers when restrictions are in place Source	Published 31 May 2021
	• Preventing infections ○ Adhering to infection-prevention measures • Adjusting service provision	• This study investigated the impact of COVID-19 control measures on the health condition of patients and the working conditions of staff in a rural nursing home in Japan	Published 28 May 2021

		• Findings of the study conclude that after COVID-19 infection control measures, including contact limitation, monitoring of health conditions of staff, and information and communication technology (ICT) usage, were implemented on 1 April 2020, there was no significant difference in the number of medical care visits to the emergency department between pre-COVID and post-COVID periods • The total number of days taken off by staff increased in the post-COVID period due to staff changing their working styles and systems, but the difference was not statistically significant when compared to the pre-COVID period • By implementing strict infection-control measures and effective communication channels between staff, as well as limiting contact times with patients and other workers, the rural nursing home was able to mitigate infection risks of patients and workers and improve staff working conditions Source	
	• Preventing infections • Adhering to infection-prevention measures	• The aim of this review was to assess how Japan's COVID-19 and long-term care policies resulted in relatively low incidence of COVID-19 transmission in Long-Term Care Facilities (LTCFs) in the country compared to both European countries and the United States • Japan implemented a strict lockdown on its LTCFs much earlier than other countries (between mid- and late-February), due partially to well-established lockdown protocols already in place in some LTCFs because of seasonal influenza outbreaks in January and February 2020, coupled with the activation of lockdown protocols in all LTCFs after being alerted to early COVID-19 warnings from health officials • Japan also had community-based public-health agencies that LTCFs reported to that mediated	Published 14 May 2021

		communication between health facilities and local and national authorities, and kept them informed about the transmission of communicable diseases within communities ○ The use of face masks was also already implemented as a normal part of LTCF protocols during influenza season when the COVID-19 pandemic first hit Japan • The success of Japan's long-term care sector demonstrates the importance of hierarchically organized government agencies specifically for elderly care, effective communications between LTCFs and regulatory authorities, and routine protocols for infection prevention and control in LTCFs Source	
	• Preventing infections ○ Adhering to infection-prevention measures	• This cross-sectional study was conducted to evaluate the preparedness and adherence of Brazilian long-term care facilities (LTCFs) to the World Health Organization (WHO) infection-prevention and control (IPC) guidance, and examine the association of LTCF size with adherence to recommendations • The results showed that the preparedness for mitigating COVID-19 in Brazilian LTCFs was considered excellent for most of the proposed recommendations, regardless of LTCF size ○ A total of 362 facilities were included in the study and 308 (85.1%) adhered to 14 or more recommendations ○ Regarding LTCF size, the study found a lower adherence to screening visitors for COVID-19 signs and symptoms, and to isolating patients until they have two negative laboratory tests, in larger facilities than in medium and small facilities Source	Preprint (last edited 14 June 2021)

• Preventing infections ○ Vaccinating staff and residents	• The study examined the effectiveness of vaccines in long-term care homes once 70% of residents were fully vaccinated • In Catalonia, after 70% of residents were vaccinated 74% of deaths and 75% of infections were prevented • Detectable transmission was reduced up to 90%, providing evidence that high-coverage vaccination is the most effective intervention to prevent COVID-19 transmission and death Source	Published 12 April 2021
• Preventing infections ○ Vaccinating staff and residents	• The study examined short-term impact of vaccinations in 280 nursing homes on new infections, hospitalizations, and deaths in the United States • The early vaccinated facilities had 2.5 fewer incident SARS-CoV-2 infections per 100 at-risk residents per week by the first week, compared to the expected based on late vaccinated facilities, at which the rates continued to decline to 1.1 to 3.8 fewer hospitalizations and/or deaths per 100 infected residents per day • Overall, the COVID-19 vaccines reduced the rate of incident infections, morbidity and mortality Source	Published 16 April 2021
• Preventing infections ○ Vaccinating staff and residents	• The study reported the results of 26 townhalls held with staff from 50 skilled nursing facilities • The townhalls revealed that most staff reported receiving their information about the vaccine from friends and social media • Hesitancy about the vaccine was reported by some staff and largely concerned how rapidly the vaccines were developed and reported side effects, including infertility or pregnancy-related concerns Source	Published 25 March 2021
• Preventing infections ○ Vaccinating staff and residents	• This study explored vaccine hesitancy reported among staff of skilled nursing facilities through	Published 20 March 2021

		focus groups to elicit concerns, perspectives and experiences related to the COVID-19 testing and vaccination • The findings indicate that some staff are hesitant to receive the COVID-19 vaccine due to reasons including general concerns about safety and effectiveness related to the speed of vaccine development and lack of sufficient testing, personal concerns about pre-existing medical conditions, and lack of trust in government and the political landscape Source	

	• Preventing infections
	  o Adjusting resident accommodations
	  o Adjusting service provision
	  o Isolating suspected or confirmed cases among residents and staff
	• Supporting staff and residents
		• The study examined the experiences of staff working in nursing homes during the first wave of the COVID-19 pandemic in Wuhan
		• The study highlighted five themes: difficulties faced by the nursing homes; psychological experience; services for older adults; prevention and management strategies; and strategies for public-health emergencies
		• Difficulties faced by the nursing homes included a lack of epidemic preparedness, limited personal protective equipment, lack of experience with prevention and control, and a shortage of staff
		• Psychological experiences of staff included pressure from many sources and the importance of team cooperation
		• Service for older people included the importance of providing epidemic-prevention knowledge to residents, including traditional Chinese medicine healthcare, and coming up with additional supports to provide mental consolation such as painting in their own rooms
		• Prevention and management strategies included establishing contingency plans, conducting health assessments to ensure ongoing monitoring of existing conditions, targeted training for management, medical workers and staff who work
			Published 15 April 2021

		on institutional logistics, and immediately sending confirmed cases of COVID-19 to isolation • Finally, strategies for public-health emergencies included ensuring greater space is available within nursing homes to allow for physical distancing, recruiting medical staff in addition to nursing assistants and managers, and the need for routine training and emergency drills during ordinary time to help clarify emergency measures Source	

	• Preventing infections
	  o Adhering to infection-prevention measures
	  o Adjusting service provision
	  o Restricting and screening staff and visitors
	  o Testing of residents and staff
	• Managing outbreaks
	  o Making additional spatial, service, screening, testing, isolation and support changes
		• This study analyzed the long-term care policies implemented during the first wave of COVID-19 in five Canadian provinces: British Columbia, Ontario, Quebec, Alberta and Nova Scotia
		• The authors compared when policies were implemented to the rates of COVID-19 cases and deaths among long-term care staff during the first wave
		• Six policy mandates were identified across provinces: declaring a state of emergency; restricting non-essential visitors; mandating masks; restricting long-term care staff to working in one location; expanding testing to long-term care staff and residents; and deploying the Canadian Armed Forces to long-term care facilities
		• The study highlights that approaches taken by some provinces helped to prevent the spread of COVID-19, but the delay of other provinces in enacting control and prevention measures resulted in increased rates of infection and deaths
		Source
			Published April 2021

	• Preventing infections
	  o Adhering to infection-prevention measures
	  o Restricting and screening staff and visitors
	  o Testing of residents and staff
	  o Isolating suspected or confirmed cases among residents and staff
	  o Contact tracing among staff and visitors
		• The authors conducted an observational cross-sectional study at a long-term skilled nursing facility (SNF) in Serrana, Sao Paulo State to examine its successful outbreak investigation, management, and control after a COVID-19 outbreak infected 18 residents and 12 healthcare workers	Published 23 March 2021

	• Managing outbreaks o Making additional spatial, service, screening, testing, isolation and support changes	• Measures taken by the SNF included early identification and contact tracing, the use of personal protective equipment, cancellation of group activities, questionnaires for residents and staff on COVID-19 symptoms, daily screening, testing, and isolation of residents in separate rooms of a local hospital • The authors highlighted the need for mass testing for all asymptomatic people in long-term care settings, as most of the residents and healthcare workers in the SNP were asymptomatic at the time of testing • Long-term care settings should also engage in active surveillance by conducting frequent surveys assessing for symptoms of COVID-19, and early isolation of residents Source	

	• Renewing delivery, financial and governance arrangements
	   o Improving safety and quality of care, and more generally improving quadruple-aim metrics
	• Renewing supports for residents and staff
	   o Ensuring the safety and satisfaction of staff and volunteers
		• This qualitative study investigated the experiences of staff and residents in nursing homes in Brussels, Belgium during COVID-19 to understand residents' psychosocial and mental health needs, and how prepared staff were to address them
		• Residents reported a loss of social life, freedom, stimulation, autonomy, and experienced a cognitive and physical decline, all contributing to adverse mental health outcomes
		• Staff felt unprepared to care for residents and address basic psychological needs due to a lack of information and communication, personal protective equipment and safety affecting perceptions of safety, and a re-organization of work leading to task-shifting and an increased workload
		• The authors recommend that creative and preventive interventions are necessary to address the mental health needs of residents in tandem
			Published 26 March 2021

		with increased planning and support for staff to reduce levels of stress Source	
	• Preventing infections • Adhering to infection-control measures	• This study reports on whether employees of long-term care homes (LTCF) in Geneva, Switzerland were willing to change their infection prevention and control practices after playing a serious game, "Escape COVID-19", meant to induce behavioural change • The game had a meaningful narrative that had the player go through steps that they would usually encounter during the workday and make decisions on IPAC behaviours that would affect other people in real life • Participants were randomly allocated to either the control group or serious game group where the control group reviewed regular IPAC guidelines and the other group played the serious game; both groups completed a questionnaire after these activities • The study found that the serious game was more successful than standard IPAC materials at convincing LTCF employees to adopt safer IPAC behaviours • Factors underlying the willingness to change IPAC behaviour included the feeling of playing an important role in fighting the epidemic, the information given in the training materials, the probability of infecting a relative, and the obligation to follow procedures • The most common reason for an employee not changing behaviour was because they were already following all of the guidelines Source	

	• Preventing infections
	  o Adhering to infection-prevention measures
	  o Adjusting resident accommodations
		• Preventive measures put in place in a Taiwanese nursing home were found to reduce the risk of	

	o Restricting and screening staff and visitors o Testing of residents and staff o Contact tracing among staff and visitors	respiratory tract infections in both nursing home residents and staff • Preventive measures included: before entering the facility (body temperature surveillance, wearing masks, symptom screening, and hand sanitizing); for entering wards (only nursing-home staff members and select family were allowed, regular hand sanitizing, and cleaning frequently touched surfaces every two hours); staff in wards (education on COVID-19, hand sanitizing before and after touching the patient, wearing PPE, keeping social distance when taking staff to dining table, cleaning office equipment, performing a COVID-19 test when symptoms were present); family member in wards (recording of personal contact information, wearing a mask in the facility, and refusing entry to those that have travelled abroad in the past 14 days); residents in wards (education on the importance of COVID-19, wearing masks within the facility, decreasing cluster activities, keeping safe distances at meal times, performing a COVID-19 test when residents had symptoms, transfer for medical visits was completed using specific vehicles and drivers) Source	
	• Preventing infection o Vaccinating staff and residents	• A cohort analysis of residents at long-term care homes in Connecticut found that partial vaccination with the Pfizer-BioNTech COVID-19 vaccine was 63% effective against infection • Pre-existing immunity may strengthen the response to a single dose of COVID-19 vaccine Source	
	• Preventing infection o Adhering to infection-prevention measures	• A three-component pilot infection, prevention and control assessment was conducted in long-term care homes in New York State during the pandemic	

	- The assessment consisted of a screening tool, telephone checklist, and a COVID-19 video assessment - Among 40 proactive assessments, 35% identified suspected or confirmed COVID-19 cases - The COVIDeo assessment provided observations in 28% of the assessments that would have otherwise been missed, including PPE that was not easily accessible, redundant or improperly donned or stored, and specific challenges implementing infection, prevention and control measures among particular populations Source	

- Preventing infections
   ○ Testing of residents and staff
   ○ Isolating suspected or confirmed cases among residents and staff
- Managing outbreaks
   ○ Making additional spatial, service, screening, testing, isolation, and support changes
   ○ Transferring residents when their care needs exceed capacity in the home
	- The importance of comprehensive polymerase chain reaction (PCR) testing in long-term care homes was highlighted in this study of a testing strategy applied in a 100-bed nursing facility in Japan during a COVID-19 outbreak in April 2020
	- Following the identification of the first positive case at the facility, two types of PCR testing were performed – comprehensive (facility-wide) tests and separate tests when residents and staff had a fever ($\geq 37.5\,°C$) – and multiple facility-wide antibody testing was also planned and implemented
	- PCR-positive residents were isolated in a separate unit and those with severe conditions were transferred to hospitals
	- Retesting was performed on all positive residents following isolation until all were PCR negative, and facility-wide antibody testing was subsequently implemented to confirm the termination of the COVID-19 outbreak
	- Comprehensive PCR testing and separate testing of residents with fever enabled the identification of the centre of the outbreak in the facility, as well	

		as asymptomatic individuals, and proved to be effective at controlling the COVID-19 outbreak • The study also suggests that antibody testing can be useful for tracing close contacts and confirming the termination of outbreaks Source	
	• Preventing infections o Vaccinating staff and residents	• This study presents findings on vaccine effectiveness (VE) of the first and second doses of the Pfizer-BioNTech mRNA vaccine on long-term care facility (LTCF) residents and front-line healthcare workers (HCW) in Denmark, both with no previous history of COVID-19 infection • No significant VE was observed for LTCF residents between the first and second doses (median dose interval of 24 days), but VE increased to 52% from day 0-7 after the second dose and 64% from seven days after the second dose • For HCWs, a moderate increase in VE was observed 14 days after the first dose (17%) and VE increased to 46% from 0-7 days after the second dose and 90% from seven days after the second dose (median dose interval of 25 days) • Overall, the study found that two doses of the Pfizer-BioNTech vaccine provided protection from COVID-19 infection in both study groups, but more so in healthcare workers than in LTCF residents Source	
	• Preventing infections o Vaccinating staff and residents	• A study of staff in Liverpool long-term care homes found that the mean staff vaccination rate was 51.4% per home • Commonly cited reasons for not receiving the vaccine were: concerns about the lack of vaccine research, staff being off-site during vaccination sessions, pregnancy and fertility concerns, and concerns about allergic reactions	

	• Suggested methods to combat hesitancy include providing evidence and literature to staff to dispel misinformation, as well as hosting meetings and one-on-one conversations with staff Source

• Preventing infections
  o Adhering to infection-prevention measures
  o Restricting and screening staff and visitors
• Renewing supports for residents and staff
  o Ensuring an adequate supply of staff
  o Optimizing skill mix among staff
	• A cross-sectional study was conducted among 484 nursing homes in 136 cities of 28 provinces in China to explore the adherence to the Ministry of Civil Affairs guidelines for COVID-19 prevention and control in nursing homes
	• The implementation rates of COVID-19 prevention and control measures in nursing homes were moderate, with an average rate of 80.0%
	  o The average implementation rates for hygienic-behaviour management, access management, and environmental-disinfection management were 75.3%, 78.7%, and 79.9%, respectively
	• The number of medical staff, education level of the manager, nursing home size, and establishment of quarantine room/unit were found to be positively associated with the total implementation rate
	Source

• Preventing infections
  o Testing of residents and staff
	• This study evaluated current testing pathways in care homes and identified four main steps in testing: infection prevention, preparatory steps, swabbing procedure and management of residents
	  o Infection prevention was particularly challenging for mobile residents with cognitive impairment
	  o Swabbing and preparatory steps were resource-intensive, requiring additional staff resource
	  o Swabbing required flexibility and staff who were familiar to the resident
	• Swab-based testing was found to be organizationally complex and resource-intensive in care homes

	• Point-of-care tests could give care homes greater flexibility in person-centred ways [Source](#)	

• Preventing infections
   o Vaccinating staff and residents
   o Testing of residents and staff
	• This study evaluated primary data in Israel's general community and nursing homes to understand the transmission dynamics of the SARS-CoV-2 variant B.1.1.7 that was initially identified in England, and the success of three programs in Israel consisting of national RT-PCR testing, surveillance testing, and national vaccination
	• The data revealed that within a period of six weeks, the variant B.1.1.7 was capable of out competing the SARS-CoV-2 strain and becoming the main strain
	• Although the transmission of B.1.1.7 is continuing to increase in the population aged 0-59 years, there is a halt in the transmission of the variant in the 60+ years' population. This could be due to on-going successful surveillance testing and vaccination programs conducted in nursing homes in Israel
	[Source](#)	

• Preventing infections o Adhering to infection-prevention measures	• Using a longitudinal design, this study evaluated changes in social distancing restrictions implemented from June to August 2020, and the effect these restrictions had on weekly numbers of new COVID-19 cases, deaths and non-COVID-19 deaths in nursing homes nationally in the United States • Results showed that strong social distancing measures were associated with lower weekly rates of new COVID-19 cases and related deaths among nursing home residents and staff in the period of June to September 2020	

		• These associations were found to be larger for nursing homes that serve racial and ethnic minority residents • Stronger state social distancing measures were associated with a slight increase in non-COVID-19 mortality rates, which may be an unintentional consequence of decreased social activities and interactions Source	
	• Preventing infections o Testing of residents and staff	• Since July 2020, the Israeli national protection program on long-term care homes ('senior shield') implemented routine, governmental funded, weekly, screening COVID-19 PCR testing of all LTCF healthcare workers • This program was reported to substantially reduce outbreaks, hospitalizations and mortality in LTCFs at the national level • This study indicated that routine weekly COVID-19 PCR testing of all LTCF employees may reduce national hospitalizations and mortality, and may help prevent national health systems from being overwhelmed Source	

	• Preventing infections
	  o Supporting staff and residents
		• This quantitative analysis found that nursing home resident outcomes worsened on a broad array of measures, including:
		  o Increased prevalence of depressive symptoms
		  o Increased share of residents with unplanned substantial weight loss
		  o Significant increases in episodes of incontinence
		  o Significant reductions in cognitive functioning
		• The analyses showed that the pandemic had substantial impacts on nursing-home residents beyond the direct effects of morbidity and mortality, adversely affecting the physical and emotional well-being of residents	

		Source	
	• Preventing infections o Supporting staff and residents	• This study found weight loss among both COVID-positive and COVID-negative residents in a nursing home population after a widespread COVID-19 outbreak • Residents who were COVID-positive had both a larger absolute weight loss and trended toward a larger percentage weight loss • The results suggested skilled nursing facilities should proactively address associated weight loss by implementing creative strategies and policies to ensure residents receive adequate mealtime support, symptom management, weight monitoring, and comprehensive nutrition assessments Source	
	• Preventing infections o Supporting staff and residents	• A cross-sectional study explored the consequences of COVID-19 measures on loneliness, mood, and behavioural problems in residents in Dutch long-term care facilities (LTCFs) • This study found the well-being of older residents was severely affected during the COVID-19 measures • High levels of loneliness, depression, and a significant exacerbation in mood and behavioural problems were reported in the six to 10 weeks after implementation of the visitor ban • This study indicated that LTCFs should implement policies on allowing visitors and continuing daytime activities to achieve a better balance between physical safety and well-being Source	
	• Managing outbreaks o Making additional spatial, service, screening, testing, isolation and support changes	• This study described a successful control of a COVID-19 outbreak in a nursing home by general screening and rigorous cohort isolation in Germany	

