

Crisis management and renewal plans in long-term care will need to consider five key domains

Waddell K, DeMaio P, Wilson MG, Wang Q, Bain T, Bhuiya A, Alam S, Sharma K, Gauvin FP, Sharma K, Whitelaw S, Lavis JN. COVID-19 living evidence profile #2 (version 2.2): What is known about preventing and managing COVID-19 outbreaks and about supporting renewal in long-term care homes? Hamilton: McMaster Health Forum, 31 March 2021.

Why is all the evidence on this topic being summarized?

- Long-term care homes (sometimes referred to as nursing homes, continuing-care facilities, or residential-care homes) provide 24/7 access to nursing and personal care to residents. This generally includes more care than can be safely met through supportive housing or a retirement home, but not so much care that they require admission to a hospital unit.
- The long-term care sector has been hit very hard by the COVID-19 pandemic.
- The pandemic highlighted new and long-standing problems in the long-term care sector.
- Solutions must consider five key domains:
 - preventing infections;
 - managing outbreaks;
 - strengthening or reforming the long-term care sector (for example, improving the safety and quality of care, improving buildings, changing how the sector is funded);
 - supporting residents (and their families and caregivers) and staff (and volunteers); and
 - promoting alternatives to long-term care homes.

What question did we want to answer?

- What is known about preventing and managing outbreaks of COVID-19 in long-term care homes?
- What is known about how to strengthen or reform the long-term care sector?

How have we done this rapid review/rapid evidence profile/living evidence profile?

- We identified research evidence addressing the questions by searching the [COVID-END inventory](#) and the [COVID-END guide to key COVID-19 evidence sources](#), as well as two databases that captures research beyond COVID-19 ([Health Evidence](#) and [Health Systems Evidence](#)).
- We also examined what was done in Canada and in eight other countries (Australia, France, Finland, Germany, Netherlands, New Zealand, United Kingdom, United States). These countries were selected because they are advanced in their thinking about the long-term care sector or are good comparators to Canada.

How up to date is this living evidence profile?

- This living evidence profile was last updated on March 31, 2021.

What are the main results of our living evidence profile?

- Most of the research evidence focuses on preventing infection (particularly distributing and administering vaccines) and managing outbreaks in long-term care homes.
- There are some variations in the guidelines across countries, including differences in testing those without symptoms, differences in monitoring systems for residents with symptoms, and changes in visitation rules in long-term care homes following vaccinations, among others.
- Available guidelines provide details about what staff should do to prevent infection and manage outbreaks, but offer little guidance about how they should do it.

How confident are we in the results?

- The quality of research evidence is mixed, ranging from low- to high-quality reviews.
- A lot of evidence comes from individual studies (for which the quality was not appraised) and experiences from other jurisdictions.

The COVID-19 Evidence Network to support Decision-making (COVID-END) is supported by an investment from the Government of Canada through the Canadian Institutes of Health Research (CIHR). To help Canadian decision-makers as they respond to unprecedented challenges related to the COVID-19 pandemic, COVID-END in Canada is preparing rapid evidence responses like this one. The opinions, results, and conclusions are those of the evidence-synthesis team that prepared the rapid response, and are independent of the Government of Canada and CIHR. No endorsement by the Government of Canada or CIHR is intended or should be inferred.