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PII: S1525-8610(20)30663-0

DOI: <https://doi.org/10.1016/j.jamda.2020.07.038>

Reference: JMDA 3589

To appear in: *Journal of the American Medical Directors Association*

Received Date: 16 July 2020

Revised Date: 27 July 2020

Accepted Date: 28 July 2020

Please cite this article as: Stall NM, Johnstone J, McGeer AJ, Dhuper M, Dunning J, Sinha SK, Finding the Right Balance: An Evidence-Informed Guidance Document to Support the Re-Opening of Canadian Nursing Homes to Family Caregivers and Visitors during the COVID-19 Pandemic, *Journal of the American Medical Directors Association* (2020), doi: <https://doi.org/10.1016/j.jamda.2020.07.038>.

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Finding the Right Balance: An Evidence-Informed Guidance Document to Support the Re-Opening of Canadian Nursing Homes to Family Caregivers and Visitors during the COVID-19 Pandemic

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Word count: 2625

Figures: 0

Tables: 2

Appendices: 1

References: 40

Funding: This work was not funded.

Competing interests: *all authors received no support from any organization for the submitted work, have not entered into an agreement with any organization that has limited their ability to complete the research as planned and publish the results, have no financial relationships with any organizations that might have an interest in the submitted work, and have no other relationships or activities that could appear to have influenced the submitted work.*

1 **Abstract**

2
3 During the first few months of the COVID-19 pandemic, Canadian nursing homes implemented
4 strict no-visitor policies to reduce the risk of introducing COVID-19 in these settings. There are
5 now growing concerns that the risks associated with restricted access to family caregivers and
6 visitors have started to outweigh the potential benefits associated with preventing COVID-19
7 infections. Many residents have sustained severe and potentially irreversible physical, functional,
8 cognitive, and mental health declines. As Canada emerges from its first wave of the pandemic,
9 nursing homes across the country have cautiously started to reopen these settings, yet there is
10 broad criticism that emerging visitor policies are overly restrictive, inequitable and potentially
11 harmful. We reviewed the nursing home visitor policies for Canada's ten provinces and three
12 territories as well as international policies and reports on the topic to develop evidence-informed,
13 data-driven and expert-reviewed guidance for the re-opening of Canadian nursing homes to
14 family caregivers and visitors.

15 16 **Background**

17
18 Nursing homes have experienced the worst of the coronavirus disease 2019 (COVID-19)
19 pandemic in Canada, with residents of these homes accounting for approximately 80% of
20 Canadian COVID-19 deaths.¹ Between March and April, 2020 when outbreaks and deaths
21 intensified in Canadian nursing homes, governments across the country implemented strict
22 blanket "no visitor" policies as part of their infection prevention and control (IPAC) strategies
23 for nursing homes.^{2,3} As the community prevalence of COVID-19 continues to decrease in
24 Canada, and regions across the country begin phased re-openings, experts and advocates have
25 grown increasingly concerned that subsequent visiting policies and family caregiver access to
26 nursing home settings remain overly restrictive, causing substantial and potentially irreversible
27 harm to the health and wellbeing of residents.⁴ A more balanced approach is needed that both
28 prevents the introduction of COVID-19 into nursing homes, but also allows family caregivers
29 and visitors to provide much needed contact, support and care to residents, to maintain their
30 overall health and wellbeing.

31

32 We reviewed the emerging nursing home visitor policies issued by Canada's ten provincial and
33 three territorial governments (see *Appendix 1*) as well as international policies and guidance on
34 the topic in order to recommend, evidence-informed and data driven guidance to support a
35 balanced, risk-mitigated re-opening of Canadian nursing homes to family caregivers and
36 visitors.⁵ While this guidance is specific to nursing homes, many of the guiding principles and
37 planning assumptions presented in this document could be applied to other congregate settings
38 such as retirement homes and group homes.

39

40 These efforts should be executed with the support and input of family caregivers, existing
41 resident and family councils as well as from nursing home medical directors, administrators,
42 involved primary care and specialist providers, and local IPAC and public health leadership. We
43 also recognize that reopening nursing homes will require additional resources including
44 government funding for personal protective equipment (PPE), COVID-19 testing, and addressing
45 chronic staffing shortages to support visitor protocols. Importantly, homes must ensure that
46 existing care resources are not reduced to support this implementation, which could negatively
47 impact resident care, especially for those residents who do not have family caregivers or visitors.

48

49 **Definitions**

50

51 **Family Caregiver:** is any person whom the resident and/or substitute decision-maker identifies
52 and designates as their family caregiver. As essential partners in care, they can support feeding,
53 mobility, personal hygiene, cognitive stimulation, communication, meaningful connection,
54 relational continuity, and assistance in decision-making.⁴

55

56 **Essential Support Worker:** is a person performing essential support services (e.g., food delivery,
57 inspector, maintenance, or personal care or health care services such as phlebotomy or medical
58 imaging).⁶

59

60 **General Visitor:** is neither a family caregiver nor an essential support worker and is "visiting"
61 primarily for social reasons.⁶

62

63 **Guiding Principles and Planning Assumptions about Visitor Policies and Access**

64

65 In reviewing the literature, consulting with national and international experts (see
66 *Acknowledgements*), and hearing from both residents, and their family caregivers and visitors
67 through various forums, we have identified six core principles and planning assumptions as
68 foundational and fundamental to any current and future guidelines. These recommendations
69 focus on family caregivers and general visitors rather than essential support workers and nursing
70 home staff, and are made with the acknowledgement that the approach to visiting may need to be
71 dynamic based on the community prevalence of COVID-19.

72

- 73 1. ***Policies must differentiate between “family caregivers” and “general visitors”. Residents,***
74 ***substitute decision makers and their families should have the authority and autonomy to***
75 ***determine who is essential to support them in their care.***

76

77 It is imperative that visitor policies identify and distinguish “family caregivers” from “general
78 visitors” who are visiting primarily for social reasons. While socialization is certainly important,
79 family caregivers as partners in care should be prioritized to support resident health and
80 wellbeing. Family caregivers are those individuals who assume essential caregiving
81 responsibilities for a spouse, family member, or friend who needs help because of limitations in
82 their physical, mental, or cognitive functioning, and are essential to meeting the needs of
83 residents especially in the face of chronic staffing shortages.⁸⁻¹³ Family caregivers also help
84 ensure that all residents receive culturally safe and appropriate care, especially for LGBTQ2S+
85 and Indigenous residents and/or those with language barriers. Importantly, while the term family
86 caregiver is widely used, it is important to recognize that approximately 15% of all caregivers are
87 not related to their care recipients, including some who may be privately hired.⁸ The importance
88 of identifying family caregivers is that they are not accessing the nursing home primarily for
89 social reasons, but rather to provide services and care such as assistance with feeding, medical
90 decision-making, and management of responsive behaviours among residents living with
91 dementia.¹⁴

92

93 While the definition of family caregiver has been operationalized in various ways, in a resident-
94 centred and caregiver-partnered long-term care system, residents must have the sole authority
95 and autonomy to determine who is essential to support them in their care; substitute decision
96 makers should make this determination for incapable residents.⁴ This differs from approaches
97 such as those used in Australia that have relied on identifying family caregivers as those
98 individuals with a clearly established and regular pattern of involvement in contributing to the
99 care and support of residents prior to the COVID-19 pandemic.¹⁵ This definition fails to
100 recognize that some individuals may be willing and able—or need to—assume caregiving
101 responsibilities to assist with special care needs and staffing shortages that have been further
102 aggravated during the COVID-19 pandemic, or provide care which they may not have been able
103 to previously. It also fails to recognize that as conditions change during a pandemic, so too might
104 a resident’s desire or need for support change, and their ability to designate family caregivers
105 must be flexible, consistent with their ongoing right to choose. It also fails to address that
106 limiting or eliminating congregate dining and recreational activities during the COVID-19
107 pandemic may now necessitate that those who were once “general visitors” become “family
108 caregivers” to better address unmet resident needs.