		• This study indicated that the combination of general SARS-CoV-2 screening and consistent cohorting of residents who tested positive or negative proved to be a laborious but powerful approach to outbreak control Source	

	• Renewing delivery, financial and governance arrangements
	   o Improving physical infrastructure
	   o Supporting greater integration of long-term care with other sectors
	   o Renewing supports for residents and staff
	   o Engaging residents, families and caregivers in self-management, care choices, care delivery, and organizational and policy decision-making
	   o Ensuring adequate supply of staff
		• Developed a new model of nursing care that operates with 140-person homes each with private bedrooms and large cooking, dining and living areas
		• The model uses a flat staffing model with a small group of universal workers as well as a few nurses who provide about an hour of care a day to residents
		Source	

	• Renewing delivery, financial and governance arrangements
	   o Changing service-delivery models
	   o Renewing supports for residents and staff
	   o Optimizing skill mix among staff
		• The need to improve coordination between long-term care homes and hospitals became clear during the COVID-19 pandemic
		• In Madrid, the role of geriatric liaison was developed during the pandemic
		• These staff members were responsible for the coordination of care between hospital and long-term care homes including by providing geriatrician visits to the home, telemedicine sessions, geriatric assessment in emergency rooms, and coordination with primary care and public-health services coordination
		Source	

	• Renewing supports for residents and staff o Ensuring the safety and satisfaction of staff and volunteers	• Cross-sectional data from managers of long-term care homes found an association between the perceived pandemic-specific and general demands and intention to leave the profession • The association was significantly stronger as the pandemic went on and a second survey was conducted Source	

	• Renewing supports for residents and staff o Ensuring the safety and satisfaction of staff and volunteers	• Interviews with staff at long-term care homes in the U.S. revealed a continued reliance on crisis standards for the use of personal protective equipment • Administrators described the challenge of tracking and implementing confusing and contradictory guidance from different agencies • Care providers described fear of infecting themselves and their families as well as feelings of burnout due to increased workloads, staffing shortages, and the emotional weight of caring for residents facing isolation, illness and death • Staff described the presence or lack of communication from the care home as influencing their ability to work under the existing circumstances, as well as feelings of demoralization due to the negative media coverage on long-term care homes compared to the narrative surrounding hospitals Source	

	• Renewing supports for residents and staff
	    o Optimizing skills mix among staff
		• This study piloted service-learning projects largely driven by students in two nursing homes and a hospice agency in the United States, with the intent of improving the lives of older adults during the COVID-19 pandemic whilst continuing to educate clinical students
		• Using an iterative process, the study identified the needs and capabilities of the educator and facility and set out the following volunteer initiatives that can provide mutually beneficial and safe opportunities for nursing-home residents and clinical students:
		    o Gardening and general grounds beautification
		    o Record transfer
		    o Resident biography (i.e., engaging with the home-care resident)
		    o Window entertainment (e.g., painting)
		Source	

	• Renewing supports for residents and staff ○ Supporting technology-enabled living among residents	• Volunteers visiting with residents of long-term care homes shifted their format to online platforms, which were decided upon based on the preference of the resident • The shift was generally well received, though a few residents reported challenges hearing while others felt uncomfortable using the technology Source	

	• Renewing supports for residents and staff
	   ○ Optimizing skill mix among staff
		• This qualitative study identified four categories relating to nurse practitioners' roles in optimizing resident care and supporting long-term care staff during the pandemic:
		   ○ Containing the spread of COVID-19
		   ○ Stepping in where needed
		   ○ Supporting staff and families
		   ○ Establishing links between fragmented systems of care by acting as a liaison
		• The study suggested that nurse practitioners embraced a multitude of roles in long-term care homes, which requires innovative models of care and prioritized tasks
		Source	

	• Promoting alternatives to long-term care ○ Supporting technology-enabled care at home	• This case study described a rapid response and treatment service for older people living in care homes in Berkshire West, and shared a story about service delivery • Rapid-response services provide opportunities for older people living with frailty to remain in their own homes during an episode of deteriorating health • The hospital-at-home model could offer short-term, targeted interventions at acute hospital level care that can provide a truly person-centred experience within the home Source	

Appendix 3: Experiences related to supporting renewal in long-term care homes in other countries

Country	Overview of long-term care arrangements	Renewing delivery, financial and governance arrangement	Renewing supports for residents and staff	Promoting alternatives to long-term care

Australia	• Australia provides government-funded aged care services, including in-home care, residential care in aged care homes, and short-term care such as respite care
	• Eligibility for government funded services is means tested, with privately funded care provided for those who are not eligible for government-funded services
	• In addition, an income-tested Carer Payment program for caregivers who are providing constant care and are unable to be otherwise employed
	• In addition, a carer allowance is provided to supplement for daily care to primary carers, regardless of income
	• Home care is provided through the Commonwealth Home Support Program with subsidies being income-tested and may require copayments
	• Services provided in home care include housework, basic care, physical activity and basic nursing
		• The introduction of AN-ACC (Australian National Aged Care Classification) will deliver a funding boost to increase the amount of front-line care to aged care residents
		  ○ The Australian Government announced a $3.9 billion increase in funding to support the increase in front-line care
		• Australia's aged care sector is undergoing reform through the Budget 2021-2022 Aged Care Reforms, within a five-year period to deliver reforms across five pillars: home care, residential aged care services and sustainability, residential aged care quality and safety, workforce, and governance
		• With respect to governance arrangements, changes from the aged care reforms include:
		  ○ Establishing a National Aged Care Advisory council to provide expert advice to government
			• Changes to residential aged care facilities over the next five years include:
			  ○ Supplement of $10 a day per resident
			  ○ Increase in care for each resident to 200 minutes per day including 40 minutes of registered-nurse time
			  ○ Registered nurse is on site for a minimum of 16 hours per day
			  ○ Introduction of additional monitoring compliance
			  ○ Put in place a single assessment for residential and home care
			  ○ Increased audits conducted by Aged Care Quality of long-term care facilities
			• Changes to the workforce in long-term care as a result of the reforms include:
			  ○ Adding 13,000 new personal care workers over the next two years
			  ○ Opening 33,800 additional training places rolled out over two years for personal care workers
				• Changes to home care under the new aged care reforms includes:
				  ○ 40,000 more home-care packages
				  ○ Respite services for an addition 8,400 clients each year
				  ○ 500 local community care finders to support access to aged care supports
				  ○ Additional supports for informal carers
				  ○ Expanded palliative care supports to facilitate end-of-life care at home

Country	Overview of long-term care arrangements	Renewing delivery, financial and governance arrangement	Renewing supports for residents and staff	Promoting alternatives to long-term care
		○ Introduction of a new, values based Aged Care Act • The reforms also include expanded capital infrastructure grants to improve access to better aged care services for First Nations people and those in rural and remote locations	○ Expanding locum workforce capacity in regional and rural locations	
Germany	• Germany significantly modernized its long-term care system between 2015 and 2017, introducing compulsory long-term care insurance for the entire population • Though private long-term care insurance does exist, both insurers use the same providers • The social long-term care insurance (public) has been established under the umbrella of the statutory health insurance at a contribution rate of 2.55% of wages up to 4,350 euros a month • The establishment of this new scheme significantly increased long-term care funding to more than 5 billion euros a year • New regulations have also established a new definition of long-term care needs which now uses a gradient of five need levels and has		• A scientifically based skill determination tool is currently being developed to ensure appropriate staffing levels for the management of medically complex cases among nursing-home residents • The Ministry of Health announced an increase in the minimum wage for nursing assistance until April 2022 as well as increasing the vacation days that workers are legally entitled to at all long-term care facilities • A 'care reserve' has been developed across federal states where people with care qualifications can register, including individuals who have qualified abroad, and may be called on to help reduce burnout among staff ○ Those who do not have the necessary	• Germany offers legal entitlement to a maximum number of respite care and short-term care days per year • As of September 2020, family carers can receive support money for up to 20 paid days in situations where a gap in community care is experienced, an increase from the usual 10 days that are available • A review of the Family Care Leave Act is being undertaken to include more flexibility for carers throughout the duration of the pandemic

Country	Overview of long-term care arrangements	Renewing delivery, financial and governance arrangement	Renewing supports for residents and staff	Promoting alternatives to long-term care
	significantly expanded the available supports at each level • Collective wage agreements have also been reached with a new statutory minimum wage for people employed in long-term care • Instruments of quality measurements and public report are in the process of being revised		qualifications to be put directly into care settings are eligible for a one-year care apprenticeship during which they are provided with a regulated training allowance o However, apprenticeships in long-term care homes remain unregulated	
Finland	• Municipalities are responsible for organizing health and social services • Care for older adults is primarily offered at home • Long-term care is allocated to those with the highest need of care, primarily for those with cognitive impairment • The sector also uses short-term care with a focus on rehabilitation and movement back into individuals' homes or sheltered homes (e.g., rented units which provide additional support to residents)	• Amendments to each the Act on the Status and Rights of Patients, the Health Care Act and the Health Insurance Act are being made to improve options for end-of-life care, particularly to avoid hospital admissions and focus instead on enabling care at the home or in non-urgent institutional settings	• Shortages of staff in home-care and long-term care settings have been temporarily addressed by re-assigning employees from day care services to home care, or municipal employees with healthcare education or experience from the city division of education and culture • Finland is putting in place new standards for nurse-client ratios, however challenges recruiting professionals continues to be a problem	• Changes to the legislation focus on providing care in the home, including: o Enhanced service housing and institutional care o Option for convalescent phase at home which includes round-the-clock assistance o Increases in flexible working time and temporary absences from work for family o Establishment of a special care allowance that is a personal benefit of the deceased and is allocated to a close family member or friend providing care in the final days of life, and covers up to 30 working days
Netherlands	• A significant reform to the long-term care system was conducted in 2015, the aim of which was to promote and support independent living		• In response to the pandemic, the Ministry of Health has increased health professionals; salaries who are in the bottom 60% of earnings by 1.5%; this is in addition to two 1,000 euro	• Investments in e-health, smart devices and improved communication methods for clients at home to delay moving into long-term care

Country	Overview of long-term care arrangements	Renewing delivery, financial and governance arrangement	Renewing supports for residents and staff	Promoting alternatives to long-term care

	• Governance of the long-term care system is divided into three acts:
	  o The Long-Term Care Act covers those who require 24-hour residential care, clients for which are assessed by a national governmental body
	  o The Social Support Act which is designed to support those who need additional help such as meal delivery and transportation
	  o The Health Insurance Act which governs the expanded role of health insurers in long-term care
	• Financing of the system has two components, the compulsory health insurance policy and a co-payment based on income and wealth level
	• Individuals can also opt for a personal budget whereby they can arrange their own care or support according to their preferences
			bonuses which were allocated to all healthcare workers during the pandemic
			• Given the staffing shortages during and following the pandemic, the Netherlands invested in a large IT platform that connects health providers and organizations in need of support with employees that have the necessary skills
			• An action plan for recruitment into the health sector, which covers until 2023, includes improving the attractiveness of the sector, improving working conditions and training opportunities, and working in a different way with great inter-sector cooperation	

New Zealand	• Funding for long-term care is based on patient need, age and means-testing • Eligible individuals receive comprehensive services including medical care and home care as well as residential	• On 30 July 2020, the MOH announced seven workstreams to be undertaken as part of MOH's action plan for the recommendations of the Independent Review of COVID-19 Clusters in Aged	• As part of MOH's action plan for the recommendations of the Independent Review of COVID-19 Clusters in Aged Residential Care Facilities, workstreams are currently underway to better support	

Country	Overview of long-term care arrangements	Renewing delivery, financial and governance arrangement	Renewing supports for residents and staff	Promoting alternatives to long-term care
	facilities, which are mostly privately fun • Long-term care subsidies for older people are means-tested, with district health funds covering the difference between a person's payments and the contract price for residential care • Within the home, house-hold management is income-tested, while personal care is provided free of charge	Residential Care (ARC) Facilities including: o Developing a National Outbreak Management Policy to develop policies for communication and reporting requirements, decision-making and escalation pathways, supported clinical rotations or placements in ARC to build capacity and rapid formation of response teams (Workstream 1) o Establishing continuous learning supports across the sector to enable easy access to information on quality-improvement initiatives (Workstream 5) o Aligning expectations for ARC with regulatory and contractual obligations in relation to IPC and pandemic planning (Workstream 6) • As part of the ARC a new Heath and Disability Service standard has been created which includes guidance on aged care and residential disability	residents and staff in ARC facilities • The National Outbreak Management Policy will be responsive to Māori and include psychosocial support policies to protect staff, residents, whānau and communities (Workstream 1)	
United Kingdom	• In the U.K. a range of organizations provide long-term care including local	• To improve LTC facility quality, the NHS Enhances Health in Care Homes	• The Department of Health and Social Care released an overview of adult social care	• As part of the Build Back Better plan, the U.K. government will make available an additional 12

Country	Overview of long-term care arrangements	Renewing delivery, financial and governance arrangement	Renewing supports for residents and staff	Promoting alternatives to long-term care
	authorities, the NHS and private organizations • All long-term care services are paid either out of pocket or by local authorities at means-tested levels, and individuals must pass a needs and means test • Local authorities are responsible for administering residential and nursing care with individuals having to qualify for a space • Under means testing, residents with more than 16,000 pounds of capital must pay the full costs of their places	Framework emphasized the importance of homes having access to a named general practitioner who is linked to a wider community health team • A more integrated team, with a paramedic and a nurse who is a go-to person for care homes, has also been suggested to improve care-home quality	guidance on coronavirus (COVID-19) (last updated 23 June 2021) includes information for social-care providers on mental health and well-being, and financial support	billion pounds per year for health and social care, much of which will be directed to improving adult social care, including: ○ Introducing a lifetime cap on adult social-care costs of 85,000 pounds ○ Price matching between those who fund their own care and those who receive care through their Local Authority ○ Providing additional financial assistance to people without substantial assets with full coverage for those making less than 20,000 pounds per year and a means-tested approach up to 100,000 pounds ○ Development of a white paper for adult social care which will propose substantial reforms to the sector ○ 500 million pounds to support professionals in the workforce through expansion of training places and funding mental health well-being resources • The Department of Health and Social Care is working with Skills for Care to provide funded training programs to build social-care workforce (paid and volunteer) capacity through remote training during COVID-19 • Live-in care, where a care worker moves into an individual's home,

Country	Overview of long-term care arrangements	Renewing delivery, financial and governance arrangement	Renewing supports for residents and staff	Promoting alternatives to long-term care
				has reported a surge in interest since the COVID-19 pandemic ○ The United Kingdom Home Care Association estimates that between 7,000 and 10,000 people are using live-in services at any one time, and most of the individuals self-fund this care ○ Some providers of live-in care are introductory agencies that arrange contracts between an individual and a self-employed care worker, and thus are not regulated by the Care Quality Commission • Care Rooms, where approved homeowners provide bed, board and companionship to people coming out of hospital are also gaining popularity ○ Care Rooms currently have more than 600 approved hosts and plan to increase to more than 2,000 through formal agreements with local councils ○ However, Care Rooms are suspended under current COVID-19 pandemic restrictions • Extra Care Communities, also known as retirement communities, where older adults have their own apartment with communal facilities and on-site care support,

Country	Overview of long-term care arrangements	Renewing delivery, financial and governance arrangement	Renewing supports for residents and staff	Promoting alternatives to long-term care
				are another potential alternative for some older individuals
United States	• The U.S. has a highly fragmented long-term care system with no public insurance apart from Medicaid (for those with limited financial resources) • In addition, private long-term care insurance policies are available and owned by about 15% of the population • The services delivered as part of long-term care differ substantially by state and by provider, including public providers whether Medicaid, Medicare or Veterans Affairs	• On 8 April 2021, Centre for Medicare and Medicaid Services issued a proposed rule (CMS 1746-P) to update Medicare payment policies and rates for skilled nursing facilities starting in 2022		• As part of the infrastructure plan that is currently before Congress, $400 billion has been earmarked to spend over eight years on improving home and community-based Medicaid services for older adults, and would include expanded access to home visits from health professionals, personal care assistance, help from case managers, attendance at adult day centres, transportation, and payments for medical equipment • In November 2020 CMS launched a toolkit to help develop state Medicaid infrastructure to better support transitions of its beneficiaries from long-term care facilities to community-based services

Appendix 4: Experiences related to preventing and managing COVID-19, outbreaks of COVID-19, and about supporting renewal in long-term care homes in other countries

Country	Preventing infections	Managing outbreaks	Renewing delivery, financial and governance arrangement	Renewing supports for residents and staff	Promoting alternatives to long-term care
Australia	• Visiting restrictions to residential aged care homes adhere to the Escalation Tiers framework o Restrictions to residential aged care facilities are current as of 8 February 2021, and prevent the entry of individuals who: 1) have returned from overseas travel within the last 14 days, 2) have been in contact with a confirmed case of COVID-19 in the past 14 days, 3) display symptoms of COVID-19 (e.g., fever, cough, shortness of breath, sore throat), or 4) have yet to receive their influenza vaccine • On 11 March 2020, Australia's Department of Health invested $101.2 million to fund staffing and infection-control support in residential care homes • On 27 May 2020, the Government of Australia launched online COVID-19 infection-control training modules for those working in healthcare, including staff in residential aged care facilities • On 3 November 2020, national guidelines for COVID-19 infection prevention and control	• The Department of Health has released an information document to help assist in the management of COVID-19 outbreaks in residential care facilities • The Communicable Diseases Network Australia has developed national guidelines to provide authorities, administrators, and staff with the best practices to ensure preparedness, prevention, and early detection against COVID-19 o Preparedness consists of staff training, sufficient personal protective equipment supply, and an outbreak management plan (e.g., cohorting and communication) o Prevention consists of staff education,	• In August 2020, the Government announced an investment of $560 million to fund the aged care sector during the COVID-19 pandemic • On 14 March 2021, the Australian government announced an additional investment of $1.1 billion, of which, a portion will be allocated to continue supporting the aged care sector • Between 14 and 22 September 2020, the Royal Commission into Aged Care Quality and Safety held a hearing to review the aged care sector in Australia, including financing and sustainability of improvements, funding models, and provider regulations • On 1 March 2021, the Royal Commission into Aged Care Quality and Safety published a final report on the aged care sector and put forth a	• The Australian Government announced an aged care workforce retention bonus to encourage staff employment during the COVID-19 pandemic o Payment will vary depending on the number of weekly hours logged by staff in the four-week period prior to the application date o Staff are eligible to receive up to three "bonus" payments if they were employed and provided direct care to residents between the months of June and November 2020	• A $71.4 million investment to the Commonwealth Home Support Programme (CHSP) was made in order to support the transition of residents who re-locate from residential care to community living • The Government of Australia is aiming to develop a Single In-Home Care Program to replace the pre-existing CHSP and Home Care Packages Program o The new program will focus on patient-centered care for older adults living at home and/or in the community • Permanent aged care residents are permitted to take an "emergency leave" until June 2021