109
110 Other definitions being proposed also violate the principles of resident-centred and caregiver-
111 partnered care, including those that identify family caregivers as those individuals providing
112 services that would otherwise require a private duty caregiver; this definition could be open to
113 interpretation and a source of disagreement between nursing homes, residents and their
114 families.^{14,16}

115
116 Given there are both diverging definitions and interpretations of who constitutes a family
117 caregiver, residents, substitute decision makers and their families must retain the authority and
118 autonomy to designate their own family caregivers and this should be clearly documented in the
119 resident’s care plan and record.⁴ Initially, each resident should be supported in allowing the
120 reintroduction of at least two family caregivers, and these individuals should receive a caregiver
121 identification card or badge.^{17,18}

122

123 2. ***Restricted access to visiting must balance the risks of COVID-19 infection with the risks of***
124 ***social isolation to resident health, wellbeing and quality of life.***

125

126 Strict blanket ‘no visitor’ policies were enacted early on during the pandemic with the
127 recognition that visitors were potential vectors for the introduction of COVID-19 infection into
128 nursing homes and transmission back into the wider community.¹⁹ When these policies were
129 implemented, nursing homes were more vulnerable to COVID-19 outbreaks for several reasons:
130 1) the extent of asymptomatic transmission and atypical presentations of COVID-19 were not
131 fully appreciated, 2) access to timely and comprehensive COVID-19 testing was limited,
132 impairing homes ability to identify outbreaks, and determine scale and scope, including
133 symptomatic and asymptomatic cases, 3) many homes had not fully adopted robust IPAC
134 approaches including universal masking of staff and enabling them to work at only one
135 healthcare setting, and 4) access to PPE was more limited.²⁰⁻²²

136

137 Now that many homes are working to address these deficiencies, it is essential that we also focus
138 on the considerable detrimental effects of the ongoing lockdown of nursing homes and restricted
139 access to family caregivers and general visitors.^{23,24} Many residents have experienced severe and
140 potentially irreversible functional and cognitive declines, deteriorations in physical and mental
141 health, severe loneliness and social isolation, worsening of responsive behaviours and increased
142 use of psychotropic medications and physical restraints.²⁴⁻²⁷ Worse, many residents have died
143 alone without family present to support end-of-life needs. While virtual visiting was
144 implemented to try and meet the psychosocial needs of residents, it is no substitute for family
145 caregivers who prior to the lockdown were providing substantial care and support for many
146 residents.

147

148 These negative outcomes have raised concerns that the risks associated with ongoing blanket
149 visitor restrictions outweigh the benefits associated with preventing COVID-19 outbreaks in
150 nursing homes, particularly in Canadian jurisdictions with low rates of community
151 transmission.² Additionally, these restrictions may be violating the autonomy of residents and
152 their right to make informed and risk-based decisions which prioritize their access to visitors
153 over the risks of them contracting COVID-19. In Ontario, the *Long-Term Care Homes Act*

154 recognizes the right of every resident to “receive visitors of his or her choice...without
155 interference”, which is legally required and enforceable under contract as set out in the Act.²⁸
156 There are also several active legal challenges across the country arguing that fundamental
157 resident and human rights are being violated.^{29,30}

158
159 Importantly, many homes have made improvements in IPAC and there are now basic processes
160 in place to support the safe reintegration of family caregivers and general visitors. There is also
161 now a much greater understanding of public health guidance and recommendations including
162 universal masking as well as increased access to testing for the general public, which would
163 further reduce the risk of COVID-19 being introduced into nursing homes. Finally, as partners in
164 care, most family caregivers may already be trained and experienced in IPAC and PPE
165 procedures since other infectious outbreaks are not uncommon occurrences in nursing homes.

166
167 **3. *Visitor policies should prioritize equity over equality and be both flexible and***
168 ***compassionate.***

169
170 Visitor policies must prioritize equity over equality, recognizing that a “one size fits all”
171 approach is neither optimal nor practical. Whereas equality would mean giving all nursing home
172 residents the same access to visitors, equity means giving nursing home residents the right
173 amount of access they need to maintain their health and wellbeing.⁷ Importantly, visitor policies
174 must not prioritize the convenience of the nursing homes over the best interests of their residents
175 in receiving the care and support of family caregivers and visitors.

176
177 Nursing homes must reserve the right to create and implement visitor screening protocols
178 consistent with local public health guidance and procedures for visits that maintain the safety and
179 wellbeing of all residents and staff members. However, blanket implementation of policies must
180 be avoided, and instead policies uniquely supporting family caregivers and general visitors must
181 be both flexible and compassionate, recognizing that some of the new conditions and procedures
182 surrounding visiting may not work for all residents, family caregivers and visitors.^{15,31,32} This
183 includes providing flexibility around the timing of visits (e.g., some visitors may have work and
184 other caregiving duties), the location of visits (e.g., some residents and/or visitors may not be

185 able to tolerate outdoor visits because of inclement weather and/or bedbound status), the length
186 or frequency of visits (e.g., as some visitors may be traveling long distances, longer visits should
187 be considered), absolute restrictions on physical contact (e.g., some residents with cognitive
188 impairment and/or behavioural issues may neither be able to understand nor comply with
189 physical distancing).¹⁵

190

191 Furthermore, as procuring ample PPE may be challenging for many members of the public, both
192 family caregivers and general visitors must be able to receive the necessary PPE to facilitate
193 these visits from the home itself. Homes must maintain ample PPE supplies so as to not create
194 situations where a lack of supply could restrict access to visitors and negatively impact resident
195 quality of life. Homes will require additional funding and resources to support this.

196

197 **4. Governments, public health authorities and nursing homes must provide regular,**
198 **transparent, accessible and evidence-based communication and direction about visitor**
199 **policies and access.**

200

201 Many nursing home residents and their families and friends have grown increasingly frustrated
202 about a lack of transparency and regular communication regarding the development and
203 implementation of visitor policies and restrictions.¹⁵ In order to foster trust and maintain public,
204 resident, caregiver and staff confidence, it is imperative that governments, public health
205 authorities and nursing homes be transparent about the following information: who is responsible
206 for decision-making, which evidence and metrics are being used to develop and monitor
207 responses to visitor policies, and what are the timelines and outcomes for progression and
208 regression of phased responses. Further, if increased visitor restrictions are required (i.e. there is
209 an outbreak), they should be implemented in a transparent manner with the same open and clear
210 communication provided to residents as well as their family caregivers and family members.¹⁵

211

212 **5. Robust data related to re-opening nursing homes to family caregivers and general visitors**
213 **should be collected and reported.**

214

215 It is imperative that individual homes, with the support of local health authorities and public
216 health units, collect and report data on COVID-19 cases as it relates to reopening. In Canada, the
217 National Institute on Ageing Long-Term Care COVID-19 Tracker could support this ([https://lnc-](https://lnc-covid19-tracker.ca)
218 [covid19-tracker.ca](https://lnc-covid19-tracker.ca)).³³ It is recognized that many decisions about balancing different risks to
219 residents, staff, family caregivers and visitors to nursing homes are difficult. However, it is also
220 true that it is less difficult to impose restrictions than it is to remove them. Public health and
221 governmental authorities should also be actively working to use modelling and evidence to
222 remove visitor restrictions as quickly as possible as regional community prevalence declines.