Country	Preventing infections	Managing outbreaks	Renewing delivery, financial and governance arrangement	Renewing supports for residents and staff	Promoting alternatives to long-term care
	were put forth by the Infection Control Expert Group o This document provides recommendations related to the isolation of suspected or positive COVID-19 cases, precautionary measures, and general principles of infection prevention and control • According to Australia's National Rollout Strategy, COVID-19 vaccine administration will be prioritized for all residential aged care staff and residents in Phase 1A. o The first set of COVID-19 vaccines for aged care residents and staff was administered on 22 February 2021 o Vaccine administration for residential aged care staff is available at general practitioner clinics, pop-up hubs, and in-reach vaccination clinics • The National Medical Stockpile delivers personal protective equipment to residential aged care homes to assist with infection prevention; as of 13 April 2021, this included: o 20 million masks; o Five million gowns; o 12 million gloves; o Four million face shields and goggles;	hand hygiene, and screening o Early detection includes routine monitoring and testing o In a revised version published on 15 March 2021, this document now includes lessons learnt from COVID-19 outbreaks from the preceding year • In order to adequately respond to COVID-19 outbreaks in aged care homes, the Victorian Aged Care Response Centre was created o The centre serves as a coordinating site for aged care resources • The Government of Australia has funded a Workforce Surge, which includes emergency response teams to support long-term care homes in the case of a significant COVID-19 outbreak	call to push for fundamental and systemic aged care reform o This report includes a list of 148 recommendations, which include but is not limited to: a new aged care program, a new Aged Care Act, and the implementation of a system governor • The Australian National Aged Care Classification (AN-ACC) funding model was approved by the Government of Australia as a means of potentially replacing the existing Aged Care Funding Instrument o The new AN-ACC model will bring about changes to funding, and introduce a casemix classification and an AN-ACC assessment • Commencing in April 2021, residents gaining admission into government-funded long-term care homes will be mandated to	• Two grants are available to support aged care providers during the COVID-19 pandemic: o Aged Care Support Program; and o Support for Aged Care Workers in COVID-19 • In July 2020, the Fair Work Commission introduced a two-week paid pandemic leave for aged care home staff • The Australian Government has announced a Pandemic Leave Disaster Payment of $1,500 to support staff that are not able to work due to COVID-19 (e.g., self-isolate, quarantine, or serve as a caregiver)	o This temporary stay allows residents to live with their family during the COVID-19 pandemic

Country	Preventing infections	Managing outbreaks	Renewing delivery, financial and governance arrangement	Renewing supports for residents and staff	Promoting alternatives to long-term care
	○ 90,000 hand sanitizer bottles; and ○ 165,000 waste bags - On 23 March 2021, the Department of Health released a fact sheet regarding the residential aged-care roll-out plan for Pfizer COVID-19 vaccines - On 29 April 2021, the Department of Health released a vaccination decision guide for frail older people, including those living in residential aged care facilities, to make informed decisions on COVID-19 vaccine uptake - As of 25 June 2021, 309,472 COVID-19 vaccine doses have been distributed across 2,566 aged care facilities across ○ 2,547 of these facilities have had their second dose visit - The Aged Care Quality and Safety Commission leads an infection control monitoring program across the country ○ A total of 2,964 infection-control aged care visits were completed between 1 March 2020 and 8 April 2021 - As of 27 June 2021, the Chief Health Officer of Northern Territory of Australia announced lockdown for aged care facilities and the following main changes:	- In November 2020, the Australian Government published their Updated National COVID-19 Aged Care Plan - All government-funded residential aged care facilities are required to have an infection prevention and control (IPC) lead ○ The IPC lead must be a qualified and trained nursing staff member ○ The IPC lead will serve as a primary contact for infection control ○ The IPC lead will help to develop procedures for preventing and controlling outbreaks - The Department of Health will dispatch a case manager to residential aged care homes upon the declaration of a COVID-19 outbreak	complete an AN-ACC assessment ○ The duration of this assessment will last 12 months	- The Government of Australia invested a total of $12.4 million in their grief and trauma response to support the aged care sector ○ Supports will include counselling, training, and advocacy assistance ○ Organizations participating in the response include the Australian Centre for Grief and Bereavement, Phoenix Australia, and Dementia Support Australia - As of 29 June 2021, the Australian Government provides emergency leave for permanent aged care residents during the period	

Country	Preventing infections	Managing outbreaks	Renewing delivery, financial and governance arrangement	Renewing supports for residents and staff	Promoting alternatives to long-term care
	o No visitors are permitted to enter aged care facilities, unless attending for end-of-life support o Masks must be worn by workers on the premises and by residents who are outside of their room unless the resident has a medical reason not to wear a mask o Residents and workers are subject to testing as required by the CHO o Workers are prohibited from working at any other workplace • As of 27 June 2021, the Australian Capital Territory released a public health direction requiring face masks to be worn in certain public settings, including residential aged care facilities o Residents are not required to wear masks o Staff, visitors and volunteers will be required to wear a mask	• All residential aged care facilities must have the Victorian Government QR Code Service in place as of 1 July 2021, to assist contact tracing in the event of an outbreak		of 1 April 2020 until 30 June 2022 and residents will no longer need to: o Use their social leave entitlements o Pay their aged care provider further fees to secure their place	
France	• Lockdown measures were extended until 11 May 2021, however visits to nursing homes and to patients in palliative care will be allowed o Starting on 5 June 2021, these restrictions will be eased and children under 18 will be able to participate in these visits • The Ministry of Health provides daily information to the general	• Regional health agencies have been placed in charge of contact tracing outbreaks detected in congregate facilities (e.g., long-term care facilities, schools) • During the height of outbreaks, nursing homes were asked to	• The government has committed to providing an additional 475 million euros to LTC facilities to cover the extra costs of protective equipment for staff among other expenses incurred • Act on Adapting Society to an Aging Population is the most recent piece of	• Bonuses of between 1000 and 1500 euros were provided to health professionals and staff working in areas that were particularly affected by COVID-19	

Country	Preventing infections	Managing outbreaks	Renewing delivery, financial and governance arrangement	Renewing supports for residents and staff	Promoting alternatives to long-term care

	public about the epidemiological situation, which includes an update about hospitals as well as about morbidity and mortality in long-term care facilities
	  o This is collected through a daily online reporting survey provided to all long-term care facilities.
	• In March 2020, the Government restricted all visitors in long-term care facilities but as of April 2020 they were allowed under strict sanitary protocols which includes no physical contact with the resident
	• Wide antigenic testing campaigns were put in place in November for the weekly testing of staff and residents at long-term care facilities. However, there has been some concern about the lack of capacity within medical laboratories to keep up with this demand.
	• Vaccine campaign began in December in France, with residents and staff of nursing homes being the first to receive the Pfizer/BioNtech vaccine
	• Additional information related to vaccinations in France can be found in a living evidence profile dedicated to vaccinations
		minimize visits from ambulatory care professionals to minimize contagion risk, however there were then concerns with the lack of medical capacity
		• To alleviate this, nursing homes are asked to contract with community-based physicians and nurses working in their own practice or in health centres
			legislation governing quality in long-term care
			  o Regulatory instruments used to ensure quality include standards, surveillance, enforcement and data collection for quality monitoring
				(including long-term care facilities)
				  o In addition, local areas that have been hard hit by COVID-19 have increased the allowances of nursing and assistant nursing students to back-up trained health professionals
				• To contend with workforce shortages throughout the upcoming summer, the Ministry of Health has launched an online platform where volunteer health professionals and hospital employees can apply to provide support to health or social care organizations, including in long-term care facilities	

Country	Preventing infections	Managing outbreaks	Renewing delivery, financial and governance arrangement	Renewing supports for residents and staff	Promoting alternatives to long-term care
				• To reduce provider burnout, psychological hotline services were set up to support healthcare professionals working in hospitals, community-based settings, and long-term care facilities	

Finland	• On 9 April 2021, the government published a plan with a target to lifting the societal restrictions in place in June and July based on a reassessment of the epidemiological situation
	• Priority for administering vaccination is first to staff and residents of long-term care homes, however the country initially experienced delays due to challenges importing the vaccine
	• Visits from family and friends to long-term care homes were initially banned, however residents are now allowed to meet family and friends outside with a two-metre distance between them
	   o However, given the governance arrangements in the sector, this guidance was not uniformly implemented across regions
		• Though many long-term care homes were successful in avoiding COVID-19 outbreaks, there have been several examples of very severe outbreaks where the operation of the home was transferred to the municipal health and social-care association
		• Where outbreaks have taken place, residents are cared for in their own rooms by staff using additional PPE, including surgical mouth and nose protection, eye protection, and a protective jacket
			• Health care and social services are included in the draft of the Sustainable Growth Program for Finland which related to the national recovery and rehabilitation plan financed through the EU recovery instrument
			   o The investment plan is currently under preparation and will be submitted to the European Commission in the Summer
			   o Long-term care home are expected to be a source for investment
				• The main employee organization in Finland set new agreements concerning work arrangements for staff which include greater flexibility for breaks and working times.
				   o This also includes the ability for municipalities to move health personnel from one task to another and flexibility in working time.
				• Legislation governing care for older adults is
					• Care for those over the age of 75 is primarily offered at home rather than in long-term care homes
					   o Sheltered housing (or supportive living) has largely replaced institutional long-term care homes

Country	Preventing infections	Managing outbreaks	Renewing delivery, financial and governance arrangement	Renewing supports for residents and staff	Promoting alternatives to long-term care
	• National guidelines to prevent infections in long-term care homes include: 　○ Screening staff upon entry to homes 　○ Reducing staff turnover wherever possible 　○ Limiting transfers between care sites, and when unavoidable, quarantining the resident in a single room 　○ Designating a contact person within each unit to ensure compliance to hygiene 　○ Requiring staff to wear personal protective equipment including gloves, surgical nasal protection and goggles, protective sleeve or apron, and ensuring hand hygiene before putting on PPE and after removing it 　○ Restricting the use of common areas when a unit has a symptomatic resident 　○ Testing all asymptomatic staff and residents if the unit reports a single symptomatic resident 　○ Provide guidance and training to staff on infection prevention and control practices • To contend with staff shortages and burnout during the pandemic, care managers from other municipal services such as day care centres, libraries and early childhood education centres have			under reform and will include changes in light of COVID-19, which include among others a minimum number of nurses (0.7) per client in long-term care facilities	

Country	Preventing infections	Managing outbreaks	Renewing delivery, financial and governance arrangement	Renewing supports for residents and staff	Promoting alternatives to long-term care
	been dispatched to support care for older adults • In addition, retired care staff, who are not members of the risk group themselves, and students have been recruited as needed o In addition, retired care staff, who are not members of the risk group themselves, and students have been recruited as needed				

Germany	• Vaccinations in Germany are experiencing significant delays with mobile units that visit long-term care homes operating at only 67% capacity
	• The suspension of the AstraZenica vaccine has led to an increase in vaccine hesitancy across the German population including among health workers
	• The Ministry of Health announced a funding and support package to help institutions during the COVID-19 pandemic, including:
	  o Funding for PPE for staff, contact tracing, as well as to support homes in additional hiring to meet care needs
	  o Suspension of quality assessments for ambulatory and residential care, as well as changes to assessment and
		• Once infection has been detected in a long-term care facility, RKI has described that the following measures should be taken:
		  o Moving residents who have tested positive or are suspected of having COVID-19 into independent rooms, with their own bathrooms
		  o Restricting activities among other residents to avoid further spread
		  o Designating three separate areas within the institution, one for those without symptoms and
				• The Ministry of Health announced an increase in the minimum wage for nursing assistance until April 2022 as well as increasing the vacation days that workers are legally entitled to
				• The Bavarian Minister of Health announced that catering for all staff working in healthcare settings would be subsidized
				• An additional pandemic pay of 1,500 euros was provided to staff members working
					• The Senate Administration for Health, Care and Equality Berlin has developed communications to support caregivers around preventing COVID-19 infections
					• As of September 2020, family carers can receive support money for up to 20 paid days in situations where a gap in community care is experienced, an increase from the usual 10 days that are available
					• A review of the Family Care Leave Act is being

Country	Preventing infections	Managing outbreaks	Renewing delivery, financial and governance arrangement	Renewing supports for residents and staff	Promoting alternatives to long-term care
	waiving of obligatory advisory visits to people with care needs o Reimbursement of institutions providing care that incur additional costs or loss of revenue due to the COVID-19 outbreak o Institutional-care settings were permitted to deviate from certain rules and operational frameworks around staffing levels • Regional health authorities and managers of care homes were asked to work together to develop plans for the prevention of COVID-19, which were to, at a minimum, include: o Designating specific responsibilities including hygiene, communication and acquisition of materials o Developing a plan to inform residents, their relatives and staff of new protective measures o Training staff in using protective equipment o Organizing measures to reduce the number of contacts within the institutional settings o Setting and implementing rules for visitors and external providers including hair dressers, chiropodists, and people in pastoral care	without contacts of affected people, one for those with suspected cases, and one for those who have tested positive for COVID-19 o Designating a set of staff to work in each of the three areas above o Increased PPE for staff caring for residents with suspected and confirmed cases, including FFP2 masks, protective gowns, safety goggles and single-use gloves o Enhanced cleaning and disinfection of the facility o Contact tracing with the regional health authorities		in long-term care homes as part of the July pay period • A 'care reserve' has been developed across federal states where people with care qualifications can register, including individuals who have qualified abroad, and may be called on to help reduce burnout among staff o Those who do not have the necessary qualifications to be put directly into care settings are eligible for a one-year care apprenticeship during which they are provided with a regulated training allowance o However, apprenticeships	undertaken to include more flexibility for carers throughout the duration of the pandemic

Country	Preventing infections	Managing outbreaks	Renewing delivery, financial and governance arrangement	Renewing supports for residents and staff	Promoting alternatives to long-term care
	o Implementing regulations around staff absences o Designating staff to work in small independent teams • Additional preventive recommendations from Robert Koch Institute (responsible for the monitoring of infectious and non-communicable diseases in Germany), include: o Daily monitoring of staff health status through symptom checks o Recording of staff symptoms o Quarantine or isolation of staff following contact with an infected person o Weekly staff testing in collaboration with the regional health authority and more frequent testing in particularly high-risk institutions (i.e., with dense populations or high-incidence of COVID-19) • Staff and residents of long-term care homes are in the top priority group to receive vaccines			in long-term care homes remain unregulated	
The Netherlands	• For residents of nursing homes, the vaccination is provided by nursing-home personnel with vaccines being delivered by a qualified logistics organization or a pharmacy • Left over vaccines from nursing homes are being provided to designated caregivers of residents	• All residents suspected of having COVID-19 should be put into quarantine and cared for in isolation o In addition, depending on regional infection rates, quarantine is recommended for	• A reimbursement scheme has been established for long-term care homes that have experienced a revenue loss as of March 2020 as a result of efforts to prevent infection and maintain continuity of care	• To help relieve pressure in long-term care homes medical students and interns have been assigned to help out	• Free PPE has been made available for information caregivers of vulnerable people • Professional caregivers have been made available to replace family

Country	Preventing infections	Managing outbreaks	Renewing delivery, financial and governance arrangement	Renewing supports for residents and staff	Promoting alternatives to long-term care

	to support a return to safe and regular visits
	• Fully vaccinated residents of nursing homes are now allowed to receive two visitors instead of one at the same time and may be different persons over the week so long as physical distancing and universal masking are adhered to during the visit
	• In the Netherlands, nursing homes have had significant discretionary power to make decisions related to the COVID-19 pandemic, and as a result there is significant variation across the country
	• With respect to roll-out of vaccinations, staff at nursing homes were prioritized first, followed by nursing-home residents
	• Creation of an 'iron ring' around long-term care homes, including:
	  ○ Development of crisis management teams who are responsible for making quick top-down policy decision
	  ○ Re-introduction of the use of client councils (which were on hold during the first wave of the pandemic) in supporting crisis management decision-making and organizational policy
		newly admitted clients in areas of the country where there have been high rates of COVID-19
		• If an infection is detected in a long-term care facility, both staff and residents will be tested once a week
			• The government has provided a one-time net bonus of 1,000 euros to healthcare personal
			• Development of 'Extra Hands for Healthcare' database to match skill-sets to needed staff positions, as well as the 'Duty Calls' campaign which aims to support employers with employees who have healthcare backgrounds but are not currently practicing, to support the delivery of care during the second wave
			• The National Health Care Class was developed to provide a one-week crash course to those without any healthcare or limited background experience to be able to provide focused support; at present 120 people are trained each week
					caregivers if they get sick or experiencing more pressure and distress as a result of the COVID-19 crisis

Country	Preventing infections	Managing outbreaks	Renewing delivery, financial and governance arrangement	Renewing supports for residents and staff	Promoting alternatives to long-term care
	o Wearing a mask at all times for staff working within the long-term care facility o Regular testing of staff and residents • After a full ban on visitors was implemented during wave one, the government acknowledged that this resulted in many residents experiencing distress at not being able to see relatives o As a result, a new law has been implemented that clients must be able to receive visits from at least one family member or next of kin • All nursing-home residents suspected of being infected with COVID-19 can be tested, with same day results available				
New Zealand	• 3 March 2020 District Health Boards (DHBs) were contacted by the Ministry of Health (MOH) to understand how they were supporting aged residential care (ARC) facilities with infection prevention and control (IPC) support and training • On 11 June 2020 the MOH commissioned an independent review of COVID-19 clusters in ARC facilities o Recommendations from the review included developing 1) a national outbreak management	• Throughout the pandemic, HQSC has released Guidance for Preventing and Controlling COVID-19 outbreaks in New Zealand Aged Residential Care including: o 3 April 2020 Outbreak log o 24 April 2020 Guidance on cleaning aged residential care facilities following a	• On 30 July 2020, the MOH announced seven workstreams to be undertaken as part of MOH's action plan for the recommendations of the Independent Review of COVID-19 Clusters in Aged Residential Care Facilities including: o Developing a National Outbreak Management Policy to develop policies for communication and reporting	• As part of MOH's action plan for the recommendations of the Independent Review of COVID-19 Clusters in Aged Residential Care Facilities, workstreams are currently underway to better support residents and staff in ARC facilities	• 14 August 2020 the MOH released COVID-19 Guidance for admissions into residential care facilities o Although ARC services continue to be operating as essential services and are accepting referrals from community and hospital, protocols have been developed to

Country	Preventing infections	Managing outbreaks	Renewing delivery, financial and governance arrangement	Renewing supports for residents and staff	Promoting alternatives to long-term care

	policy; 2) a regional ARC Incident Management Team; 3) psychosocial supports for staff wellbeing; 4) psychosocial support for residents' wellbeing; 5) national IPC standards specifically for the ARC sector; 6) a pandemic management workbook/guidance specific to the ARC sector
	• The Health Quality and Safety Commission (HQSC) updated its Guidance for Preventing and Controlling COVID-19 outbreaks in New Zealand Aged Residential Care on 24 July 2020
	  o The report covers roles and responsibilities for ARC facilities, public health units, and DHBs to prepare for and prevent COVID-19 outbreaks as well as manage COVID-19 outbreaks when suspected cases arise
	• On 11 August 2020, the COVID-19 and Long-Term Care in Aotearoa New Zealand Report was released by the International Long Term Care Policy Network
	  o The report discusses MOH guidelines for the 4 alert levels in relation to ARC services and their implications for new admissions, current residents, PPE and visitors
		suspected, probably or confirmed case of COVID-19
		  o 10 July 2020 Outbreak plan for influenza-like illness
		• 1 April 2021 MOH updated its COVID-19 specific guidelines for aged-care providers
		  o This includes guidance for managing staff and residents with COVID-19 infection
			requirements, decision-making and escalation pathways, supported clinical rotations or placements in ARC to build capacity and rapid formation of response teams (Workstream 1)
			  o Establishing continuous learning supports across the sector to enable easy access to information on quality improvement initiatives (Workstream 5)
			  o Aligning expectations for ARC with regulatory and contractual obligations in relation to IPC and pandemic planning (Workstream 6)
				o The National Outbreak Management Policy will be responsive to Māori and include psychosocial support policies to protect staff, resident, whānau and communities (Workstream 1)	screen new admissions and, if necessary, delay admission
					o Home support agencies and/or community nursing services will support the person at home while waiting for test results

Country	Preventing infections	Managing outbreaks	Renewing delivery, financial and governance arrangement	Renewing supports for residents and staff	Promoting alternatives to long-term care
	• On 1 April 2021, the MOH updated its COVID-19 specific guidelines for aged care providers, including for PPE use, screening, managing staff and residents with COVID-19, visiting policies, transfers and other guidance for preventing and controlling COVID-19 outbreaks • The New Zealand Aged Care Association (NZACA) released advice to rest homes on COVID-19 Alert levels 3 and 4 on 13 February 2021, and on Alert levels 1 and 2 on 14 February 2021 • As of March 2021, New Zealand is vaccinating Group 2 which includes long-term care staff and residents				

United Kingdom	• On 2 April 2020 (last updated 23 June 2021), the Department of Health and Social Care released guidance on the admission and care of residents in a care home during COVID-19
	  o The 23 June 2021 update includes changes to the policy on isolation requirements for new admissions from community, whole care home testing, and advice for keeping staff safe
	• On 22 July 2020 (last updated 21 June 2021) Department of Health and Social Care released guidance
		• The Department of Health and Social Care's guidance on the admission and care of residents in a care home during COVID-19 and overview of adult social care guidance on corona virus (COVID-19) (last updated 23 June 2021) include advice for managing outbreaks including:
		  o Help with infection control
			• On 18 April 2020, the UK government announced £1.6 billion in new funding for councils, bringing the total funding provided to councils to £3.2 billion since March 2020
			  o Councils can use the funds to address challenges related to COVID-19 including adult social care
			  o An additional £850 million in social care
				• The Department of Health and Social Care released an overview of adult social care guidance on corona virus (COVID-19) (last updated 23 June 2021) includes information for social care providers on mental health and	• The overview of adult social care guidance on corona virus (COVID-19) (last updated 23 June 2021) includes advice for increasing flexibility to use direct payment for activities at home and payment of family carers or close friends if a personal assistant is not available during COVID-19

Country	Preventing infections	Managing outbreaks	Renewing delivery, financial and governance arrangement	Renewing supports for residents and staff	Promoting alternatives to long-term care
	on visiting care homes during COVID-19 o Each resident can nominate up to two named visitors for regular visits o In addition to the two named visitors, residents with higher care needs can also nominate an essential caregiver • On 25 August (last updated 23 June 2021) The Department of Health and Social Care released an overview of adult social care guidance on corona virus (COVID-19) o The guidance covers infection prevention and control in care homes, reporting procedures, handling care home patients discharged from hospital, visits to care homes and testing care workers and residents in care homes • The British Geriatrics Society developed a guidance document for the COVID-19 pandemic in care homes for older people, which included distinct sections covering: o Infection control measures such as ensuring effective personal protection equipment use, appropriate training for staff, and the development of strategies to enable the safe	o What to do in the event of a suspected outbreak o Reporting outbreaks o Steps to take following a COVID-19 related death of a person who worked in adult social care o Care protocols for residents depending on their COVID-19 status and personal needs • Outbreaks in long-term care homes are monitored through the government's Capacity Tracker, which is a portal for publishing vacancies in care homes and additional information to support care home managers linked with the COVID-19 pandemic	grants to help with cashflow o On 14 May 2020, an additional £600 million was provided as part of an infection control fund to support adult care providers by reducing the rate of transmission in and between care homes and improve workforce resilience o On 16 January 2021, £120 million was provided to help local authorities manage workforce pressures caused by COVID-19 in the social care sector • The Department of Health and Social Care's overview of adult social care guidance on corona virus (COVID-19) (last updated 23 June 2021) includes guidance on managing care workers during COVID-19, securing PPE and necessary supplies • A population analysis of 189 long-term care homes in the United	wellbeing and financial support • The United Kingdom Government's document on the admission and care of residents in care homes during COVID-19 (last updated 23 June 2021) recommended that care home managers review sick leave policies and occupational health support for staff and support unwell staff to stay at home o The document also recommended that care homes restrict the movement of staff between homes and health care settings, take steps to limit the use of public transport by staff members and to	• The Department of Health and Social Care also provides advice (last updated 17 May 2021) for local authorities and NHS to support home care provision during COVID-19 • The Department of Health and Social Care is working with Skills for Care to provide funded training programs to build social care workforce (paid and volunteer) capacity through remote training during COVID-19 • Live-in care, where a care worker moves into an individual's home, has reported a surge in interest since the COVID-19 pandemic o The United Kingdom Home Care Association estimates that between 7,000 and 10,000 people are using live-in services at any one

Country	Preventing infections	Managing outbreaks	Renewing delivery, financial and governance arrangement	Renewing supports for residents and staff	Promoting alternatives to long-term care
	quarantine of residents who become COVID-19 positive o Staff and resident testing, which included asymptomatic testing of staff and residents o Admission to care homes, which included not accepting admissions from the hospital or community until they know the COVID-19 status of the resident and quarantining all admissions to care homes for 14 days after admission o Family visiting, which included working with local authorities to establish safe visiting policies, and mandating testing of all visitors o Diagnosing COVID-19 in care homes, which included testing residents immediately if infection is suspected and isolating any suspected residents o Management and treatment of COVID-19 in care homes, which included ensuring infection control zones within the homes and ensuring that staff have the skills and equipment to manage patients with COVID-19 • In April 2020, a report by Amnesty International provided recommendations to prevent infection in long-term care homes		Kingdom published in the Lancet found that the size of care homes was strongly associated with COVID-19 outbreak and thus, recommended that homes be reconfigured or discrete, self-contained units be created within care homes comprising smaller numbers of staff and residents o High movement of staff, including agency workers, cooks and maintenance workers, was also thought to be a key factor in infection transmission prompting care home operators to establish infection control procedures for all staff • To improve LTC facility quality, the NHS Enhances Health in Care Homes Framework emphasized the importance of homes having access to a named general practitioner who is linked to a wider community health team o A more integrated team, with a	consider providing accommodation to staff who proactively choose to stay separately from their families to limit contacts outside of work • As part of the COVID-19 winter 2020 to 2021 support plan, NHSX (a joint unit with collaboration of teams from the Department of Health and Social Care and National Health Services) gifted 11,000 iPads to care homes to help residents stay connected to loved ones and receive ongoing care • In November 2020, the United Kingdom government released new guidance to support safe care	time, and most of the individuals self-fund this care o Some providers of live-in care are introductory agencies that arrange contracts between an individual and a self-employed care worker and thus, are not regulated by the Care Quality Commission • Care Rooms, where approved homeowners provide bed, board and companionship to people coming out of hospital are also gaining popularity o Care Rooms currently have more than 600 approved hosts and plan to increase to more than 2,000 through formal agreements with local councils o However, Care Rooms are suspended under

Country	Preventing infections	Managing outbreaks	Renewing delivery, financial and governance arrangement	Renewing supports for residents and staff	Promoting alternatives to long-term care

	which included ensuring full access for residents, staff and visitors to regular testing, adequate supply of personal protective equipment, developing adequate mechanisms to assess the capacity of care homes to deliver infection prevention and control, and limiting the movement of staff between care homes
	• The U.K. government released advice in December 2020 prioritizing residents of care homes and their carers in the first priority group
	• In September 2020, the United Kingdom government announced that $546 million would be dedicated to care homes to try and reduce COVID-19 transmission
	  o The money would be used to help pay workers full wages when self-isolating and to ensure staff only work in one care home
			paramedic and a nurse who is a go-to person for care homes has also been suggested to improve care home quality	home visits during lockdown and recommended that measures be put in place to provide COVID-secure opportunities for families to meet using visiting arrangements such as floor to ceiling screens or visiting pods
				  o It was also recommended that outdoor and window visits be considered, when feasible and that further support for virtual visits be provided to care homes
				  o 11,000 iPad tablets were expected to be delivered to care homes across the United Kingdom in early 2021
					current COVID-19 pandemic restrictions
					• Extra Care Communities, also known as retirement communities, where older adults have their own apartment with communal facilities and on-site care support are another potential alternative for some older individuals

United States	• The Centers for Disease Control and Prevention (CDC) state that	• The CDC provides recommendations,	• On 8 April 2021, CMS issued a proposed rule	• On 22, 26 and 28 January 2021, the	• In November 2020 CMS launched a

Country	Preventing infections	Managing outbreaks	Renewing delivery, financial and governance arrangement	Renewing supports for residents and staff	Promoting alternatives to long-term care
	all long-term care (LTC) facilities should assign a minimum of one individual with training in infection prevention and control (IPAC) to provide on-site management of COVID-19 prevention and response activities o IPC programs should include developing IPC policies and procedures, and provide training to healthcare personnel, infection surveillance and auditing adherence to recommended practices • The CDC provides education using case-based scenarios about how to apply IPC guidance for long-term care facilities in response to COVID-19 and a Nursing Home Infection Preventionist Training Course that allows participants to earn continuing education credits or an overall certificate of completion o The training course targets the individual(s) responsible for IPC programs in LTC facilities • The Centers for Medicare and Medicaid Services (CMS) developed Nursing Home Reopening Guidance for State and Local Officials. The guidance was initially released on 18 May 2020 and was subsequently updated on 10 March 2021	education and training provide guidance for managing outbreaks in the context of LTC facilities • The CDC's guidance on Post-Vaccine Considerations for Residents of LTC facilities includes recommendations that aim to balance the risk of unnecessary testing and IPC precautions for residents with only post-vaccination signs and symptoms with the risk of inadvertently allowing residents with COVID-19 to expose others at the facility • CMS's Nursing Home Reopening Guidance for State and Local Officials and Toolkit on State Actions to Mitigate COVID-19 Prevalence in Nursing Homes (last updated on 25 March 2021) provide guidance on managing outbreaks in LTC facilities o The toolkit includes guidance on	(CMS 1746-P) to update Medicare payment policies and rates for skilled nursing facilities starting in 2022 • Medicare, Medicaid and private insurers must cover the COVID-19 vaccine at no charge to their beneficiaries • CMS released toolkits for states, insurers, and providers to increase the number of providers available to administer the vaccine and facilitate appropriate reimbursement • CMS maintains a list of COVID-19 waivers and flexibilities o This list includes new rules for temporary transfers of residents at an LTC facility who are COVID-19 positive without the need for a formal discharge o The LTC facility is still formally considered the provider and is responsible for reimbursing the other provider that accepted	CMS Office of Minority Health hosted listening sessions to discuss the impact of COVID-19 on populations who face health disparities o The goals of these sessions were to 1) better understand the challenges and needs of LTC facilities and staff to serve these populations as COVID-19 progresses, 2) learn about the emerging best practices to address these challenges for Medicare and Medicaid beneficiaries, 3) understand the needs of LTC facilities for support and resources related to	toolkit to help develop state Medicaid infrastructure to better support transitions of its beneficiaries from long-term care facilities to community-based services

Country	Preventing infections	Managing outbreaks	Renewing delivery, financial and governance arrangement	Renewing supports for residents and staff	Promoting alternatives to long-term care
	• On 19 November 2020 (updated on 10 March 2021), CMS launched a Nursing Home Resource Center to provide COVID-19 related information, data and guidance as well as resources such as payment policy information, training and facility inspection reports • On 13 December 2020 (updated 13 March 2021), the CDC released Post-Vaccine Considerations for Residents of LTC facilities and on 23 December 2020 (updated 22 February 2021) it launched a toolkit about COVID-19 vaccines for LTC facilities • CMS maintains a Toolkit on State Actions to Mitigate COVID-19 Prevalence in Nursing Homes (updated 25 February 2021) • On 1 December 2020, recommendations from the CDC based on the Advisory Committee on Immunization Practices (ACIP) placed healthcare personnel and long-term care facility residents in the highest priority group • On 25 March 2021, CMS updated its Toolkit for States to Mitigate COVID-19 in Nursing Homes o The toolkit includes guidance on cohorting, PPE use, patient	reporting, infection-control surveys and infection-control "Strike Teams"	its resident(s) during the emergency period	COVID-19 outreach and 4) help plan outreach around COVID-19 vaccines	

Country	Preventing infections	Managing outbreaks	Renewing delivery, financial and governance arrangement	Renewing supports for residents and staff	Promoting alternatives to long-term care
	transfers, screening/visitors and vaccinations • On 10 March 2021, the Centers for Medicare & Medicaid Services (CMS) updated its Nursing Home Guidance with Revised Visitation Recommendations • The CDC tracks all COVID-19 vaccine doses administered in long-term care facilities under the Federal Pharmacy Partnership for Long-Term Care Program o As of 23 April 2021, the federal Pharmacy Partnership for LTC Program has ended with a total of 7.88 million doses having been administered to LTC staff and residents				

Appendix 5: Experiences related to supporting renewal in long-term care homes in Canadian provinces and territories

Province/territory	Overview of long-term care arrangements	Renewing delivery, financial and governance arrangement	Renewing supports for residents and staff	Promoting alternatives to long-term care
Pan-Canadian	• Long-term care is considered an extended healthcare service and falls within provincial or territorial jurisdiction • According to the Canadian Institute for Health Information (CIHI), 54% of long-term care homes are privately owned and 46% publicly owned • According to the 2016 census, almost 160,000 people lived in long-term care facilities in Canada	• The Government of Canada is providing funding to provinces and territories through the Safe Long-term Care Fund, in addition to previous investments such as $740 million to address immediate needs within long-term care, up to $3 billion to increase wages of low-income essential workers, $9.6 million to Healthcare Excellence Canada to support long-term care facilities, and $3 billion investment over five years starting in 2022	*None identified*	*None identified*
British Columbia	• Long-term care services in British Columbia include 24-hour professional supervision and care for people with complex care needs • British Columbia has 308 long-term care homes, of which 35% are publicly owned, 37% owned by private for-profit organizations, and 28% are owned by	• In August 2021, the Government of Canada announced an agreement to provide British Columbia $134 million to support the *Safe Long-term Care* initiative, where the funding will support creating additional single-bed long-term care rooms, improving ventilation and air quality, investing in mattresses and bed frames to reduce wound pressure injuries, purchasing easily	*None identified*	*None identified*

	private not-for-profit organizations • Accommodation costs to the resident are income-based up to 80% after tax, which could range from $1,189 to $3,444/month (as of 2020)	cleaned furniture, and investing in cleaning, food services, and medical supplies		
Alberta	• Long-term care facilities in Alberta are defined as providing services for individuals with complex, unpredictable needs who require 24-hour on-site registered nurse assessment and/or treatment • Alberta has 186 long-term care homes, of which 46% are publicly owned, 27% are owned by private for-profit organizations, and 27% are owned by private not-for-profit organizations • Accommodation costs to the resident range from $1,743 to $2,210/month (as of 2020)	• In May 2021, the Government of Alberta released findings on the facility-based continuing care review and plans to enhance public reporting, phasing out shared rooms, updating design guidelines and capital funding, and providing capital grant funding to support Indigenous groups • In response to the *Safe Restart Agreement,* the Premier of Alberta promised that allocated funds will be used to increase staffing support, cover one-time pandemic preparedness costs, and support enhanced staffing, PPE, and cleaning supplies (September 2020)	• The Auditor General of Alberta's Status of Recommendations report from June 2021 recommended that Alberta Health Services should improve the monitoring activities for individual facility performances, develop a system that can verify adequate staff supply and that the basic needs of the residents are being met, and establish a mechanism to escalate compliance action for high-risk facilities	• In May 2021, the Government of Alberta released findings on the facility-based continuing care review and plans to expand community care and services options to enable more people to stay at home
Saskatchewan	• In Saskatchewan, options for people who can no longer live	• The Ministry of Seniors and Rural and Remote Health directed the	• Due to a COVID-19 vaccination policy implemented by a	*None identified*

	independently, or need assistance to do so, include home care, personal care homes, and nursing homes ○ Individual home-care funding is provided by the Saskatchewan Health Authority (SHA) to eligible people who need additional support to stay independent at home ○ Personal care homes are privately-owned businesses that are licensed and monitored by the Saskatchewan Ministry of Health ○ Nursing homes are operated by the SHA or a provider who has a contract with the SHA • Personal care home fees are set by private businesses, but eligible lower-income seniors can apply for a Personal Care Home Benefit • Residents of nursing care homes are charged a fee based on their annual reported income	Saskatchewan Health Authority on 30 June 2021 to review the recent changes made to its policy on pharmacy procurement in all long-term care homes operated by the SHA ○ During the process of implementing the policy that aimed to improve consistency in procurement of medication, product delivery, after-hours access, and quality oversight, unintended consequences for local suppliers were identified • On 28 July 2021, the Saskatchewan government announced the addition of nearly 250 specialized long-term care beds in Regina, along with 350 standard long-term care beds that would follow ○ The specific bed distribution has yet to be finalized • On 14 October 2021, Saskatchewan Health Authority announced that it would be taking over five Extendicare homes that provide approximately 550 long-term care spaces between Regina, Saskatoon and Moose Jaw	coalition of seniors' living operators in Canada, long-term care and retirement home staff of 18 homes in Saskatchewan owned by Extendicare and Revera who are not fully vaccinated as of 12 October 2021 will be placed on unpaid leave of absence ○ Full vaccination will also be required for all new hires, agency personnel, and students working at these homes ○ The operators indicated that the vaccination policy will enhance protection against COVID-19 for seniors in their care, other staff members who deliver care, essential caregivers, and visitors	

	• The Saskatchewan Ministry of Health subsidized approximately 80% of the provincewide costs for long-term care • Saskatchewan has a total of 161 care homes, with 74% being publicly owned, 5% being privately owned, and 21% being owned by private not-for-profit organizations			