223
224 Further, the existing Resident Assessment Instrument–Minimum Data Set (RAI-MDS) 2.0 which
225 is already collected on at least a quarterly basis for all residents and reported to the Canadian
226 Institute for Health Information (CIHI), could be leveraged to assess the impact of both restricted
227 visitor access and the reintegration of visitors on resident health and wellbeing.³⁴ Previous
228 experience in 26 nursing homes in the Netherlands which reopened to visitors pointed to
229 substantial improvements in resident wellbeing without a single new case of COVID-19; this
230 motivated the Dutch government to allow all nursing homes in the Netherlands to judiciously
231 reopen their homes to visitors.³⁵

232
233
234 **6. A mechanism for feedback and a process for rapid appeals should be established.**

235
236 Clinical anecdotes, caregiver experiences and a rapid response expert advisory group from the
237 federally-funded Canadian Foundation for Healthcare Improvement (CFHI) have identified that
238 there are marked inconsistencies in how regional visitor policies are being interpreted and
239 implemented.⁴ Residents, family caregivers and visitors in all jurisdictions need access to a
240 feedback and rapid appeals process. Recognizing that ombudspersons and existing nursing home
241 complaint and support lines do not function as arbitrators in these situations, homes should create
242 a mediating appeals mechanism comprised of both nursing home staff and members of existing
243 resident and family councils to help resolve disagreements around visitor policies and the
244 designation of family caregivers.

245

246 Summary and Recommended Visitor Policies

247

248 During the first few months of the COVID-19 pandemic in Canada, its nursing homes
249 implemented strict no-visitor policies to reduce the risk of introducing COVID-19 in these
250 settings. There are now concerns that the risks associated with restricted access to family
251 caregivers and visitors have started to outweigh the potential benefits associated with preventing
252 COVID-19 infections with this blunt public health intervention. Many nursing home residents
253 have sustained severe and potentially irreversible physical, functional, cognitive, and mental
254 health declines. As Canada emerges from its first wave of the COVID-19 pandemic, nursing
255 homes across the country have cautiously started to reopen these settings, yet there is broad
256 criticism that emerging visitor policies are overly restrictive, inequitable and potentially harmful.
257 In order to find the right balance between infection prevention and supporting resident health and
258 wellbeing, the six core principles and planning assumptions described in this guidance document
259 were used to create recommended, evidence-informed, and expert-reviewed visitor policies for
260 family caregivers (Table 1) and general visitors (Table 2) to nursing homes.

Contributions and disclosures

All authors meet the International Committee of Medical Journal Editors (ICMJE) criteria for authorship and have no competing interests, financial or otherwise.

Acknowledgements

We gratefully acknowledge the numerous experts who reviewed and commented on this guidance – their names are listed below. None of them received compensation for their contributions.

Amit Arya, Jane Barratt, Lisa Berger, Christian Bergman, Isaac I. Bogoch, Sandy Buchman, Martha Carmichael, Lucas Castellani, Eyal Cohen, Rhonda Collins, Nancy Cooper, Amy Coupal, Kenneth Covinsky, Julie Drury, Helen Eby, Gerald Evans, David Fisman, Kyle Fitzgerald, Veronica Gerber, Sudeep Gill, Margaret Gillis, Russell Goldman, Rebecca Greenberg, Allan Grill, Doris Grinspun, Kathy Hickman, Andrea Iaboni, Dale Kalina, Kelly Kay, Janice M. Keefe, Maggie Keresteci, Sarah Khan, Jerome Leis, Dee Lender, Pamela Libralesso, Barbara Liu, Yona Lunskey, Isobel Mackenzie, Ramona Mahtani, Fred Mather, Larissa Matukas, Lynn McDonald, Susan Mills, Raza Mirza, Andrew Morris, Matthew Muller, Jeya T. Nadarajah, Samantha Peck, Patrick Quail, Kiran Rabheru, Madhuri Reddy, Benoit Robert, Paula Rochon, Nirav R. Shah, Michael Silverman, Andrew Simor, Claire Snyman, Vivian Stamatopoulos, Christina Stergiou-Dayment, Laura Tamblyn Watts, Nisha Thampi, Donna Thomson, Cheryl Volling, and Camilla Wong.

Table 1: Recommended nursing home visitor policy and access for “family caregivers”

Domain	Recommended policy
1. Defining an “family caregiver”	<ul style="list-style-type: none"> Residents, substitute decision makers and their families must retain the authority and autonomy to determine who is essential to support them in their care and designate their own family caregivers.⁴ Governments, public health authorities and homes must not define who is a family caregiver, especially on the basis of either an individual’s caregiving involvement and role prior to the pandemic or by identifying those individuals providing services that would otherwise require a private duty caregiver.
2. Allowable number of designated family caregivers	<ul style="list-style-type: none"> A resident may designate at least two family caregivers. Similar to guidance from Alberta Health Services, a resident may identify a temporary replacement family caregiver if the primary designated family caregivers are unable to perform their roles for a period of time; the intent is not for designates to change regularly or multiple times but to enable a replacement, when required.³⁶
3. Allowable number of family caregivers in the nursing home at one time	<ul style="list-style-type: none"> One family caregiver per resident should be allowed in the home at a time. Under extenuating circumstances (i.e., end-of-life), this allowable number should be flexible.
4. Allowable locations within the nursing home	<ul style="list-style-type: none"> As essential partners in care, family caregivers should have access to areas both outside and inside the home (similar to staff members) but must maintain physical distancing from other residents and staff. They should be provided with an individualized caregiver identification and/or badge, and must abide by all IPAC and PPE requirements and procedures concerning staff members of the home.^{17,18}
5. Allowable access during a COVID-19 outbreak	<ul style="list-style-type: none"> In order to promote relational continuity and meet the ongoing needs of residents, family caregivers should still have access to the home during a COVID-19 outbreak, <u>as long as the following conditions are met</u>: <ul style="list-style-type: none"> The family caregiver attests that they understand and appreciate they are entering a home under outbreak and that they may be at increased risk of COVID-19 infection They must be trained in IPAC procedures and the proper use of PPE and abide by all outbreak-related policies that apply to staff members of the home.
6. Allowable frequency and length of time for family caregiver presence	<ul style="list-style-type: none"> No restrictions as long as it does not negatively impact the care of other residents or the ability of other family caregivers to provide care and support.
7. Screening and testing requirements	<ul style="list-style-type: none"> As partners in care, family caregivers should be subjected to the same COVID-19 screening requirements as nursing home staff. If asymptomatic COVID-19 testing is recommended, family caregivers should be provided with the same access to testing as staff members of the home.
8. IPAC and PPE requirements	<ul style="list-style-type: none"> As partners in care, family caregivers should receive an orientation and be educated and trained to follow the same IPAC and PPE requirements and procedures as staff members of the home, including remaining masked at all times.³ The Ottawa Hospital has designed a PPE training video specifically for family caregivers: www.youtube.com/watch?v=GkAYc5wcn0c&feature=youtu.be Homes must maintain ample PPE supply to enable family caregivers’ participation in care. Failure of family caregivers to comply with these procedures could be grounds for loss of their rights to participate in care as family caregivers, which should be appealable.