Manitoba	• Personal care services in Manitoba are provided for Manitobans who can no longer remain safely at home because of their healthcare needs
	• The costs for personal care services are shared between Manitoba Health and the client who needs services
	  o The client's portion of the costs is a daily charge based on income
	• Manitoba has a total of 125 long-term care homes, 57% of which are publicly owned, 14% privately owned,
		• A recent Angus Reid survey found that three-quarters of Canadians said that either significant changes (45%) or a total overhaul (31%) of the long-term care industry is needed
		  o 73% of Manitoban respondents said that significant changes or a total overhaul is needed, while 6% of respondents said that few or no changes are needed
		  o Three-in-five Manitoba residents said that the federal government should be directly involved in making changes and creating standards for the industry
			• The eligibility deadline for the Manitoba Pandemic Paid Sick Leave program that provides employers with up to $600 per employee for COVID-19 related sick leave is 23 October 2021 to coincide with federal and other provincial program changes	• On 1 October 2021, the Premier of Manitoba announced $32 million in funding for significant expansion of the Bethesda Regional Health Centre as part of Manitoba's Clinical and Preventative Services Plan
				  o The investment will provide 23 additional acute beds, treatment for palliative and end-of-life care and other needs, six dialysis stations, and pharmacy upgrades that support the delivery of chemotherapy services
				  o The expansion will significantly reduce the need for Steinbach and the surrounding communities to travel

| | and 29% owned by not-for-profit organizations | • After [agreeing to implement the 17 recommendations from the external review commissioned on the COVID-19 outbreak at Maples Long Term Care Home](#), the Manitoba government has commissioned 13 working groups to develop a plan for how each recommendation will be implemented
o In its [6 August 2021 progress report](#), the Manitoba government reported that in the previous three months, all short-term recommendations were completed and that work on medium- and long-term recommendations is still ongoing
o Completed recommendations include creating a Provincial Pandemic Plan for long-term care/personal care homes, integrating Emergency Continuity Management in the Pandemic Plan, and improving the resources available to support | | elsewhere for care as the population ages |

		long-term care/personal care home staff o All recommendations and tasks specifically focused on Maples Long-Term Care Home have also been completed		
Ontario	• Types of supportive housing in Ontario include long-term care homes, home and community care, and retirement homes • In Ontario, there are 627 long-term care homes, with 57% being owned by private organizations, 27% owned by private not-for-profit organizations, and only 16% owned publicly • Long-term care accommodation costs in Ontario are set by the Ministry of Long Term Care o The current monthly rates range from $1,891.31 to $2,701.61 o Eligible clients can apply for the Long-Term Care Home Rate Reduction Program	• As of 13 October 2021, the Ontario government has announced the development and/or expansion of long-term care homes in North Bay, Temiskaming Shores, Toronto, Kingston, Ajax, Brampton, Arnprior, Vaughan, and Oakville o Completion of the 320-bed Mon Sheong Stouffville Long-Term Care Centre was also announced on 21 July 2021 • On 20 October 2021, The province opened a new call for applications to develop long-term care homes in order to meet its goal of delivering 30,000 net new beds over 10 years	• On 1 October 2021, the province announced that COVID-19 vaccination would be mandatory for all in-home staff, support workers, students and volunteers in the province as of 15 November 2021, unless the individual has a valid medical exemption o All newly hired staff will also be required to be vaccinated before they begin to work in a home o Randomized testing of vaccinated individuals as well as unvaccinated residents will continue in homes • It was also announced the same day that inspections of homes would be expanded and provincial resources redirected to enhance existing testing in homes • As part of the Ontario government's plan to invest $4.9 billion over four years to increase the	*None identified*

			average direct care per LTC resident, the province announced that [up to $270 million will be provided this year to long-term care homes](#) to add 4,050 new long-term care staff across the province • The province also announced an annual $10 million Supporting Professional Growth Fund to support training and professional development opportunities for long-term care staff • The Ontario government announced a [funding boost for five long-term care homes](#) on 20 October 2021, to increase staffing levels on an annual basis until 2025 • The Ontario government announced that it will hire [193 new inspection staff](#) and devote $20 million to launching a new inspection program for long-term care homes	
Quebec	• Quebec has a total of 440 long-term care homes, 88% of which are publicly owned and 12% are privately owned	• [An update to the 2019-2023 strategic plan for the Ministry of Health and Social Services](#) describes an increase of long-term care placements by 2,600 by 2023, and to better		• The government of Quebec released an [Action Plan for Caregivers](#), which includes: o Promoting the self awareness of caregivers through a

		adapt the settings so they are more focused on the needs of the people who live there		communication strategy to better refer them to resources ○ Establish territorial coordination for caregivers including three for First Nations and one for Inuit ○ Investment of $95 million to improve respite services, including support for Alzheimer's and day centres for seniors ○ Invest $60 million in individual and group psychosocial supports targeted at caregivers ○ Improve the communication of information about caregivers' eligibility for tax credits and other programs of financial supports ○ Form an inter-ministerial working committee on work-family-studies-responsibility balance and financial insecurity • An update to the 2019-2023 strategic plan for the Ministry of Health and Social Services notes the call by the Quebec Ombudsman to improve access to and quality of home care

				o The ministry is planning to respond by increasing the number of people served by 2% as well as increasing the number of total home-care hours from its current rate of 20.9 million to 24 million
New Brunswick	• New Brunswick has 70 long-term care homes, of which 14% are owned by private for-profit organizations, and 86% are owned by private not-for-profit organizations	*None identified*	• On 5 October 2021, the Government of New Brunswick announced a 14-day COVID-19 circuit breaker for parts of the province, and that long-term care workers have until 19 November to be fully vaccinated or face unpaid leave o Nursing home workers' union is asking the provincial government to extend the deadline for workers to receive the COVID-19 vaccine past the 19 November deadline	*None identified*
Nova Scotia	• Nova Scotia has 84 long-term care homes, of which 14% are publicly owned, 44% are owned by private for-profit organizations, and 42% are owned by private not-for-profit organizations	• As of 19 October 2021, the Government of Nova Scotia announced that the province is investing $2.5 million to increase the number of nurse practitioners working in long-term care, who will work with existing facility teams and family physicians	• The Government of Nova Scotia announced on 29 September 2021 that all workers in long-term care facilities (licensed or unlicensed) and home-care agencies (publicly and privately funded) must be fully vaccinated	*None identified*

		o This investment comes from the work of the Long-Term Care Expert Panel to develop a sector-wide strategy for primary-care coverage o There are currently 29 nurse practitioners employed by Nova Scotia Health working in long-term care o Dalhousie University's nurse practitioner program has recently increased its number of seats from 15 to 40		
Prince Edward Island	• Prince Edward Island has 19 long-term care homes, of which 47% are publicly owned, 47% are owned by private for-profit organizations, and 6% are owned by private not-for-profit organizations	*None identified*	• Holland College in Prince Edward Island is launching an additional practical nursing program in January 2022 to combat the shortage of healthcare professionals in long-term care facilities and other healthcare centres o The province is allotting $700,000 in funding over four years to help with costs associated with the program's delivery	*None identified*
Newfoundland and Labrador	• Newfoundland and Labrador has 40 long-term care homes, of which 98% are publicly owned, and 2% are owned by	*None identified*	*None identified*	*None identified*

	private for-profit organizations			
Yukon	• Yukon has four long-term care homes, of which 100% are publicly owned			
Northwest Territories	• Northwest Territories has nine long-term care homes, of which 100% are publicly owned	*None identified*	*None identified*	*None identified*
Nunavut	• Nunavut has three long-term care homes, of which 100% are publicly owned	*None identified*	*None identified*	*None identified*

Appendix 6: Preventing and managing COVID-19, outbreaks of COVID-19, and supporting renewal in long-term care homes in Canadian provinces and territories

Province/ territory	Preventing infections	Managing outbreaks	Renewing delivery, financial and governance arrangement	Renewing supports for residents and staff	Promoting alternatives to long-term care
Pan-Canadian	• In May 2021, the federal government announced a $750,000 repayable contribution to Tenera Care to support the roll-out of monitoring and contact tracing systems to long-term care homes • In April 2021, additional guidance was released on ventilation and filtration to reduce aerosol transmission of COVID-19 in long-term care homes, which includes information on how to enhance and improve ventilation, and use of fans and single-unit air conditions in facilities where this is not possible • In April 2021, the Public Health Agency of Canada released a second edition of the federal/provincial/territorial public-health response plan for the ongoing management of COVID-19, which includes considerations for long-term care homes, such as:	• The Government of Canada's interim guidance on the care of residents in long-term care homes during the COVID-19 stated that outbreak-management protocols should be in place with the following considerations: (i) long-term care homes should refer to jurisdictional authorities for definitions and directives on case reporting and outbreak management; (ii) a single confirmed case of COVID-19 in a resident or staff member is justification to apply outbreak measures to a unit or home; (iii) when an outbreak occurs, an emergency	• The federal government are investing $99.4 million in 95 infrastructure projects to improve long-term care homes in Ontario • The federal budget promised $3 billion over the next five years to help provinces implement new standards for long-term care • The long-term care task force's report identified five systemic issues at present in long-term care homes in Canada, and provided options of actions to deal with these issues o The first identified issue was that in the last few decades, little societal priority and attention was put towards long-term care in Canada. Potential options to address this issue include creating a national agenda for older adults' care, including long-term care, with tracking mechanisms and launching a national campaign to fight ageism and promote discussions about healthy aging	• The Royal Society of Canada's Covid-19 and the future of long-term care report stated that the following principles should be used to guide efforts to improve safety and quality of life for long-term care residents and staff: (i) quality of care in nursing homes is fundamental and intimately linked to quality of life; (ii) routine evaluation of performance must occur, including performance measures that are important to residents and families; (iii) funding for nursing homes must be tied to evaluating and monitoring of indicators of quality of care, resident quality of life, staff quality of work life, and resident and family experiences; (iv) relationships must be	• In September 2020, the federal government's Speech from the Throne included a commitment to work with provinces and territories to establish national standards for long-term care, and to take strategic actions to help people stay in their homes longer

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	o Updating the guidance for the clinical management of patients with moderate to severe COVID-19 and care of residents in long-term care; o Optimizing testing platforms for healthcare and staff in long-term care facilities o Providing a federal Safe Long-Term Care Fund, including carrying out infection-prevention and control readiness assessments, making improvements to ventilation and hiring and training additional staff • In April 2020, Canada's Chief Science Advisor convened a task force to provide advice on infection prevention and improving outcomes for residents of long-term care homes • The task force assembled a report, which identified priority areas for immediate attention and options aimed to ensure adequate care capacity in long-term care homes. They included: 1)	operations team should be set up for the affected home, and other support with testing, personal protective equipment acquisition, staffing and communications should be obtained and; (iv) once a case has been identified contacts should be isolated and tested, and confirmed positive residents should be moved to single rooms or placed separately from suspected and negative residents	o The second identified issue was that long-term care residents are highly vulnerable, relatively voiceless and without strong advocacy. Potential options to address this issue include creating a national long-term care strategy that emphasizes person-centred, humane and holistic care, developing an older adult's bill of rights, and creating older-adult protection services o The third identified issue was that a fragmented continuum of care and heterogeneous operational models make it hard to provide equal and consistent access to services for older adults based on their care needs as they age. Potential options to address this issue include creating a policy framework to guide the development of standards for the structures, processes and outcomes of care for older adults in care homes, promoting healthy aging at the national level to ensure government investments are having the intended impact,	collaborative among stakeholders, homes and the input of people who live and work in the homes should be included; (v) home environments and plans, protocols and resources for delivering care must meet the complex medical and social needs of residents • The Royal Society of Canada also reported that long-term care workers must have full-time work with equitable pay and benefits including mental health supports o The "one workplace" policy that has been implemented in long-term care homes should be considered as a permanent policy • To further support residents, the Royal Society of Canada also stated that long-term care homes must include measures so	

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	ensuring sufficient human and physical resources are available for residents' care; 2) ensuring staff with the right skills are deployed at the right place and the right time; 3) enhancing support for the long-term care homes from local health and hospital systems and; 4) enhancing infection prevention training and control for long-term care staff
	
	• On 04 December 2020, it was announced that the Government of Canada and partners invested $1.8 million towards strengthening pandemic preparedness in long-term care and retirement homes
	  o Research teams will partner with long-term care and retirement homes to study the effectiveness of practices, interventions and policy options to keep residents, their families and staff safe from COVID-19
	• In April 2020, the Canadian Centre for Policy Alternatives released a
			and defining a national approach to ensure alignment and consistency between private and public sectors
			  o The fourth identified issue was that long-term care sector resources are not at the levels necessary to enable the quality of health and social care required. Potential options to address this issue include developing and implementing new ways of funding long-term care homes such as long-term care public insurance schemes implemented in many European and Asian countries, implementing a coordinated or centralized model of health human resource management at regional levels, and improving person-centred care by improving access to appropriate services and support
			  o The fifth identified issue was that the built environment often challenges the ability to protect the well-being of older adults. Potential options to address this issue
				that technology and other means are employed to connect residents with family and friends, and so that at least one family member can safely visit
				
				• In February 2021, the Canadian Association for Long Term Care released a summary of recommendations for long-term system planning, which includes calling on the federal government to include private designated learning institutions that offer recognized and equivalent training programs for healthcare aides as eligible programs under the Post Graduate Work Permit, and in the upcoming micro-credentials program through Employment and Skills Development of Canada	

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	report that stated that in the short term, to prevent infections testing should be provided to all those living in, working in, or visiting long-term care homes, hands-on-training should be provided for all those entering the homes, protective equipment should be utilized, the skills of everyone paid to provide care should be assessed, what staff who are not trained are allowed to do should be limited and transfers from hospitals should be severely limited • In February 2021, the Canadian Association for Long Term Care released a summary of recommendations for long-term system planning, which includes calling on the federal government to provide $93.2 million to support the recruitment and retention of infection-prevention and control experts in care homes		include developing and implementing restrictions on maximum number of residents per room and implementing standards for shared spaces • In April 2020 the Canadian Centre for Policy Alternatives issued a report which recommended that the privatization of long-term care homes be stopped and non-profit ownership be ensured, contracting out of food, housekeeping and laundry services be stopped, surge capacity into the physical structure of homes and labour force planning be developed, minimum staffing levels and regulations be enforced, and new homes be designed to protect residents and staff while also allowing the community to safely enter • In September 2020, the Government of Canada announced the Safe Restart Agreement which included $740 million for long-term care, home care and palliative care to support one-time costs during the pandemic • The Canadian Association for Long Term Care called on the		

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			federal government to expand projects eligible for infrastructure funding to include seniors housing, which includes long-term care, to invest in the construction, renovation and retrofit of 780 long-term care homes so that they meet current design standards by 2025, and to increase capacity by committing to fund an additional 42,000 new long-term care resident beds across the country by 2025 • In February 2021, the Canadian Association for Long Term Care released a summary of recommendations for long-term system planning, which included mandating a standardized system for collecting residential and financial performance data in long-term care homes as part of the Canada Health Accord agreements signed with each of the provinces and territories		
British Columbia	• On 27 March 2020, British Columbia's Public Health Officer enacted restrictions to long-term care workers' movement across multiple healthcare organizations under the province's	• An inspection report from a British Columbia long-term care home which was hard hit by COVID-19 found	• On 12 April 2021, the Government of British Columbia tabled its Throne Speech which included hiring thousands of additional long-term care workers and capital	• On 22 October 2020, a third party prepared a response review for British Columbia's Ministry of Health and Long-term Care which recommended that	• In April 2020, Health authorities stated that they are in the process of repatriating publicly funded home

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	Emergency Program Act and Public Health Act • On 30 June 2020, The British Columbia Ministry of Health released an interim guidance document on infection prevention and control measures for long-term care which required passive screening (signage), active screening for COVID-19 symptoms for all staff, screening of residents who exhibit symptoms, increased monitoring procedures for residents suspected of having COVID-19, physical distancing of residents and staff, and enhanced training of staff on proper use of protective and preventive measures • On 22 October 2020, a third party prepared a response review for the British Columbia's Ministry of Health and Long-term Care which stated that specific policy orders from the provincial health officer were interpreted differently by health authorities, and that there were gaps in infection prevention and	staffing shortages throughout the pandemic and inadequate cleaning led to the outbreaks experienced • British Columbia's Centre for Disease Control website maintains an up-to-date list of outbreaks at long-term care homes in the province • British Columbia established a rapid response paramedic team, which is a specialized team that supports the local paramedic teams, to respond to outbreaks or high levels of COVID-19 positive patients • British Columbia's COVID-19 visitation policy outlines rules for visitors, and states that social/family visitors are only	funding for public long-term care homes • On 22 October 2020, a third party prepared a response review for British Columbia's Ministry of Health and Long-term Care, which recommended that as new long-term care homes are built practice considerations should include single beds, reduced shared spaces, updated ventilation systems and designs to support residents with complex cognitive and physical needs • The British Columbia government has paid out $120 million to long-term care home operators to hire more staff, and intends to hire 7,000 more people to increase care and manage COVID-19 infection risk	employment pathways for long-term care home staff should be redesigned in ways that attract, train and retain staff. Staff should be supported within the long-term care section to gain new skills and develop specialized expertise so that these positions can be a career role rather than a stepping stone, which may help to reduce high turnover rates • Beginning the week of 02 February 2021, teams from the Red Cross will be helping staff and residents at long-term care homes by delivering meals, light cleaning and arranging and facilitating virtual meetings with family members ○ The Red Cross is preparing to work with First Nations health authorities to help in similar ways, if required	support back into the public sector ○ Additional funding will also be directed towards supporting seniors living at home

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	control and emergency preparedness • In January 2021, a private care home in Abbotsford is the first in Canada to be involved in a pilot project involving COVID-19 contact tracing, which involves all residents and staff wearing a 'smart wearable device'. When an infection is reported, administrators can use a real-time dashboard to contact trace and subsequently isolate and test individuals • As of 01 April 2021, residents in long-term care facilities will be allowed up to 2 visitors at a time although public health measures such as face masks and sanitization practices will still be mandated • As of 19 February 2021, more than 30,000 residents of long-term care homes have received at least a first dose of a COVID-19 vaccine, which equates to 91% of all long-term care residents in the province	permitted if there is no current outbreak, and if there is an outbreak the management at the home decides whether essential visitors are allowed • In a news release published on 23 June 2021, the CEO of the BC Care Providers Association stated that rapid testing is being expanded at long-term care homes		• The province announced a $4 top-up raise for front-line workers, including long-term care workers, during the pandemic	

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	• On 5 May 2021, the BC CDC released detailed guidance on COVID-19 infection prevention and control for long-term care and assisted living settings, which includes information on infection prevention and exposure control measures, PPE, public health measures, and visitor guidelines				

Alberta	• On 10 April 2020, the Chief Medical Officer released a guidance document for COVID-19 infection prevention which stated that all staff, students, service providers and volunteers should be actively screened prior to the start of their worksite shift, and passively screened with self-checks twice daily during their shift
	• Long-term care staff are limited to working within one long-term care home
	• Alberta Health Services' Guidelines for COVID-19 outbreak prevention, control and management in care homes recommended placing symptomatic residents in single rooms,
		• Outbreaks in long-term care homes are publicly reported on the Alberta Health website, and updated twice per week
		• On 10 April 2020, the Chief Medical Officer released a guidance document for outbreaks in long-term care homes
		• The document stated that the Alberta Health Services COVID-19 Response Team must be contacted with the first symptomatic
			• On 03 February 2021, it was announced that Alberta's auditor general would review the province's COVID-19 response in long-term care homes, and the province would utilize this review to make changes to the procedures and delivery of long-term care
			• On 19 May 2020, the Government of Alberta announced $14 million per month, or $170 million for the year to help long-term care operators and residents affected by the COVID-19 pandemic
			  o The funds will cover increased staffing needs, costs for cleaning supplies and loss of accommodation
				• From August to October 2020, the Health Quality Council of Alberta conducted surveys and interviews to gather information from residents and family members about their experiences living in long-term care during the COVID-19 pandemic
				  o The information gathered will be used to understand what has worked well and what could be improved in continuing care during Alberta's pandemic response and beyond
					• Community Care Cottages, also known as personal-care homes, house 10-12 residents and seniors who are able to live together with around-the-clock care
					• These homes are private, and at present are not subsidized by the province
					• Expanded home care services, such as Home Instead Senior Care, would make home care a more accessible option for seniors
					• These home-care services do not

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	and if that's not possible, cohorting residents with similar infection statuses
	  o The guidelines also recommended implementing contact and droplet precautions, using signage outside of resident's rooms to indicate infection status, and wearing personal protective equipment at all times
	• To prevent infections, each long-term care home resident may identify up to two designated support persons who are essential to maintaining resident mental and physical health who can visit
	  o Non-designated persons may be allowed to visit depending on resident health circumstances and the risk tolerance assessment of the home
	• As of 19 January 2021, the first dose of vaccination at all of Alberta's 357 long-term care homes have been administered
		person in a long-term care home, and once the Response Team has been informed and a COVID-19 outbreak has been declared, the Alberta Health Services Zone Medical Officers will lead the outbreak response
		• If an outbreak is confirmed, additional resources to manage the outbreak and provide safe care, services and a safe workplace for staff must be deployed
		• Staff should be cohorted to exclusively provide care/service for residents who are not in quarantine or isolation, or exclusively provide care/service for residents who are in quarantine or isolation
			revenues due to vacant beds and rent freezes
			• A report published by consulting firm MNP on 30 April 2021 for the Alberta Department of Health outlined 42 recommendations (grouped in 11 policy directions) for improving continuing care services
			  o Beginning 1 July 2021, Alberta will stop new admissions to long-term care rooms that already have two residents in an effort to eliminate shared spaces by 2027
			  o Monitoring, inspections and audits will be expanded starting 1 July 2021
				• In April 2020, the province announced that it would be temporarily suspending parking fees for healthcare workers and the general public at all Alberta Health Services homes, which included long-term care homes	function as much on a task-driven model, and provide seniors with the varying support they need each day

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		• Alberta Health Services' Guidelines for COVID-19 outbreak prevention, control and management in care homes stated that transfers to care homes must be stopped if an outbreak is confirmed • As of 14 June 2021, Alberta Health Services updated operational and outbreak standards for licensed supportive living, long-term care and hospice settings			

Saskatchewan	• Residents and staff of personal-care homes (PCH) in Saskatchewan are part of the Phase 1 priority groups for COVID-19 vaccination in the province
	  o The province has a target of vaccinating all individuals in Phase 1 groups by the end of March 2021
		• The government of Saskatchewan maintains a data table on outbreaks in long-term care homes and personal-care homes around the province on its website
		• According to the Saskatchewan
			• On 16 June 2020, the Saskatchewan government announced that it would invest more than $80 million in long-term care homes across the province:
			  o $73 million for two new long-term care homes
			  o $7.2 million for 82 priority renewal projects in 51 long-term care homes
				• To provide support and socialization for residents during an outbreak, long-term care homes have played music and also used technology, such as Facetime, to help residents connect with their loved ones
				• Saskatchewan launched a Temporary
					• The government of Saskatchewan provides on its website a list of services available through the government for people who can no longer live independently, including home-care

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	• According to health officials, as of 2 March 2021, 91% of long-term residents in Saskatchewan have received at least one dose of COVID-19 vaccine and 53% of residents have been fully vaccinated
	  o Nine percent of residents did not receive the vaccine because they refused to do so, were unable to do so, or had a "change in status"
	• Although the province extended the interval between the first and second doses of COVID-19 vaccine to up to four months as of 5 March 2021, long-term care and personal care residents and staff are exempt from this rule and will receive their second doses as originally recommended
	• A Public Health Order was issued by the Chief Medical Officer of Saskatchewan on 17 April 2020 to restrict the movement of long-term care homes and PCH staff to only one facility
	• In April 2020, a temporary Letter of Understanding
		Health Authority, when a COVID-19 outbreak is declared in a long-term care home, cases are immediately investigated, contact tracing takes place, all residents and staff are tested onsite for COVID-19, and control measures are put in place, including isolation of residents, limiting visitations, and cancelling all group activities
		• If a healthcare worker is working at a long-term care home with a COVID-19 outbreak and experiences a breach in PPE usage, they are required to self-isolate for 14 days after exposure
		• According to local news, the
			• These new investments are in addition to the $15.7 million included in the 2020-21 budget for the construction of a 72-bed long-term care homes in Meadow Lake, Saskatchewan
			• Approximately $24 million was made available through the 2020-21 Life/Safety and Emergency Infrastructure grant to support maintenance in long-term care homes
			• The 2021-22 provincial budget proposed by the Saskatchewan government on 6 April 2021 allocates funding for long-term care in the province:
			  o Approximately $6 million will be spent to hire 100 continuing-care aides to assist long-term care residents
			  o A budget allocation of $7.6 million for the 80-bed La Ronge long-term care facility and $3.6 million for another future long-term care facility in Grenfell
			  o More than $1 million will also be invested for future planning of long-term care facilities in Regina, Watson and Estevan
				Wage Supplement Program in March 2020 to financially support health workers who care for vulnerable citizens, including workers at long-term care homes, at the rate of $400 every four weeks
				  o Applications for the latest phase of this program were closed after 15 February 2021
				• On 18 March 2021, the Government of Saskatchewan amended legislation to allow for paid time off from work for employees when they are getting vaccinated for COVID-19, including staff of long-term and personal care homes
					services provided through the SHA
					• Home-care program participants or their guardian can receive individualized funding based on assessed need to give them more choice and flexibility in home care

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	between employers and all healthcare unions in Saskatchewan was signed to support the creation of a Labour Pool and cohorting of healthcare staff • SHA's move-in policy for new residents entering long-term care or personal-care homes requires a COVID-19 test at least 48 hours before the move-in date, and if a potential resident tests negative but displays symptoms, move-in must be delayed for at least 48 hours after symptoms significantly resolve o All residents who test negative must be placed under droplet/contact precautions for 14 days • If a potential resident tests positive and is hospitalized, the resident can be moved in 14 days following symptoms onset, • If the resident is not hospitalized, they can be moved in 10 days following symptoms onset, and if they are asymptomatic and/or immunocompromised, the	Saskatchewan government issued a tender on 16 February 2021 to recruit an emergency response staffing team to support personal-care homes experiencing COVID-19 outbreaks at short notice • The Saskatchewan government recommends that operators of long-term and personal care homes have conversations to prepare for scenarios in which following the protocols for managing outbreaks may be challenging			

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	resident can be moved in 10 days after the positive test date
	
	• The Saskatchewan Health Authority's Test to Protect program that makes rapid antigen tests widely available to businesses and individuals in the province prioritizes the allocation of rapid tests for priority settings such as long-term and personal care homes
	
	• As of 30 May 2021, when Saskatchewan moved into Step 1 of its Re-opening Roadmap, all residents of long-term care and personal care homes where 90 percent of residents have been fully vaccinated and three weeks have passed since the last second dose vaccinations are allowed to welcome an unlimited number of visitors indoors
	  o Indoor visitors are allowed two at a time, and up to four family members or support persons can visit outdoors at a time
	  o In homes where there are 10 or fewer residents, the government has said				

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	that all but one resident must be fully vaccinated in order for the additional allowances to apply
	• As of 30 May 2021, all care-home residents will also no longer be required to quarantine upon their return from outings
	• The government of Saskatchewan announced on 15 June 2021 that anyone who is past 14 days of their second dose of a COVID-19 vaccine at a time of exposure, and is asymptomatic, will no longer have to isolate when identified as a close contact of a person who is COVID-19 positive
	   o Requiring self-isolation of fully vaccinated close contacts may still be required in any healthcare setting, including long-term and personal care homes, at the discretion of Public Health
	   o As of 24 June 2021, all persons 12 years and older in Saskatchewan will be eligible to receive				

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	second doses of COVID-19 vaccine once the appropriate dose interval has past				
Manitoba	• Both healthcare workers who work in long-term care homes and residents of licensed personal-care homes (PCH) and high-risk congregate living homes are included in the Stage 1 priority groups for COVID-19 vaccination in Manitoba ○ Vaccination of stage 1 priority groups began in January 2021 • As of 1 May 2020, personal-care homes were moved to a single-site staffing model to restrict nurses and support staff to working at one PCH for a period of six months • Beginning 19 April 2021, PCH employees and staff who have received at least one dose of the COVID-19 vaccine can request an exemption to the Single Site Order ○ The dose must be administered at least 14 days prior to the exemption request	• To increase the workforce in personal-care homes, a new healthcare support training program was launched by Red River College in November 2020 ○ Graduates have since been deployed to personal care homes • The Red Cross has also provided staffing support to long-term care homes in Manitoba with outbreaks during the pandemic • The Manitoba government signed an agreement with the Manitoba Nurses Union in December 2020 that allowed nurses to be redeployed in personal-care	• The Manitoba government provided about $7.7 million in funding to health authorities to support management and prevention of outbreaks in personal-care homes for the first two quarters of 2020-21, with more funding being provided in the remaining quarters • In 2020, Manitoba Health conducted modified reviews of all 125 licensed personal-care homes in the province to ensure that they met minimum standards of care and safety • The government's proposed 2021 budget allocates $9.3 million for personal care home expansions that will add more than 120 beds	• Nurses in Manitoba were provided with additional pay during redeployment to personal-care homes in accordance with the agreement between the Nurses Union and the Manitoba government • The Manitoba government announced on 11 May 2021 that Manitoba workers will be allowed to take a three-hour paid leave for COVID-19 vaccination appointments ○ The relevant amendments to the Employment Standards Code makes it mandatory for employers to allow employees to take the paid leave • The above paid leave compliments the Manitoba Pandemic	• In November 2019, the Manitoba government pledged to invest $250 million in a Made-in-Manitoba clinical and preventive services plan that will fund initiatives to improve access to healthcare services and reduce wait lists for Manitoba patients over five years by: ○ Moving 21,000 days of care from acute homes into local communities ○ Providing a secure patient-service portal that will give access to lab results ○ Preventing the need for 2,500 patient transports to Winnipeg ○ Providing 50,000 additional in-person home-care visits

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	o Exemptions for employees who have received a first dose will be valid for 16 weeks or be made permanent if proof of the second dose is provided
	• Visitor guidelines for PCH sites have been recently updated
	  o All visitors must continue to adhere to all public health measures regarding physical distancing, hand hygiene, and IPAC protocols
	  o Both the visitor and the resident who is being visited must wear facility-provided procedure masks for the duration of the visit
	  o Designated family caregivers have the flexibility to visit anytime for any length of time during visitation hours
	  o A plan must be developed with each resident to coordinate these visits
	  o up to two general visitors are now allowed to visit a resident at the same time
		homes with increased pay
		• Based on a January 2021 agreement between the Manitoba Nurses Union and Shared Health, all health-system operators in Manitoba, including personal-care homes, are required to ensure that staff working with COVID-positive and suspect patients are able to access an N95 respirator
		• The Winnipeg Regional Health Authority, which is responsible for managing the health response of Manitoba's largest heath region, is working to establish a dedicated staffing pool for personal-care homes as an ongoing measure to support their outbreak
				Paid Sick Leave program that provides employers with up to $600 per employee for COVID-19 related sick leave up to five full days
				  o Eligible sick leave includes testing, vaccinations and adverse reactions, self-isolation due to COVID-19 symptoms, and care of a loved one in any of the above-mentioned circumstances
					o Giving 800 Manitobans access to remote monitoring of chronic conditions
					o Extending Manitoba's acute-care electronic record system to 800,000 patients

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	if the visit occurs outdoors
	• Visitor guidelines for PCH sites were updated on 18 June 2021 in light of increased vaccination rates in the province
	  o If a resident is fully vaccinated, up to two vaccinated visitors are allowed indoors once physical distancing can be maintained
	  o If the resident is in a shared/multi-bed room where a resident is not vaccinated, the visitation must occur in another location
	  o Up to two unvaccinated visitors can visit a resident outdoors, and if the resident is vaccinated, up to four vaccinated visitors can visit outdoors once physical distancing can be maintained
	  o Proof of vaccination status must be provided by the visitor before entry
	• For End of Life visits, up to one unvaccinated visitor may visit in a resident's
		management support
		• All residents with suspected or confirmed COVID-19 infection, or high-risk contacts of an infected person are cared for in a single room with a dedicated toilet and sink or in a bed space that is at least 2 meters apart and separated by a curtain if a single room is not available			

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	room as long as physical distancing can be maintained, and if the resident is vaccinated, an additional two vaccinated visitors will be allowed to visit ○ General visitors from outside the province are allowed for End of Life care situations • PCH sites must keep a log of all visitors and their vaccination status for at least 30 days to help with contact tracing • Masking for the full duration of shifts or visits for all PCH staff and visitors is mandatory • To protect vulnerable residents and staff in PCHs, the government of Manitoba's Protocols for personal-care homes recommends several measures: ○ Ensuring residents with symptoms stay in their rooms, with delivered meals and access to a bathroom ○ Putting droplet/contact precautions in place				

Province/ territory	Preventing infections	Managing outbreaks	Renewing delivery, financial and governance arrangement	Renewing supports for residents and staff	Promoting alternatives to long-term care
	o Enhancing environmental cleaning and disinfection o Conducting contact tracing immediately of staff and residents with potential exposure o Cancelling group activities and social gatherings o Increasing active screening of COVID-19 symptoms in residents and staff o Implementing resident and staff cohorting if required o Restricting visitations if necessary • Shared Health Manitoba also maintains a library of COVID-19 resources, including informational posters, FAQs, and tools, for healthcare providers working in long-term and personal care homes during the pandemic • According to the province's infection prevention and control guidance for personal care homes released 12 March 2021, testing for COVID-19 is recommended for all newly				

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	admitted or readmitted PCH residents upon entry, except for those who have tested positive within the last 90 days • Each PCH has developed a plan to address COVID-19 that involves working with public-health officials and IPAC specialists to prevent spread of the virus • A rapid test pilot program for asymptomatic testing of staff at personal-care homes in Manitoba began on 21 December 2020 for four weeks and has since expanded • Manitoba has put an automated contact tracing follow-up system in place for healthcare workers who have been tested for COVID-19 and require self-isolation				
Ontario	• Long-term care home (and high-risk retirement home) residents, staff and essential caregivers were identified as highest priority groups for COVID-19 vaccination in phase 1 of the province's vaccination plan • On 31 May 2021, Ontario became the first province in	• The Minister of Long Term Care issued a directive implemented on 9 December 2020 that required all long-term care homes to trigger an outbreak assessment when at	• In response to a recommendation of the Public Inquiry into the Safety and Security of Residents in the Long-Term Care System report released in spring 2020, a long-term care staffing study was conducted by the Ontario government to help inform a comprehensive staffing	• The Government of Canada and the Ontario government reached a five-year agreement with 3M to provide 50 million N95 respirators annually, beginning in early 2021	• On 30 October 2020, the Minister of Long-Term Care announced that the Ontario government is investing up to $5 million to launch the Community Paramedicine for Long-Term Care

Province/territory	Preventing infections	Managing outbreaks	Renewing delivery, financial and governance arrangement	Renewing supports for residents and staff	Promoting alternatives to long-term care
	Canada to mandate that long-term care homes have COVID-19 immunization policies for staff that require each staff member to do one of the following: o Provide proof of vaccination for first and second doses o Provide a documented medical reason for not being vaccinated o Participate in an educational program about the benefits of vaccination and the risks of being unvaccinated • Long-term care homes must have their immunization policies implemented fully by 1 July 2021 • It was estimated that, as of 30 May 2021, 97 percent of long-term care residents are fully immunized and 89 percent of long-term care staff have received at least one dose o Approximately 66 percent of long-term care staff had been fully vaccinated by this date • In response to high vaccination rates in long-	least one resident or staff has presented with COVID-19 symptoms by: o Isolating and testing the resident or staff o Notifying the local public-health unit o Testing close contacts of the resident or staff o Adhering to the long-term care home's cohorting plan o Enforcing enhanced screening measures • When an outbreak is declared in a long-term care home in Ontario by local public health, the Outbreak Management Team (OMT) is activated and all non-essential activities are discontinued	strategy for long-term care. Findings of the survey revealed: o Inadequate staffing levels and working conditions that contributed to staff burnout and shortages o Workplace culture based heavily on compliance, which can create a punitive environment for staff o An overly complex funding model for long-term care that requires high levels of documentation and takes away potential staff time from residents • On 19 May 2020, the Ontario Government launched an independent commission into Ontario's long-term care system to better understand the province's response to COVID-19 in long-term care homes o Two interim reports have been produced by the commission in October 2020 and December 2020 o The commission is expected to produce a final report in April 2021 • Ontario's Long-term Care Commission submitted its final report to the government on	• Temporary pandemic pay was provided by the Ontario government for front-line healthcare staff who worked in congregate care settings between 24 April and 13 August 2020 at the rate of $4 per hour on top of their existing hourly wages o Front-line staff who worked at least 100 hours in a designated four-week period were also eligible to receive an additional lump sum payment of $250 for that period o Employers were responsible for facilitating payment but some support workers were reportedly not paid until January 2021 • Ontario launched a Health Workforce Matching Portal in April 2020 to facilitate	program to help support seniors on long-term care waitlists with enhanced at-home care, including access to 24/7 in-home and remote health services, and ongoing monitoring of changing or escalating conditions through local paramedic services o The program will first be implemented in phases in five communities in Ontario and be operationalized in partnership with local municipalities • Seniors are provided with a list of healthcare programs and services in their communities to support their care on Ontario's website • Although $2.88 billion in funding was provided to home care in

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	term care homes, Directive #3 from Ontario's Chief Medical Officer of Health was updated on 4 May 2021 to allow homes to safely resume communal dining and indoor events and gatherings with precautions
	• Additionally, fully immunized residents and caregivers can have close physical contact beyond what is required for supervision or care, such as hugging
	• As of 22 May 2021, restrictions on visitations to long-term care homes were eased in Ontario and family and friends are now allowed to visit residents outdoors
	  o A maximum of two visitors are allowed at a time for each resident in addition to two essential caregivers
	• Residents who are not isolating can participate in essential absences even if the home is in outbreak
	• According to a directive of the Minister of Long Term Care effective 15 March 2021, every licensed long-term care home must
		o If residents are taken out of the home by family, they will not be readmitted until the outbreak is over
		• The province's Long-term Care Incident Management System (IMS) structure was initiated in April 2020 and reconvened in September 2020 to monitor data and support efforts to make rapid decisions for long-term care homes in need during the first and second waves of COVID-19 outbreaks
		• In response to the third wave of COVID-19 in the province in April 2021, Ontario waived co-payments for patients in hospitals who were
			30 April 2021 and highlighted the deficiencies in Ontario's pandemic preparedness, the impacts of the COVID-19 pandemic in long-term care, and best practices and recommendations that can be adopted to improve long-term care in the province
			  o The Commission found that strong leadership during the pandemic consistently resulted in more stable and cohesive communication between staff, residents, and families, which was valuable during a chaotic and uncertain time
			  o The involvement of nurse practitioners in long-term care homes was also found to be valuable in strengthening quality care during the pandemic, as well as the establishment of mobile community palliative care units and the creation of person-centred care models
			  o Given the increasing demand for long-term care in the immediate future, the Commission concluded that a new approach to the construction of long-term
				staff matching for long-term care homes
				• The Ontario government plans to invest $4.9 billion over 4 years to increase the average direct care per LTC resident from 2.75 to 4 hours a day
				• $121 million will also be spent on accelerated training for nearly 9,000 personal support workers (PSW), and financial grants will be offered to attract PSWs and nurses to work in LTC homes
				• Despite the province's efforts to incentivize employment in long-term care, the Ontario Long-Term Care Association has indicated that long-term care in Ontario is losing staff to other industries
				• The federal government has extended support from the Canadian Red Cross to select long-term care and
					Ontario in the 2019-20 budget, according to the Ministry of Health and Long-Term Care, there was no similar funding allocated in the proposed 2020-21 budget