Domain	Recommended policy
1. Number of allowable visitors at one time	<ul style="list-style-type: none"> • Outdoors: similar to guidance from the Saskatchewan Health Authority, outdoor visits can include more than one visitor at a time, provided that physical distancing can be maintained. Additionally, family members from the same household and/or bubble should not have to physically distance from one another. • Indoors: one visitor per resident in the home at a time. Similar to guidance from the British Columbia Centre for Disease Control, a visitor who is a child may be accompanied by one parent, guardian or family member.³⁷
2. Allowable locations of visits and access during an outbreak	<ul style="list-style-type: none"> • Outdoor visits should be prioritized, when possible and feasible, to both minimize the risk of COVID-19 transmission and to maximize the number of possible visitors. Provinces like Manitoba plan to construct outdoor, all-season visiting shelters.³⁸ • When outdoor visits are not feasible for either the resident or the visitor (e.g. for cognitive, psychiatric or physical reasons), the home must provide an indoor alternative which provides ample open space for physical distancing and adequate ventilation. • Exceptional circumstances may sometimes necessitate the visitor meeting the resident in their room, but this should be a last resort if none of the previously noted alternative options are deemed feasible.
3. Allowable access during a COVID-19 outbreak	<ul style="list-style-type: none"> • If the home goes into COVID-19 outbreak status, general visits may need to be temporarily suspended (if advised by the local public health authority), but if the outbreak does not involve the entire home, consideration should be given to suspending visits only on the floor or unit under outbreak. Virtual visits must be upscaled during suspensions of in-persons visits.
4. Allowable frequency and length of time for visits	<ul style="list-style-type: none"> • As per the Ontario Ministry of Long-Term Care, visits should be at least 60 minutes/visit and residents should have access to visitors at a minimum of once per week.³⁹
5. Screening and testing requirements	<ul style="list-style-type: none"> • Visitors must pass an active screening questionnaire (which may include an on-site temperature check) but there should be no requirement for COVID-19 testing for outdoor and physically distanced visits. If exceptional circumstances necessitate a visitor entering the resident's room, they should be subject to the same screening and testing requirements as family caregivers.
6. IPAC and PPE requirements	<ul style="list-style-type: none"> • Visitors must remain masked (cloth or surgical/procedure for outdoor visits and surgical/procedure for indoor visits) at all times and maintain at least 2 metres of physical distance from the resident they are visiting. Visitors should be encouraged to bring their own cloth masks for outdoor visits, but appearing without a mask should not be a barrier to visiting. • If masking of visitors causes distress to the resident (e.g. for cognitive or mental health reasons) or poses difficulties with either recognizing (e.g. cognitive impairment) or understanding the resident (e.g. hearing-impaired residents who rely on lipreading) a face shield which wraps around the chin or a transparent mask can be considered as alternatives. • Consideration may be given to allowing brief hugs and handholding while maintaining as much distance as possible between the faces of the resident and visitor, and ensuring the availability of alcohol-based hand sanitizer for prompt and effective hand hygiene both immediately before and after these encounters.⁴⁰ • Homes must maintain ample PPE supply to enable resident visits. • Failure of visitors to comply with procedures could be grounds for a loss of visiting rights, which should be appealable.
7. Accommodations for visitors while on-site at the nursing home	<ul style="list-style-type: none"> • Visitors must have access to bathrooms (an accessible outdoor sheltered bathroom or designated indoor bathroom). • Outdoor visiting must occur in weather protected settings (e.g. a shaded area with hydration for hot weather, a sheltered area for rain, or a heated area for colder weather).
8. End-of-life considerations	<ul style="list-style-type: none"> • Residents designated as being "critically ill" or at "end-of-life" (<14-day life expectancy) should be provided with the same level of access that would be rendered to a family caregiver. If visitors need to enter the home under these circumstances, they should be subject to the same conditions and procedures as "family caregivers".


References

1. Canadian Institute for Health Information. Pandemic Experience in the Long-Term Care Sector: How Does Canada Compare With Other Countries? <https://www.cihi.ca/sites/default/files/document/covid-19-rapid-response-long-term-care-snapshot-en.pdf>. Published 2020. Accessed July 1, 2020.
2. Provincial Geriatrics Leadership Office. Family Presence in Older Adult Care: A Statement Regarding Family Caregivers and the Provision of Essential Care. <https://rgps.on.ca/wp-content/uploads/2020/06/2020-June-29-Family-Presence-in-Older-Adult-Care-Family-Caregivers-FINAL.pdf>. Published 2020. Updated June 29, 2020. Accessed July 6, 2020.
3. Public Health Agency of Canada. Infection prevention and control for COVID-19: Interim guidance for long term care homes. <https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/prevent-control-covid-19-long-term-care-homes.html#a5>. Published 2020. Updated May 12, 2020. Accessed July 6, 2020.
4. Canadian Foundation for Healthcare Improvement. BETTER TOGETHER: Re-Integration of Family Caregivers as Essential Partners in Care in a Time of COVID-19. https://www.cfhi-fcass.ca/docs/default-source/itr/tools-and-resources/bt-re-integration-of-family-caregivers-as-essential-partners-covid-19-e.pdf?sfvrsn=5b3d8f3d_2. Published 2020. Updated July 2020. Accessed July 8, 2020.
5. Low L-F. Easing lockdowns in care homes during COVID-19: risks and risk reduction. LTCcovid, International Long-Term Care Policy Network, CPEC-LSE. <https://ltccovid.org/2020/05/13/easing-lockdowns-in-care-homes-during-covid-19-risks-and-risk-reduction/>. Published 2020. Updated May 12, 2020. Accessed July 7, 2020.
6. Ontario Ministries of Health and Long-Term Care. COVID-19 Directive #3 for Long-Term Care Homes under the Long-Term Care Homes Act, 2007. http://health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/directives/LTCH_HPPA.pdf. Published 2020. Updated June 10, 2020. Accessed July 10, 2020.
7. Raine R, Or Z, Prady S, Bevan G. Evaluating health-care equity. In: Raine R, Fitzpatrick R, Barratt R, et al, eds. *Challenges, solutions and future directions in the evaluation of service innovations in health care and public health*. Southampton (UK): NIHR Journals Library; May 2016.
8. Stall NM, Campbell A, Reddy M, Rochon PA. Words Matter: The Language of Family Caregiving. *J Am Geriatr Soc*. 2019;67(10):2008-2010.
9. National Academies of Science Engineering and Medicine. *Families Caring for an Aging America*. Washington, DC: National Academies Press;2016.
10. Stall NM, Reddy M, Rochon PA. Nothing Informal About Family Caregiving. *JAMA Intern Med*. 2020;180(3):470.
11. Stall N. We should care more about caregivers. *CMAJ*. 2019;191(9):E245-E246.
12. Sinha SK. Considerations on Caring for Caregivers in an Aging Society. *HealthcarePapers*. 2015;15(1):54-60.
13. Sinha SK, Dunning J, Wong I, Nicin M. Why Canada Needs to Better Care for Its Working Caregivers. National Institute on Ageing White Paper. <https://www.ryerson.ca/content/dam/nia/white-papers/working-caregivers.pdf>. Published 2018. Accessed July 13, 2020.
14. Schlaudecker JD. Essential Family Caregivers in Long-Term Care During the COVID-19 Pandemic. *J Am Med Dir Assoc*. 2020.
15. Council on the Ageing (COTA) Australia. Industry Code for Visiting Residential Care Aged Homes During COVID-19. <https://www.cota.org.au/wp-content/uploads/2020/07/INDUSTRY->


- CODE-FOR-VISITING-RESIDENTIAL-AGED-CARE-HOMES-DURING-COVID-v2-updated-3-July-2020.pdf. Published 2020. Updated July 3, 2020. Accessed 2020, July 7.
16. Registered Nurses' Association of Ontario. Person- and Family-Centred Care. https://rnao.ca/sites/rnao-ca/files/FINAL_Web_Version_0.pdf. Published 2015. Updated May 2015. Accessed July 10, 2020.
 17. The Change Foundation. The Caregiver Identification (ID) Program and Family Presence Policy. <https://changefoundation.ca/the-caregiver-identification-id-program-and-family-presence-policy/>. Published 2020. Accessed July 10, 2020.
 18. The Ontario Caregiver Organization. Partners in Care: A resource for welcoming back caregivers to hospitals and long-term care. <https://ontariocaregiver.ca/partnersincare/>. Published 2020. Accessed July 10, 2020.
 19. McMichael TM, Currie DW, Clark S, et al. Epidemiology of Covid-19 in a Long-Term Care Facility in King County, Washington. *N Engl J Med*. 2020;382(21):2005-2011.
 20. Arons MM, Hatfield KM, Reddy SC, et al. Presymptomatic SARS-CoV-2 Infections and Transmission in a Skilled Nursing Facility. *N Engl J Med*. 2020;382(22):2081-2090.
 21. Norman RE, Stall NM, Sinha SK. Typically Atypical: COVID-19 Presenting as a Fall in an Older Adult. *J Am Geriatr Soc*. 2020.
 22. Stall NM, Farquharson C, Fan-Lun C, et al. A Hospital Partnership with a Nursing Home Experiencing a COVID-19 Outbreak: Description of a Multiphase Emergency Response in Toronto, Canada. *J Am Geriatr Soc*. 2020.
 23. Diamantis S, Noel C, Tarteret P, Vignier N, Gallien S, Groupe de Recherche et d'Etude des Maladies Infectieuses - Paris S-E. Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2)-Related Deaths in French Long-Term Care Facilities: The "Confinement Disease" Is Probably More Deleterious Than the Coronavirus Disease-2019 (COVID-19) Itself. *J Am Med Dir Assoc*. 2020.
 24. Suárez-González A. Detrimental effects of confinement and isolation on the cognitive and psychological health of people living with dementia during COVID-19: emerging evidence. LTCcovid, International Long-Term Care Policy Network, CPEC-LSE. <https://ltccovid.org/wp-content/uploads/2020/07/LTCcovid-1-July-Detrimental-effects-confinement-on-people-with-dementia.pdf>. Published 2020. Updated July 1, 2020. Accessed July 6, 2020.
 25. Simard J, Volicer L. Loneliness and Isolation in Long-term Care and the COVID-19 Pandemic. *J Am Med Dir Assoc*. 2020.
 26. Trabucchi M, De Leo D. Nursing homes or besieged castles: COVID-19 in northern Italy. *Lancet Psychiatry*. 2020;7(5):387-388.
 27. Hwang TJ, Rabheru K, Peisah C, Reichman W, Ikeda M. Loneliness and social isolation during the COVID-19 pandemic. *Int Psychogeriatr*. 2020:1-4.
 28. Government of Ontario. Long-Term Care Homes Act, 2007, S.O. 2007, c. 8, s. 3(1)14. <https://www.ontario.ca/laws/statute/07108>. Published 2007. Updated May 12, 2020. Accessed July 8, 2020.
 29. Justice Centre for Constitutional Freedoms. Ontario government warned that isolating seniors is elder abuse and violates the Charter. <https://www.jccf.ca/ontario-government-warned-that-isolating-seniors-is-elder-abuse-and-violates-the-charter/>. Published 2020. Updated June 9, 2020. Accessed July 10, 2020.
 30. Justice Centre for Constitutional Freedoms. Legal warnings issued to long-term care homes who continue to isolate seniors. <https://www.jccf.ca/legal-warnings-issued-to-long-term-care-homes-who-continue-to-isolate-seniors/>. Published 2020. Updated July 3, 2020. Accessed July 10, 2020.
 31. Scottish Government. Visiting Guidance for Adult Care Homes in Scotland. <https://www.gov.scot/binaries/content/documents/govscot/publications/advice-and->

- guidance/2020/06/coronavirus-covid-19-adult-care-homes-visiting-guidance/documents/visiting-guidance-for-adult-care-homes/visiting-guidance-for-adult-care-homes/govscot%3Adocument/Visiting%2Bguidance%2Bfor%2Badult%2Bcare%2Bhomes..pdf . Published 2020. Updated June 25, 2020. Accessed July 7, 2020.
32. The Care Provider Alliance. Visitors' protocol - CPA briefing for care providers. <https://careprovideralliance.org.uk/coronavirus-visitors-protocol>. Published 2020. Accessed July 7, 2020.
 33. National Institute on Ageing. NIA Long Term Care COVID-19 Tracker. <https://ltc-covid19-tracker.ca>. Published 2020. Updated July 8, 2020. Accessed July 8, 2020.
 34. Mor V. A comprehensive clinical assessment tool to inform policy and practice: applications of the minimum data set. *Med Care*. 2004;42(4 Suppl):III50-59.
 35. Verbeek H, Gerritsen DL, Backhaus R, de Boer BS, Koopmans RTCM, Hamers JPH. Allowing visitors back in the nursing home during the COVID-19 crisis – A Dutch national study into first experiences and impact on well-being. *Journal of the American Medical Directors Association*. 2020.
 36. Alberta Health Services. COVID-19 Essential Visitor and Designated Family/Support Guidance. <https://www.albertahealthservices.ca/assets/healthinfo/ipc/hi-ipc-covid19-infosht-visiting-pts-pandemic.pdf>. Published 2020. Updated June 29, 2020. Accessed July 8, 2020.
 37. BC Centre for Disease Control. Infection Prevention and Control Requirements for COVID-19 in Long Term Care and Seniors' Assisted Living. http://www.bccdc.ca/Health-Info-Site/Documents/COVID19_LongTermCareAssistedLiving.pdf. Published 2020. Updated June 30, 2020. Accessed July 10, 2020.
 38. Province of Manitoba. Manitoba to Develop Outdoor, All-Season Visitation Shelters at Personal Care Homes. <https://news.gov.mb.ca/news/index.html?item=48497&posted=2020-06-22>. Published 2020. Updated June 22, 2020. Accessed July 8, 2020.
 39. Ontario Ministry of Long-Term Care. Resuming Visits in Long-Term Care Homes. https://files.ontario.ca/mltc-resuming-visits-long-term-care-homes-en-2020-06-11-v3.pdf?_ga=2.59784749.1494877759.1594225077-197570308.1465177986. Published 2020. Updated June 11, 2020. Accessed July 8, 2020.
 40. Public Health Ontario. Routine Practices and Additional Precautions In All Health Care Settings, 3rd edition. Provincial Infectious Diseases Advisory Committee (PIDAC). <https://www.publichealthontario.ca/-/media/documents/b/2012/bp-rpap-healthcare-settings.pdf?la=en>. Published 2012. Updated November 2012. Accessed July 11, 2020.