Province/ territory	Preventing infections	Managing outbreaks	Renewing delivery, financial and governance arrangement	Renewing supports for residents and staff	Promoting alternatives to long-term care
	ensure that caregivers, staff, student placements, and volunteers working in or visiting a long-term care home take a COVID-19 antigen or PCR test at specific frequencies: o One PCR test prior to entry and one antigen test at the long-term care home on separate days within a seven-day period o An antigen test at a frequency set out in the ministry's COVID-19 guidance o Caregivers who take an antigen test at the long-term care home they are visiting can enter a resident's room with appropriate PPE on while waiting for the antigen test results • The directive also indicates that support workers and visitors are allowed access to long-term care homes that are not experiencing a COVID-19 outbreak once they have received a negative antigen test on the day of their visit	waiting for their preferred long-term care home placement to incentivize them to accept a placement in a home they may not have preferred o Patients who accepted these placements were given priority status on their preferred home's waitlist o Co-payments were waived until the patients were placed at their preferred home • Restrictions that limited long-term care staff work to a single site was also lifted for fully vaccinated staff	care in the province is required to address the existing facility design and overcrowding issues they discovered in homes o Improvements in advance planning for pandemics and responsiveness of the provincial government are also needed to prevent the crisis that resulted from the past governments' failures to properly plan for and respond to the COVID-19 crisis in long-term care homes • The Ontario government has committed to increasing the hours of direct care for each long-term care home resident to an average of four hours per day by 2025 o The province has taken the first steps to achieve this goal by recruiting 3,700 front-line workers in fall 2020 • In September 2020, the government of Ontario released over half a billion dollars to support the protection of vulnerable seniors in long-term care homes, which included funding for:	retirement homes in Ontario until 30 September 2021 o The support was originally scheduled to conclude in March 2021 • On 14 May 2021, the Ontario government announced that it is investing $35 million to increase enrollment in nursing education programs across the province o New spaces for enrollment will be available for Fall 2021 and Winter 2022 cohorts, and approximately 1,130 new practical nurses and 870 registered nurses will be introduced into the healthcare system as a result	

Province/ territory	Preventing infections	Managing outbreaks	Renewing delivery, financial and governance arrangement	Renewing supports for residents and staff	Promoting alternatives to long-term care

	• All individuals admitted or transferred to a long-term care home in Ontario must be isolated in a single room for 14 days
	  o When this is not possible, individuals may be placed in a room with no more than one other resident who should then also be isolated
	• All long-term care homes in Ontario are required to have a plan for staff and resident cohorting in the event of a COIVD-19 outbreak
			o Addressing deficiencies in infection, prevention and control, staffing support, and additional supplies and PPE
			o Conducting minor repairs and renovations in long-term care homes
			o Hiring and training staff
			o Extending the High Wave Transition Fund
			o Delivering the largest flu vaccination campaign in Ontario's history
			o Providing all long-term care homes with up to eight weeks of PPE supplies
			• The Ontario government announced on 24 March 2021 that it is making additional investments in long-term care to improve existing infrastructure and access to care:
			  o An additional $933 million over four years is being invested to support the building of 30,000 long-term care beds by 2028, and to upgrade nearly 16,000 spaces (total investment is $2.6 billion over four years)
			  o $246 million is being invested to improve living conditions in LTC homes		

Province/ territory	Preventing infections	Managing outbreaks	Renewing delivery, financial and governance arrangement	Renewing supports for residents and staff	Promoting alternatives to long-term care
			• On 29 March 2021, the Ontario government announced that it will invest $77 million to help LTC homes improve their technologies for medication safety o This investment will allow for better transmission and handling of prescriptions, more accurate administration of medications, and improved security of drug supply in LTC homes • The Ontario government will ensure that long-term care homes will be fully funded until the end of the summer regardless of how many residents they have or how badly they were hit during the pandemic o The occupancy agreement will protect homes from suffering a significant financial loss, including for-profit homes that saw nearly half of their residents pass away from COVID-19 • The Ontario government is investing $9 million more in specialized long-term care beds for vulnerable residents		

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			o The funding will allow for continued operation of 62 beds in three existing Behavioral Specialized Units and for the addition of 82 more specialized spaces in targeted regions • On 1 April 2021, the Ontario government updated regulations under the *Long Term Care Homes Act, 2007* to require air conditioning for all homes and to maintain cooling areas at a comfortable level during specific periods o These regulations came into effect on 15 May 2021, and all 626 long-term care homes are in compliance, according to the Ontario government		
Quebec	• The Institut national de santé publique du Québec has published (and continues to update) guidance and recommendations for COVID-19 infection prevention and control in long-term care homes based on emerging scientific evidence and expert opinion o The guidance focuses on measures to be practised	• The Institut national de santé publique du Québec has published (and continues to update) guidance and recommendations for COVID-19 infection prevention and control in long-term care homes	• A coroner's inquest into COVID-19 deaths at seven long-term care homes in Quebec has been organized and should publish findings by fall 2021 • Co-management in long-term care homes has been implemented to ensure stable operations and enable agile decision-making that can have an impact on the quality of services and well-being of residents	• The Quebec Immunization Committee recommended against giving a high vaccination priority to close aids/caregivers of long-term care residents, but recommended including them in the priority group of essential workers	• The Ministry of Health and Social Services has published guidance regarding how to adapt the delivery of home-based care to the COVID-19 pandemic context o The guidance is stratified based on the public-health alert level of the region

Province/ territory	Preventing infections	Managing outbreaks	Renewing delivery, financial and governance arrangement	Renewing supports for residents and staff	Promoting alternatives to long-term care
	at all times, measures to be practised in the presence of a suspected or confirmed case of COVID-19, management of exposed persons, and measures to apply when there are multiple confirmed or suspected cases in the same living unit • A 23 April 2021 directive from the Ministry of Health and Social Service states that all long-term care residents are to be prioritized for receiving a second dose, and states that all eligible residents are to be offered their second dose by 8 May 2021 • A 4 June 2021 directive from the Ministry of Health and Social Services establishes COVID-19 safety guidelines for long-term care homes based on the public-health alert level of the facility (green – level 1 alert, yellow – level 2 alert, orange - level 3 alert, red - level 4 alert, or grey - preventive isolation or outbreak)	based on emerging scientific evidence and expert opinion ○ The guidance focuses on measures to be practised at all times, measures to be practised in the presence of a suspected or confirmed case of COVID-19, management of exposed persons, and measures to apply when there are multiple confirmed or suspected cases in the same living unit • Interdisciplinary medical intervention teams have been established to support the existing medical staff of homes to ensure the continuity of health services in long-	○ Co-managers in long-term care homes are meant to bring medical and/or administrative expertise to enable effective and quick adaptations ○ Co-management arrangements exist at the level of individual long-term care homes as well as for defined health and social-service territories (to communicate directives, manage the distribution of medical resources, and respond to emerging needs across a region) • The Institut national de santé publique du Québec submitted a memo about 'Preventing maltreatment for healthy aging' as part of the 'Governmental action plan to combat maltreatment against elderly people 2022-2027' • The Ministry of Health and Social Services has published a guide for medical care of residents of long-term care homes during the COVID-19 pandemic ○ This guide focuses on vaccination, management of medical services, clinical activities, testing indicators,	○ The rationale is that high vaccination coverage among long-term care residents and staff would significantly lower the risk of outbreaks in these settings, and lower the marginal benefit of vaccinating caregivers early • The health ministry has established a return-to-work protocol for healthcare workers who may have been infected by or exposed to COVID-19 in situations where health service delivery may be compromised • Staff at long-term care homes must only work in a single facility and a single unit ○ Agency contracted workers are only to be used as a last resort and only if they have been trained in infection prevention and control	○ General infection prevention and safety measures are outlined, as well as specific measures for adapting service delivery • Quebec has introduced a provincial informal caregivers' policy aimed at recognizing and supporting the role of informal caregivers across four axes: ○ Recognizing the importance of informal caregivers for society and responding to their needs ○ Identifying and responding to caregivers' (and people surrounding caregivers') information and skill needs and supporting research

Province/ territory	Preventing infections	Managing outbreaks	Renewing delivery, financial and governance arrangement	Renewing supports for residents and staff	Promoting alternatives to long-term care
	o Policies and procedures for caregivers and visitors entering long-term care homes are defined o Policies and procedures for external professionals, volunteers, cleaners, and all other visitors to long-term care homes are defined o Guidelines for what residents are permitted to do inside and outside of long-term care homes, as well as guidance for resident activities, are defined o Long-term care staffing guidelines are defined o Policies and procedures for other types of residential-care settings are also defined • Mask-wearing protocols have been established for healthcare workers and patients in healthcare settings o Workers are expected to wear an ASTM level 2 mask at all times o Patients (including long-term care residents) are expected to wear an	term care homes when there are outbreaks o These teams are constantly on-call and able to be deployed rapidly (within 24 to 48 hours of notice of an outbreak) o These teams help ensure the medical needs of long-term care homes are met and prevent transfers to hospital • The Ministry of Health and Social Services has published an algorithm to guide the continuity of medical services in the case of a COVID-19 outbreak in a long-term care facility	managing patients with suspected or confirmed COVID-19 infection, managing cardiac arrest, statements of death, and psychological support • The provincial policy on long-term living and care services, which sets guidelines for all long-term accommodation facilities (including long-term care homes), establishes a new a paradigm for long-term care settings in Quebec with five important axes: o Developing a patient-centred focus that responds to their unique needs and life history o Engaging and supporting the close friends and family of patients o Offering multidisciplinary and high-quality care, and supporting health and social care providers o Developing healthy, inclusive, and evolving living environments o Strengthening community ties and building citizen awareness of long-term care settings	o Workers must change clothes before and after every shift • The Ministry of Health and Social Services published a directive regarding measures to be taken to stabilize human resources in establishments such as long-term care homes o Three sets of measures are defined: on-going/preventive measures, measures in response to a health emergency, and measures in response to a 'warm zone' or 'hot zone' (i.e., when staff have tested positive for COVID-19 or staff absences risk having an impact on service delivery) • A provincial guide about the use of telehealth under the health emergency act states that telehealth must be	o Evaluating caregivers' needs for, and appropriately adopting, health and social services while acknowledging the needs to establish a partnership with caregiver and the person they care for o Maintain and improving the living conditions of informal caregivers, notably protecting them from financial insecurity • The provincial government has launched a call for projects as part of the existing provincial program aimed at developing age-friendly municipalities o The call for project enabled individuals or groups to request financial or

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	ASTM level 1 mask whenever they are within two metres of another person
	• The Institut national de santé publique du Québec has published (and continues to update) guidance for the risk management of health workers (including long-term care workers) exposed to confirmed cases of COVID-19
	  o Guidance is stratified according to the worker's immunity status, nature of the exposure, as well as if the exposure was to a variant of concern
	• The Ministry of Health and Social Services has published an information sheet regarding the measures applicable to caregivers and visitors to residents of private retirement homes, with measures stratified based on the public health alert level of the region
	• The health ministry published guidance regarding reorganizing medical services in long-
				complementary to in-person care for patients in long-term care
				  o Professionals are to use their judgement and patient needs when determining the optimal modality for service delivery (e.g. telephone, videocall, in-person)
				  o Nurses, who plan and coordinate care in long-term care homes, are highlighted as having an important monitoring role during telehealth service delivery
				• The provincial policy on long-term living and care services, which sets guidelines for all long-term accommodation facilities (including long-term care homes), establishes a new a paradigm for long-term care settings in Quebec with five important axes:
					technical support to develop or implement municipal policies or programs that support seniors
					• The Ministry of Health and Social Services' 'Programme Action Aînés du Quebec' (Quebec Elderly Action Plan) is offering financial support to groups that work to support elderly people in the community, prevent social isolation, and prevent the deconditioning of elderly people living in the community
					• The Ministry of Health and Social Services' 2019 – 2023 strategic plan acknowledges the need for the health system to adapt to the needs of an aging population
					• The Ministry of Health and Social Services issued a 19

Province/ territory	Preventing infections	Managing outbreaks	Renewing delivery, financial and governance arrangement	Renewing supports for residents and staff	Promoting alternatives to long-term care
	term care homes given the alert level of the facility (levels one to four and outbreak alert) o This guide emphasizes an individualized risk-management approach, assessing patients' needs, prioritizing activities based on the vulnerability of patients, and remaining vigilant of patients whose service provision may have been limited o This document provides guidance for how to ensure continuity of medical service provision at various alert levels, and examples of clinical activities to maintain or withdraw at various alert levels • The Ministry of Health and Social Services has published a directive regarding the operation of long-term care homes during the COVID-19 pandemic that covers a range of topics including admission of new residents, palliative care, cohorting, infection prevention and			o Developing a patient-centred focus that responds to their unique needs and life history o Engaging and supporting the close friends and family of patients o Offering multidisciplinary and high-quality care, and supporting health and social care providers o Developing healthy, inclusive, and evolving living environments o Strengthening community ties and building citizen awareness of long-term care settings	May 2021 directive directed at those who support the elderly, managers of living environments for the elderly, and elderly home care providers that requires them to implement measures to prevent deconditioning/frailty • Guidance is provided regarding how to implement activities that prevent three 'spheres' of deconditioning: autonomy and mobility, nutrition and hydration, and mental and psychological state

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	control, staffing, care and service delivery in homes, personal protective equipment, and temporary residents o New residents are not to be turned away if not already vaccinated, but they are to be vaccinated as soon as possible (with their consent) o A similar directive directed at private seniors' residences has also been published • The Institut national de santé publique du Québec has published infection-prevention and control measures for vaccinators administering vaccines in long-term care homes and other residential-care settings • The Ministry of Health and Social Services has established a directive regarding the trajectory that patients entering long-term care setting from hospitals or rehabilitation centres are to follow o The directive provides guidance based on the epidemiological situation				

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	of the facility the patient is coming from, the presence (or absence) of symptoms of COVID-19 in the patient, and the patient's vaccination status o Guidance is given regarding the use of testing and preventive isolation				
New Brunswick	• As of 18 March 2021, all residents of long-term care facilities have been offered at least one vaccine dose • The Office of the Chief Medical Officer of Health of New Brunswick adapted the Public Health Agency of Canada's "Infection prevention and control for COVID-19 interim guidance for long-term care homes" to produce a guidance document for preventing and managing COVID-19 in long-term care homes o This document outlines case reporting procedures, infection prevention and control, admissions and movement of residents, outbreak management,	• The Office of the Chief Medical Officer of Health of New Brunswick adapted the Public Health Agency of Canada's "Infection prevention and control for COVID-19 interim guidance for long-term care homes" to produce a guidance document for preventing and managing COVID-19 in long-term care homes • The province produced a summary document of measures and	• Facilities are encouraged to consider virtual options for residents' (non-emergency) medical appointments	• Workers in nursing homes and adult residential homes are able to request a COVID-19 test every two weeks via an online booking portal • The province provided iPads to nursing homes, to enable residents to virtually connect with family and to facilitate virtual healthcare o One iPad was provided for every 10 residents in nursing homes • Staff working in a red alert facility or a facility in outbreak are restricted to working in one facility, while those in orange or	• The New Brunswick Extra-Mural Program provides services and supports to senior patients and their families to enable them to live independently at home and manage there health conditions o The Extra-Mural Program provides acute, palliative, maintenance and supportive care, and coordination of support services to all eligible New Brunswick residents, and enables them

Province/ territory	Preventing infections	Managing outbreaks	Renewing delivery, financial and governance arrangement	Renewing supports for residents and staff	Promoting alternatives to long-term care
	and environmental considerations for homes • Outbreaks at adult residential homes are declared whenever one resident or staff member tests positive for COVID-19 • The Province published a COVID-19 management guide for adult residential facilities and nursing homes ○ The document addressed infection prevention, identification of COVID-19, and outbreak management ○ The measures and restrictions for adult residential facilities and nursing homes are summarized in a table that stratifies the measures based on the public health alert level • The province produced a visitation guidance framework for adult residential homes and nursing homes which enables facility managers to create operational plans based on the provincial alert level of their facility	restrictions for homes in outbreak ○ The document outlines admissions and facility access considerations, screening and infection-prevention requirements, resident assessments and mobility considerations, reporting requirements, services and visitation for residents, environmental considerations for homes, charting requirements, and care of bodies of the deceased • The Province published a COVID-19 management guide for adult residential facilities and nursing homes		yellow alert homes are recommended to only work in one facility	access to an interdisciplinary care team • During the COVID-19 pandemic, Extra-Mural healthcare professionals are only entering patients' homes for essential reasons and employing enhanced precautions • The Home First program supports seniors to stay in their homes and remain engaged with their communities by focusing on three pillars for success: health aging; appropriate supports and care; responsive, integrated and sustainable system ○ Seniors (and their caregivers) are given personalized education and connected to the programs and services that can benefit them in their community

Province/ territory	Preventing infections	Managing outbreaks	Renewing delivery, financial and governance arrangement	Renewing supports for residents and staff	Promoting alternatives to long-term care
	o Guidance is provided regarding outdoor visitation, indoor visitation, palliative visitation, designated support people, non-essential service providers and volunteers, general visitors, and offsite outings • As of 31 May 2021 unvaccinated long-term care workers are required to take a COVID-19 test every other day if they work in a facility where less than 50 percent of staff have received at least one dose of a vaccine o This policy has been implemented in response to low vaccine uptake among workers at some long-term care facilities in New Brunswick	o The document addressed infection prevention, identification of COVID-19, and outbreak management o Outbreaks of COVID-19 (defined as one or more laboratory confirmed cases) in vulnerable sectors prompt the activation of the Provincial Rapid Outbreak Management Team which works with facilities to implement outbreak response plans and ensure continuing care for residents			o A minor home repairs grant of up to 1500 dollars that can be put towards safety enhancements is available as part of the program • The Government of New Brunswick and the Public Health Agency of Canada have committed 75 million dollars towards the 'Health Seniors Pilot Project' to support applied research projects focused on one of the following challenge areas: o Challenges related to COVID-19 and older adults o Social isolation and loneliness o Informal caregivers o Enabling aging in place o Using supportive technologies
Nova Scotia	• Nova Scotia Health published "Infection prevention and control	• Nova Scotia Health published "Infection	• The Nova Scotia Health Authority released guidance for handling cardiac arrest in	• The Nova Scotia Health Authority has published a COVID-	• Support for home-based elder care in Nova Scotia is