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Province/Territory	Distinguishes between “family caregivers” and general visitors	Visitor allowances and requirements for family caregivers	Visitor requirements and allowances for general visits	Dates and link(s) to guideline(s)/directive(s)
<p>Alberta</p>  <p>*Residents allowed outside as long as they are physically distancing.</p>	<p>Yes, defined as:</p> <ul style="list-style-type: none"> - Where the resident's quality of life and/or care needs cannot be met without the assistance of the “Designated Essential Visitor”. - May be a family member, friend, religious and spiritual advisor or paid caregiver. 	<ol style="list-style-type: none"> 1. A resident may have only one Designated Essential Visitor. However, a resident may identify a temporary replacement Designated Essential Visitor for approval if the Designated Essential Visitor is unable to perform their role for a period of time. This intent is not for this designate to change regularly or multiple times but to enable a replacement, when required. 2. One visitor per resident. 3. Not specified. 4. No frequency or time restriction specified. 5. Health screening, questionnaire and temperature check. No testing requirement. 6. Must wear a mask (type not specified) at all times (indoors and outdoors), hand hygiene, PPE and 	<ol style="list-style-type: none"> 1. Designated Essential Visitor and up to one additional person can visit at one time. 2. Outdoor visits only. 3. Not specified. 4. Health screening, questionnaire and temperature check. No testing requirement. 5. Continuously wear a mask (type not specified) at all times (indoors and outdoors), hand hygiene, PPE and IPAC training will be provided. 6. Not specified. 7. PPE will be provided. 	<ol style="list-style-type: none"> 1. May 7, 2020: https://open.alberta.ca/datas-et/1a2011e5-fc79-43b4-aab0-1c276b16b99b/resource/35ab8044-8c19-480a-9799-ef4f9b95c376 2. June 29, 2020: https://www.albertahealthservices.ca/assets/healthinfo/ipc/hi-ipc-covid19-infosht-visiting-pts-pandemic.pdf 3. July 8, 2020: https://www.albertahealthservices.ca/topics/Page17001.aspx


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		<p>IPAC guidance will be provided.</p> <p>7. End-of-life considerations:</p> <ul style="list-style-type: none"> - Designated Essential Visitor is permitted to visit "as much as required". - There is no limit on the number of different individuals who can visit overall, but visits must be coordinated with the care team and the site. - Up to two Designated Family/ Support Persons at a time are allowed to visit as long as physical distancing can be maintained between the family/support persons. 		
<p>British Columbia</p>  <p>*May leave the home for medically necessary care or treatment.</p>	<p>Yes, defined as:</p> <ul style="list-style-type: none"> - Visits considered paramount to resident care and well being, such as assistance with feeding, communication, personal care, emotional support or mobility. - Existing registered volunteers providing services as described above only. 	<ol style="list-style-type: none"> 1. Not specified. 2. Essential visits limited to one visitor per resident at a time. A visitor who is a child may be accompanied by one parent, guardian or family member. 3. Essential visits can occur with a COVID+ patient or client. 4. No frequency or length of time specified. 5. Screened for signs and symptoms of illness. No testing requirement. 6. Instructed "when to perform hand hygiene, respiratory etiquette and safe physical distancing" and "how to put on and remove any required PPE" 7. Essential visits include visits for compassionate care, including critical illness, palliative care, hospice care, end of life, and Medical Assistance in Dying. 	<ol style="list-style-type: none"> 1. Residents can visit with one designated family member or friend. 2. Three locations: <ul style="list-style-type: none"> - Outdoor location for visiting (when weather permits) - Indoor designated location (summer and especially fall/winter) - Individual room visits (focused on limited mobility of a resident) 3. Frequency and time limits are not specified, but visits must be booked in advance. 4. Screening for signs and symptoms. 5. Visitors must bring and wear a mask (type not specified), wash hands before and after, and maintain physical distancing. They will be directed on how to put on and remove PPE if 	<ol style="list-style-type: none"> 1. May 19, 2020: https://www2.gov.bc.ca/assets/gov/health/about-bc-s-health-care-system/office-of-the-provincial-health-officer/reports-publications/covid-19-infection-prevention-control.pdf 2. June 30, 2020: http://www.bccdc.ca/Health-Info-Site/Documents/COVID19-LongTermCareAssistedLiving.pdf


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			<p>necessary.</p> <p>6. Visits with those with mobility challenges will be assessed on an individual basis.</p> <p>7. Not specified.</p>	
<p>Manitoba</p>  <p>*Off-site visits not recommended.</p>	<p>Yes, defined as:</p> <ul style="list-style-type: none"> - Close family and/or friends who have a clearly established pattern of involvement in providing care and support to the resident's emotional wellbeing, health, and quality of life. 	<ol style="list-style-type: none"> 1. Residents may designate a reasonable number of close family members and/or friends for visits, but goal would be kept it to minimum. 2. Only 1-2 designated visitors allowed in at a time (depending on risk status of the home). 3. Yes, under strict guidelines. 4. No frequency or length of time specified. 5. Testing not required. Screening before entry, but no temperature checks. 6. Depending on risk level, must wear appropriate PPE for the setting, Outbreak status requires medical mask, all else requires non-medical mask, physical distancing, hand hygiene and IPAC guidance. 7. End-of-life visits will be considered on a case-by-case basis. Up to two designated visitors may visit together if physical distancing can be maintained. 	<ol style="list-style-type: none"> 1. Maximum of two visitors at one time. 2. Outdoors only. No off-property visits are permitted. 3. No length of time or frequency specified. 4. Screening but no temperature checks. No testing required. 5. Non-medical mask (cloth) encouraged, physical distancing, hand hygiene and IPAC guidance. 6. Not specified. 7. Not specified. 	<ol style="list-style-type: none"> 1. June 22, 2020: https://sharedhealthmb.ca/files/covid-19-pch-visitation-principles.pdf 2. June 22, 2020: https://sharedhealthmb.ca/files/covid-19-visitor-triage-process-for-long-term.pdf 3. June 22, 2020: Plans to build outdoor, all-season visitation structures at long-term care homes: https://news.gov.mb.ca/news/index.html?item=48497&posted=2020-06-22 4. July 8, 2020: https://sharedhealthmb.ca/files/covid-19-highlights-ltc.pdf
<p>New Brunswick</p> 	<p>No clear distinction is made.</p>	<ol style="list-style-type: none"> 1. Not specified. 2. Not specified. 3. Not specified. 4. Not specified. 5. Not specified. 6. Not specified. 	<ol style="list-style-type: none"> 1. Two visitors at a time for outdoor visits. One visitor for indoor visits (unless the visitor requires support, in which case, two visitors will be permitted). 2. Both indoor and outdoor visits 	<ol style="list-style-type: none"> 1. June 4, 2020: https://www2.gnb.ca/content/gnb/en/news/news_release.2020.06.0324.html 2. June 22, 2020:


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		<p>7. Palliative patients are permitted to select two visitors to comfort and support them.</p> <ul style="list-style-type: none"> - The two individuals selected will be the only visitors permitted, and only one visitor is permitted at a time. - If a visitor requires a support person to visit (e.g. frail elderly spouse or individual with a disability), this person counts as the second chosen visitor. - In exceptional cases, the support person can visit at the same time while respecting physical distancing in the home. - There can be no change in the two visitors chosen. 	<p>permitted.</p> <p>3. No specified frequency. Limit of one hour for visits</p> <p>4. Health screening. No testing required.</p> <p>5. Must wear a non-medical mask or face covering at all times, physical distancing, follow IPAC guidelines, hand hygiene, and limit interactions with staff, patients and other visitors.</p> <p>6. Not specified.</p> <p>7. Not specified.</p>	<p>Horizon Health Network https://en.horizonnb.ca/home/media-centre/horizon-news/20200622-covidvisitorguidelines.aspx</p> <p>3. June 24, 2020: Vitalité Health Network https://www.vitalitenb.ca/en/news/visits-resuming-vitalite-health-network-facilities</p> <p>4. June 24, 2020: https://www.cbc.ca/news/canada/new-brunswick/covid-19-roundup-pandemic-1.5624973</p> <p>5. July 3, 2020: https://www2.gnb.ca/content/gnb/en/corporate/promo/covid-19/recovery.html</p>
<p>Newfoundland and Labrador</p> 	<p>Yes, defined as:</p> <ul style="list-style-type: none"> - Residents can identify a support person/designated visitor that can be a loved one, friend, paid caregiver, or other person of the resident's choosing. This individual should remain constant for the duration of the visiting restrictions. 	<ol style="list-style-type: none"> 1. One support person per resident. 2. One person per resident. Total caregivers in the home at one time will be limited by a booking system. 3. Not permitted when home is in outbreak. 4. May only visit once per day. No length of time for visits specified. 5. Must undergo screening process upon entry and complete the self-assessment questionnaire. 6. Must wear a "procedural" mask, follow proper hand hygiene, PPE training will be provided, practice physical distancing, and limiting their social interactions outside 	<ol style="list-style-type: none"> 1. Each resident can identify a support person and up to five designated visitors. The six individuals should remain constant for the duration of the visiting restrictions. A maximum of two people can visit per day, and two visitors can attend at the same time. 2. Type of visit is dependent on individual home and homes can choose between: <ul style="list-style-type: none"> - In-home visiting - Window visiting (more than one visitor at a time) - Outdoor visiting (more than one visitor at a time and 	<ol style="list-style-type: none"> 1. July 13, 2020: https://www.gov.nl.ca/covid-19/guidelines-for-support-person-designated-visitors/



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		<p>the home (people in their 'bubble') to minimize their personal risk and risk to the resident.</p> <p>7. First stage of visiting for end of life:</p> <ul style="list-style-type: none"> - Six designated visitors where one is primary support person (not limited to once a day visits) and five are visitors (can visit once a day). - Two individuals can be present during a visit. May exceed two when children aged 18 and under are visiting. - A Pastoral support person is in addition to the designated visitors. <p>As the resident nears end-of-life:</p> <ul style="list-style-type: none"> - All immediate family will be permitted to visit and not limited to one visit per day. 	<p>visitors are not limited to the resident's support persons/designated visitors)</p> <ol style="list-style-type: none"> 3. Not specified, at the discretion of each home. 4. For outdoor visits, self-assessment required. For indoor visits, screening by staff. Not specified for window visiting. 5. For outdoor visiting, physical distancing must be maintained and visitors must wear a "procedural" mask. They are not permitted to wear their own masks. Hand hygiene. 6. Not specified. 7. Visitors will be provided a procedural mask upon entry to the home. 	
<p>Nova Scotia</p> 	<p>No clear distinction, however, visitors who are performing essential support care services for the resident (i.e. similar to a personal support worker) are permitted to visit.</p>	<ol style="list-style-type: none"> 1. One person per resident. 2. One person per resident. 3. Not specified. 4. Not specified. 5. Must be screened upon entry and includes temperature checks. 6. Can only visit the one resident and no others. Must be supported by staff in appropriately using PPE. 7. Compassionate exceptions will be made for those visiting very ill or palliative residents. 	<ol style="list-style-type: none"> 1. Maximum of two visitors at a time. 2. Outdoor visits only in designated areas on the grounds. 3. No frequency or length of time for visits specified. 4. Must be screened for symptoms upon entry. 5. Must wear a non-medical mask and maintain physical distancing. Must follow IPAC guidelines. May remove mask once at the designated visiting area if physical distancing can be maintained and if needed for effective communication. 	<ol style="list-style-type: none"> 1. April 11, 2020: https://novascotia.ca/dhw/ccs/documents/COVID-19-Management-in-LTC-Directive.pdf 2. June 8, 2020: https://novascotia.ca/dhw/ccs/documents/COVID-19-Management-in-Long-Term-Care-Facilities-Directive.pdf 3. June 10, 2020: https://novascotia.ca/news/release/?id=20200610004


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			<p>6. Creative solutions:</p> <ul style="list-style-type: none"> - Some homes to set up large, 3-sided plexiglass cube that will shield residents from their visitors to allow for enhanced communication; - Plans to add disposable gloves that would 'poke through' the plexiglass allowing families to hug; - Large, marquis-style tents that will be put up in the gardens and available in the rain or shine. - Some homes have attendants sit with residents with dementia during the visit to help with physical distancing and communication. <p>7. Staff can provide PPE if necessary.</p>	<p>4. June 15, 2020: https://globalnews.ca/news/7066924/nova-scotia-long-term-care-homes-visits/</p> <p>5. July 6, 2020: https://www.thechronicleherald.ca/news/provincial/out-door-visits-going-well-at-new-waterford-long-term-care-home-469760/</p>
<p>North West Territories</p> 	<p>Yes, defined as:</p> <ul style="list-style-type: none"> - Essential visitor is defined as "a person who is permitted to visit in accordance with organizational/HSSA direction/guidance (i.e. palliation or end-of-life, etc.)." 	<ol style="list-style-type: none"> 1. Only one designated essential visitor per resident. 2. Maximum of 5 visitors at any one time in the home. 3. Admission of essential visitors must be suspended when COVID-19 detected in the home, or the community/region where the home is located. 4. Not specified. 5. Active screening. No testing requirements. 6. Staff must support, train and monitor essential visitors for compliance in hand hygiene, healthy respiratory practices, physical distancing and appropriate use of PPE. Medical 	<p>General visitors still not allowed.</p>	<ol style="list-style-type: none"> 1. https://www.nthssa.ca/en/services/coronavirus-disease-covid-19-updates/visitor-restrictions-and-processes-during-covid-19 2. June 18, 2020: https://www.hss.gov.nt.ca/professionals/sites/professionals/files/resources/interim-outbreak-management-covid-19-long-term-care-facilities.pdf. 3. July 6, 2020: https://www.gov.nt.ca/covid-19/en/services/gnwt-services/visitation


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		<p>masks must be worn.</p> <p>7. Essential visitors include those visiting palliative residents or those at end-of-life.</p> <ul style="list-style-type: none"> - Limited to two visitors at any one time. 		
<p>Nunavut</p> 	<p>Not specified, only states that on June 29, 2020, visitors must be immediate family (including grandchildren and great-grandchildren).</p>	<p>Not specified.</p>	<ol style="list-style-type: none"> 1. No more than two visitors (immediate family only) per resident at a time. 2. Not specified. 3. Not specified. 4. Not specified. 5. Not specified. 6. Not specified. 7. Not specified. 	<ol style="list-style-type: none"> 1. July 6, 2020: https://www.gov.nu.ca/health/news/covid-19-department-health-services-update
<p>Ontario</p>  <p>*Off-site visits not permitted.</p>	<p>Yes, defined as:</p> <ul style="list-style-type: none"> - Essential visitors include family or volunteers providing care services and other health care services required to maintain good health. 	<ol style="list-style-type: none"> 1. Not specified. 2. Not specified. 3. Essential visitors are the only type of visitors allowed when a resident is self-isolating or symptomatic, or a home is in outbreak. 4. Not specified. 5. Active screening when entering the home. 6. Essential visitors must use a surgical/procedure mask while in the home, including while visiting a resident that does not have COVID-19 in their room. 7. Essential visitors include those visiting a very ill or palliative resident. 	<ol style="list-style-type: none"> 1. One visitor per resident. General visitors are defined as 'any family member, close friend, or neighbor.' 2. Outdoor visits only. 3. Once a week, visits can be time-limited but cannot be restricted to less than 30 minutes. 4. Visitors must pass an active screening questionnaire administered by home staff. Must attest to home staff that the visitor has tested negative for COVID-19 within the previous 2 weeks and subsequently not tested positive. The home is not responsible for providing the testing. 5. Visitors should use a face covering if the visit is outdoors. If the visit is indoors, a surgical/procedure mask must be worn at all times. 6. For bed-bound residents, where 	<ol style="list-style-type: none"> 1. June 11, 2020: https://files.ontario.ca/mltc-resuming-visits-long-term-care-homes-en-2020-06-11-v3.pdf?_ga=2.127429517.186347961.1592838312-197570308.1465177986 2. June 10, 2020: http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/directives/LTCH_HPPA.pdf 3. June 16, 2020: http://health.gov.on.ca/en/pro/programs/ltc/directive3faq_20200616.aspx