Province/ territory	Preventing infections	Managing outbreaks	Renewing delivery, financial and governance arrangement	Renewing supports for residents and staff	Promoting alternatives to long-term care
	guidelines for long-term care settings" in September 2020 which outlines several screening and triage, visitor, infection prevention and control, and outbreak-management protocols • The province published a COVID-19 Management in Long Term Care Facilities directive on 16 June 2021 that addresses preventing the introduction of COVID-19 in long-term care facilities, cases definitions and outbreak management, testing, regional care units, discontinuation of precautions for COVID-19 positive residents and contacts, and declaring an outbreak over • The province has published a resource index regarding infection prevention and control for the long-term care sector • The Chief Medical Officer of Health has released a COVID-19 management in long-term care homes directive which focuses on preventing the introduction of COVID-19 into long-	prevention and control guidelines for long-term care settings" in September 2020, which outlines several screening and triage, visitor, infection prevention and control, and outbreak-management protocols o A plan of care for residents with suspected or confirmed COVID-19 is defined as well • The province published a COVID-19 Management in Long Term Care Facilities directive on 16 June 2021 that addresses preventing the introduction of COVID-19 in long-term care facilities, cases definitions and outbreak	residents with clinical suspicion or confirmed COVID-19 in long-term care settings • Nova Scotia Health released guidance for the transport of long-term care residents with suspected or confirmed COVID-19 within homes and with emergency medical services • Nova Scotia Health released guidance for medication management of long-term care residents during the COVID-19 pandemic, which addresses the storage and dispensing as well as the scheduling of medications • Nova Scotia Health implemented temporary measures to provide external medical support for long-term care medical directors, physicians and nurse practitioners to help mange patient care during the COVID-19 pandemic o Support services include prognostication of goals of care, acute medical management advice, and coordination of care o The medical support is provided by a team with	19 toolkit for families, support people, and caregivers who may be visiting patients receiving inpatient or outpatient care • Nova Scotia Health has released a video aimed at designated caregivers that outlines what they should expect when visiting long-term care facilities • Residents of long-term care homes and their designated caregivers as well as staff in long-term care homes are part of phase one of the province's COVID-19 immunization plan • The province released a note about ethics messaging in long-term care during the COVID-19 pandemic, which emphasized the importance of stewarding healthcare resources, being responsive to individuals' goals of care, the physiology of	delivered via the following programs and services: o A caregiver benefit of 400 dollars per month o A specialized health equipment loan program o Home-based nursing and personal care services o Home oxygen service o Financial assistance for personal alert assistance services o Affordable facility-based respite care o Self-managed care for individuals with physical disabilities to develop individualized care plans o A wheelchair loan program for low-income seniors o Up to 1000 dollars per month for individuals with

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	term care homes, identifying cases of COVID-19, and control measures for laboratory-confirmed COVID-19
	• Nova Scotia Health released infection prevention and control requirements for COVID-19 units in long-term care homes, which makes recommendations regarding engineering and administrative controls, additional precautions, and required supplies
	• Nova Scotia Health released infection prevention and control guidance for the living environments of long-term care residents, which addresses personal protective equipment, disinfection, linen management, and waste receptacles
	• Nova Scotia Health has produced guidance for handling deliveries of gifts or belongings to long-term care residents during the COVID-19 pandemic
	• Nova Scotia Health has released infection
		management, testing, regional care units, discontinuation of precautions for COVID-19 positive residents and contacts, and declaring an outbreak over
		• Nova Scotia Health has produced a clinical pathway for managing long-term care residents with COVID-19, which includes a care algorithm as well as information on how to engage with public-health authorities
		• Nova Scotia Health released a clinical pathway for COVID-19 patients from long-term care facilities to guide patient management and transfers
			expertise in general internal medicine, geriatric medicine, and palliative care
			• The Nova Scotia Health Authority released recommendations for the use of CPAP and BiPAP therapy in long-term care homes during the COVID-19 pandemic
			• The province commissioned a report to review the large COVID-19 outbreak at the Northwood Long-Term Care Facility in Halifax and make recommendations for the short- and long-term
			  ○ The Quality-Improvement Committee made 17 recommendations for the facility, the Department of Health and Wellness, and the Government of Nova Scotia
			  ○ Four driving forces of the outbreak were identified: staffing challenges, community transmission, structural/infrastructural constraints, barriers to and inconsistent cleaning
			• The province introduced the 'Continuing Care Assistants Registry Act' on 7 April 2021 to improve workforce
				patients, and being responsive to the emerging evidence about the pathology of COVID-19
				  ○ This note also mentions that the Nova Scotia Health Ethics Network can provide support to long-term care homes during the pandemic
				• The Nova Scotia Health Ethics Network released guiding principles for decision-making for long-term care homes during the COVID-19 pandemic, which outline general principles as well as a checklist to support robust decision-making
				• Nova Scotia Health required all long-term care homes to identify, and report back to them, minimum staffing requirements to meet patient care needs on 9 October 2020
					cognitive impairments to access home support services

Province/ territory	Preventing infections	Managing outbreaks	Renewing delivery, financial and governance arrangement	Renewing supports for residents and staff	Promoting alternatives to long-term care
	prevention guidance for [aerosol generating medical procedures in long-term care homes](#) • A memo from the Nova Scotia Department of Health and Wellness on [11 April 2021 established a mask mandate for healthcare workers in long-term care homes](#) • The provincial [Health Protection Act Order in response to the COVID-19 pandemic](#) includes a section focused on long-term care facilities which outlines guidance for visitors and caregivers, resident movement and outings, and physical distancing • The province has released [guidance for long-term care visit](#)s, including social visitors and designated caregivers • The province conducted a [review of infection prevention and control measures during the first wave of the pandemic](#) (from March to September 2020) by conducting a survey of long-term care managers, conducting		planning, particularly in the long-term care and home-care sectors o The legislation defines and protects the title of continuing-care assistants and requires workers to register annually o The legislation also enables greater data collection and use, for example to verify that continuing-care assistants have completed required trainings o The act sets out provisions related to compliance	o This measure was taken to assist in preparing for a potential second wave • The Nova Scotia Health Authority and the Palliative and Therapeutic Harmonization Program published [guidance on and a worksheet about goals-of-care discussions with residents' substitute decision-makers during the COVID-19 pandemic](#) • The recent provincial budget [included 3.5 million dollars devoted to workplace safety education and equipment](#) for the continuing care sector	

Province/ territory	Preventing infections	Managing outbreaks	Renewing delivery, financial and governance arrangement	Renewing supports for residents and staff	Promoting alternatives to long-term care
	virtual 'visits' to facilities, and reviewing literature to outline challenges and solutions across six domains: o Access to infection prevention and control expertise in long-term care o Access to infection control and prevention education and tools o On-site systems, standards and processes o Equipment and material resources o Monitoring and reporting mechanisms o Infrastructure and space design				
Prince Edward Island	• Prince Edward has implemented its "post circuit breaker" measures until May 2021 • As of 1 April 2021, guidelines for long-term care homes with resident vaccination rates equal to or greater than 85% consist of: o Up to three designated "Partners in Care" o Up to six additional designated visitors	• As of 17 November 2020, if long-term care staff travel outside of the province, they are no longer eligible for work-isolation and must isolate for 14 days prior to returning to work • If a long-term care home reports a COVID-19	• As part of their share of the Safe Restart Agreement, Prince Edward Island will invest a portion of its funding into supporting the provision of care in private and public long-term care homes within the province	• The Government of Prince Edward Island purchased a "Zoom for Healthcare" licence for long-term care homes so that healthcare providers can meet with residents during the pandemic • Health PEI has partnered with Rendever to provide long-term care home residents with virtual	

Province/ territory	Preventing infections	Managing outbreaks	Renewing delivery, financial and governance arrangement	Renewing supports for residents and staff	Promoting alternatives to long-term care
	o A total of three visitors for residents in end-of-life care at once o One-hour visit times o Adherence to all public-health measures while on-site (e.g., wearing a mask, physical distancing, appropriate hand hygiene) o Permitting residents to exit facility premises under the supervision of a Partner in Care or designated visitor • On 11 June 2020, the Department of Health and Wellness published its guidelines for infection prevention and control in long-term care homes o This document details routine practices, preparedness, and control measures • Staff and residents within long-term care homes have been named as one of the priority population groups in Phase 1 of the vaccine roll-out plan o As of 22 January 2021, Prince Edward Island has offered the vaccine to all publicly funded	outbreak, the facility must: o Post a sign at the facility entrance o Record and forward their "line list" to the Chief Public Health Officer o Suspend the transfer and admissions of residents		reality (VR) technology to combat social isolation during the COVID-19 pandemic	

Province/ territory	Preventing infections	Managing outbreaks	Renewing delivery, financial and governance arrangement	Renewing supports for residents and staff	Promoting alternatives to long- term care

	long-term care home residents and staff
	• Prince Edward Island's [reopening plan begun with step one coming into effect 6 June 2021](#) with the following changes to long-term care:
	  o Enhanced visitation permitted if vaccination threshold is reached;
	  o Fully vaccinated staff may work at more than one facility
	• Prince Edward Island's Chief Public Health Office [released a directive effective 1 April 2021](#), permitting the following long-term care visitation measures:
	  o Three Partners in Care per resident to visit at any time during regular visiting hours;
	  o Six visitors in addition to a resident's three Partners in Care
	• Community care facilities [visitation allowances](#) will be dependent on resident vaccination rates being maintained equal to or greater than 85%				

Province/ territory	Preventing infections	Managing outbreaks	Renewing delivery, financial and governance arrangement	Renewing supports for residents and staff	Promoting alternatives to long-term care
Newfoundland and Labrador	• As of 31 March 2021, long-term care visitation restrictions permit: o One support person; o A maximum of five designated visitors o Visits from a total of two people per day • On 11 February 2021, the Government of Newfoundland and Labrador released its most updated guidance document on infection prevention and control in long-term care homes • As of 12 March 2020,visiting restrictions for long-term care homes has been limited to one essential visitor and group/external activities have been suspended • In accordance with the National Advisory Committee on Immunization, the province of Newfoundland and Labrador has categorized staff and residents of congregate-living settings (e.g., long-term care) as a priority population group in Phase 1 of their vaccine roll-out plan	• Residents that exit the care facility premises must be screened prior to re-entry and monitored for 14 days post re-admission	• No relevant information was found pertaining to renewing delivery, financial and governance arrangements in Newfoundland and Labrador	• During the COVID-19 pandemic, the province introduced the Newfoundland and Labrador Essential Worker Support Program, which allows essential workers (e.g., long-term care staff) to receive additional compensation for working during the Alert Level 4 and Alert Level 5 stages o Wage top-up will vary based on the total number hours worked during a 16-week period	• The Newfoundland and Labrador Centre for Health Information has accelerated the use of their telehealth care services during the pandemic to connect residents with their healthcare providers through virtual platforms (e.g., call or videoconference)

Province/ territory	Preventing infections	Managing outbreaks	Renewing delivery, financial and governance arrangement	Renewing supports for residents and staff	Promoting alternatives to long-term care
	o As of 26 February 2021, Newfoundland and Labrador has offered the first-dose of COVID-19 vaccines to all long-term care home residents and staff • Utilizing the funding from the Safe Restart Agreement, the government of Newfoundland and Labrador is investing in the recruitment of infection-control practitioners for long-term care homes				
Yukon	• Visitation to long-term care homes during the COVID-19 pandemic follow a phased approach: o A designated essential visitor is permitted entry into and outside of the care home only if the resident is in palliative care or the visitor's presence is required to assist with the resident's needs o Up to four general visitors may be designated by the resident or substitute decision-maker (this includes the two essential visitors)	• In June 2020, the Yukon Communicable Disease Control published its COVID-19 Outbreak Guidance for Long-Term Care Homes in order to support homes and provide them with the best practices and recommendations in the case of an outbreak	• As part of the Safe Restart Agreement, Yukon will dedicate a portion of its funding from the federal government to improve care delivery in long-term care homes by addressing staffing issues, employing on-site clinicians, and increasing support services	• Long-term care homes in Yukon are supporting the use of virtual and telephone visiting alternatives to combat social isolation during the COVID-19 pandemic • On 21 April 2021, it was announced that the province is engaging residents and their families in developing a strategy plan that will enable community outings and increase the limit on visitors in long-term care homes	• On 2 March 2021, the province announced that it will be establishing affordable housing for older adults who are not able to live independently but still are not yet ready to move into continuing care o This project, Normandy Manor, will comprise of an 84-unit building, of which 10 units will be provided to the Yukon Housing

Province/territory	Preventing infections	Managing outbreaks	Renewing delivery, financial and governance arrangement	Renewing supports for residents and staff	Promoting alternatives to long-term care
	o In the event of an outbreak, all visitation permittance will be suspended • Long-term care home residents and staff form one of the priority population groups in Yukon's COVID-19 Vaccine Strategy o Vaccine delivery to this group began on 4 January 2021 o As of 20 January 2021, Yukon has successfully administered the first of two doses of the COVID-19 vaccine to all long-term care residents and staff that have consented o Administration of the second dose of COVID-19 vaccines to long-term care home staff and residents commenced as of 1 February 2021			o The target date to implement these changes is by the week of 3 May 2021	Corporation to serve as housing units for the elderly o It is scheduled to open in 2022
Northwest Territories	• Visitation guidelines to long-term care homes are regularly monitored by the Health and Social Services Authority, with current restrictions including: o Two designated essential visitors per resident	• The Government of Northwest Territories published an interim guidance document to assist long-term care homes with	• Northwest Territories has allocated an additional $406,000 in funding in the 2021-2022 Budget to help support the increasing needs of the long-term care sector o Budget 2021 further includes $1.1 million to help	• The territorial government is supporting the implementation of technology-enabled care and living in long-term care through the purchasing of iPads,	• No publicly available or relevant information was found pertaining to promoting alternatives to long-term care in the

Province/ territory	Preventing infections	Managing outbreaks	Renewing delivery, financial and governance arrangement	Renewing supports for residents and staff	Promoting alternatives to long-term care
	(must be aged 18 years and older) o One visitor per visit o Visitors must adhere to appropriate public-health measures (e.g., wearing a medical mask, physical distancing, and practising hand hygiene), and screening and temperature checks • The Government of Northwest Territories has implemented the federal government's interim guidance as the minimum standard for infection prevention and control in long-term care homes o This includes physical distancing, screening, mandatory masking, disinfecting frequently used areas, and temperature checks • The initial prioritization of the Moderna COVID-19 vaccines includes residents and staff of long-term care homes o As of 3 February 2021, the Northwest Territories has successfully administered the first dose of the	managing a COVID-19 outbreak o This covers outbreak control measures, including resident movement, cohorting, managing visitors, and waste management	train and support personal-support workers and nurses • On 11 March 2021, the Northwest Territories government announced an additional investment of 169 beds by 2034 in their revised projections for this sector	which will be used to communicate with: o Healthcare providers o Family members • According to the stage one response as part of the Pandemic Response Plan for Health Services, each long-term care home will increase staffing with the addition of two licensed practical nurses and two personal-support workers	Northwest Territories

Province/ territory	Preventing infections	Managing outbreaks	Renewing delivery, financial and governance arrangement	Renewing supports for residents and staff	Promoting alternatives to long-term care
	Moderna vaccine to their entire long-term care home population				
Nunavut	• As part of the Nunavut's approach to "Moving Forward during COVID-19", the Chief Public Health Officer evaluates and implements necessary public health measures to assist with infection prevention and control in the long-term care sector ○ On 6 April 2020, all visitation to long-term care homes in the province was suspended ○ This guideline was amended on 29 June 2020, which permitted the entry of one to two immediate family members per resident ○ With a surge in COVID-19 cases in the province in November 2020, all visitation to long-term care facilities was tentatively restricted for a two-week period ○ As of 27 January 2021, all visitation to long-term care facilities have been suspended in Arviat	• No publicly available outbreak management guidelines were identified for long-term care facilities in Nunavut	• As part of the Safe Restart Agreement, the territory of Nunavut will utilize its funding to combat COVID-19, of which, a portion will be dedicated to improving care services and staffing issues in long-term care homes	• The Government of Nunavut introduced the Nunavut Essential Workers Wage Premium, a program which enabled long-term care homes, among other organizations, to support their staff with additional compensation during the COVID-19 pandemic ○ Premiums varied based on the hourly wage of the employee ○ This program ended on 30 September 2020	• During the COVID-19 pandemic, Nunavut continues to support the use of technology-enabled care at home through telehealth services for community visits ○ Long-term care homes have adopted telehealth for non-clinical sessions

Province/territory	Preventing infections	Managing outbreaks	Renewing delivery, financial and governance arrangement	Renewing supports for residents and staff	Promoting alternatives to long-term care
	o As of 1 March 2021, visitation restrictions in long-term care facilities in Baffin, Kitikmeot, Chesterfield Inlet, Baker Lake, Coral Harbour, Naujaat, Rankin Inlet, and Whale Cove consist of a maximum of two visitors (must be part of resident's immediate family) o As of 15 April 2021, visiting Elder's Facilities in Iqaluit is restricted, with any exemptions assessed on an individual basis • Vaccine administration to long-term care home residents and caregivers will be prioritized under Nunavut's COVID-19 vaccine roll-out plan o Residents and staff in long-term care facilities started receiving vaccinations as of 6 January 2021				

Appendix 5: Documents excluded at the final stages of reviewing

Type of document	Hyperlinked title
Single studies that provide additional insight	Characterization and evolution of infection control practices among SARS-CoV-2 infected healthcare workers of acute-care hospitals and long-term care facilities in Quebec, Canada, Spring 2020
	Role of interleukin 6 as a predictive factor for a severe course of Covid-19: Retrospective data analysis of patients from a long-term care facility during Covid-19 outbreak
	Risk factors associated with SARS-CoV-2 infections, hospitalization, and mortality among U.S. nursing-home residents
	Immunogenicity of the BNT162b2 vaccine in frail or disabled nursing-home residents: COVID-A study
	Vaccine effectiveness of the first dose of ChAdox1 nCOV-19 and BNT162b2 against SARS-CoV-2 infection in residents of long-term care facilities (VIVALDI Study)
	Management and outcomes of a COVID-19 outbreak in a nursing home with predominantly Black residents
	Assessment of coronavirus disease 2019 infection and mortality rates among nursing homes with different proportions of Black residents
	Background rates of all-cause mortality, hospitalizations, and emergency-department visits among nursing-home residents in Ontario, Canada to inform COVID-19 vaccine safety assessments
	Comparative effectiveness of standard and contingency-based cleaning in acute and long-term care facilities amidst staff shortages and a COVID-19 surge
	Antibody responses in elderly residential-care persons following COVID-19 mRNA vaccination
	Crisis response of nursing homes during COVID-19: Evidence from China
	Effects of BNT162b2 mRNA vaccination on COVID-19 disease, hospitalization and mortality in nursing homes and healthcare workers: A prospective cohort study including 28,594 nursing-home residents, 26,238 nursing-home staff, and 61,951 healthcare workers in Catalonia
	Increase in frailty in nursing-home survivors of coronavirus disease 2019: Comparison with noninfected residents
	Testing and vaccination to reduce the impact of COVID-19 in nursing homes: An agent-based approach
	Results of a hospitalization policy of asymptomatic and pre-symptomatic COVID-19-positive long-term care facility residents in the province of Salzburg—a report from the AGMT COVID-19 Registry
	High-minority nursing homes disproportionately affected by COVID-19 deaths
	Outlining the prior infection with SARS-CoV-2 study (PICOV) - preliminary findings on symptoms in nursing-home residents and staff