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			<p>possible staff should transfer them out of the home. Homes are encouraged to establish or maintain virtual visits. Where it is not possible or advisable for in-person visits (i.e. for those who have cognitive issues), virtual options should be continued.</p> <p>7. Outdoor visitors cannot enter the home to use the washrooms. PPE will be provided by the home as needed.</p>	
<p>Prince Edward Island</p>  <p>*Residents must remain within the grounds of their home.</p>	<p>Yes, defined as:</p> <ul style="list-style-type: none"> - An “essential support person” may be designated for residents with a history of responsive behaviours who are at risk of escalating to the point of crisis at the discretion of the home’s staff. - The designated essential support person identified to provide physical and emotional well-being must have a demonstrated history of de-escalating the resident. - This visit may include supporting communication needs for persons with hearing, visual, speech, cognitive, intellectual or memory impairments. 	<ol style="list-style-type: none"> 1. One designated essential support person per resident, at the discretion of care team. 2. One designated essential support person per resident at one time. 3. No visitors are permitted on designated COVID-19 units. 4. Limited to 1 hour. 5. All visitors will be screened for COVID-19 symptoms but there are no testing requirements. 6. Must practice physical distancing, wear a mask (medical grade), follow IPAC guidelines and hand hygiene. 7. End of life visiting can occur bedside in residents’ rooms: <ul style="list-style-type: none"> - Maximum of six designated visitors will be selected per resident. - Only two of the six may visit at one time. A member of the clergy may visit at the same time as the 2 designated visitors. - Exception for last hours of life (all 6 can visit together 	<ol style="list-style-type: none"> 1. Up to six designated visitors, however, maximum of two visitors can visit at one time. Temporary replacement designated visitors may be identified if the original visitors are unable to perform their role for a period of time. 2. Both outdoor and indoor visits permitted in designated visiting areas. 3. Limited to 1 hour as frequently as the home can handle. 4. All visitors will be screened for COVID-19 symptoms. Must practice physical distancing, wear a mask (non-medical grade for outdoor visits and medical grade for indoor visits) or face shield, follow IPAC guidelines and hand hygiene. 5. Not specified. 6. PPE will be provided as necessary. Masks, tissues, alcohol-based hand rub and no-touch receptacle provided at each entrance. 	<ol style="list-style-type: none"> 1. June 11, 2020: https://www.princeedwardisland.ca/sites/default/files/publications/pei_guidelines_for_the_management_and_control_of_covid-19_in_ltc.pdf 2. July 2, 2020: https://www.princeedwardisland.ca/sites/default/files/publications/2020-07-02_cpho_directive_on_visitation_to_ltc_facilities_and_nursing_homes.pdf 3. July 7, 2020: https://www.princeedwardisland.ca/en/information/health-and-wellness/phase-4 4. July 10, 2020: https://www.princeedwardisland.ca/en/information/health-pei/long-term-care-easing-restriction-on-visitation


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		<p>along with clergy member).</p> <ul style="list-style-type: none"> - No limitation on length of time of visit. 		
<p>Quebec</p>  <p>*As of June 18th, residents can go on unsupervised outings out of the home.</p>	<p>Yes, defined as:</p> <ul style="list-style-type: none"> - “Caregivers who provide or would like to provide significant assistance and support to a loved one to meet their needs and contribute to their integrity and well-being. Assistance and support may include: helping with meals; supervising and being attentive to the person’s overall condition; providing support with various daily or recreational activities; assistance with walking; providing moral support or comfort”. - A significant caregiver...residents must have received support from the person before visiting restrictions were put in place due to COVID-19. - Visitors are only allowed in CHSLDs, intermediate or family-type resources (SAPA program) or private seniors’ homes without a COVID-19 outbreak. A visitor is anyone who wants to visit the person in the home and who does not meet the criteria to be identified as a caregiver. 	<ol style="list-style-type: none"> 1. May designate more than one essential family caregiver. 2. A maximum of two essential family caregivers from the same household can be in the home at a time. 3. Yes, as of June 18, 2020. 4. No limit on frequency or on length of time. 5. Self-monitoring of symptoms. No testing requirement. Most sign a consent form stating that “their decision was informed and voluntary, with full knowledge of the associated risks and knowing that they could become infected during their visits or even infect their loved one.” 6. Must remain continuously masked and wear PPE as required. Will be given a face shield. Training of visitors and procedural masks must be available in sufficient quantity for visits to be allowed. 7. Compassionate visits will be permitted when death is imminent (24-48 hours). A maximum of two visitors are allowed at one time. 	<ol style="list-style-type: none"> 1. Maximum of two visitors at one time from the same household. 2. Indoors and outdoors. 3. No limit on length of time or on frequency. 4. Self-monitoring of symptoms. No testing requirement. 5. Must remain continuously masked in the home and wear PPE as required. Training of visitors and procedural masks must be available in sufficient quantity for visits to be allowed. 6. Not specified. 7. Not specified. 	<ol style="list-style-type: none"> 1. July 2, 2020: https://www.quebec.ca/en/health/health-issues/a-z/2019-coronavirus/answers-questions-coronavirus-covid19/questions-answers-health-services-covid-19/#c53925 2. June 30, 2020: https://www.quebec.ca/en/health/health-issues/a-z/2019-coronavirus/caregivers-during-the-covid-19-pandemic/#c60604 3. June 23, 2020: https://www.ciusswestcentral.ca/health-alerts/coronavirus-covid-19/new-regulations-for-private-caregivers-in-chslds/ 4. June 23, 2020: https://publications.msss.gov.qc.ca/msss/fichiers/2020/20-210-46WA.pdf

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<p>Saskatchewan</p>  <p>*Residents not permitted to leave home except for outdoor visits.</p>	<p>Yes, defined as:</p> <ul style="list-style-type: none"> - Where it is determined that the resident's quality of life and/or care needs cannot be met without the assistance of a family member or support person. 	<ol style="list-style-type: none"> 1. Can designate two family members/support persons. 2. Only one family/support person can be present in the home at a time. 3. Not specified, as per the home's policies. 4. No frequency or length of time for visits specified. 5. Screening including a temperature check and questionnaire. Testing not required. 6. Will be provided with a medical grade mask and potentially additional PPE. Must follow IPAC guidelines and hand hygiene. 7. End-of-life/compassionate care visits will be permitted. <ul style="list-style-type: none"> - One family member/support person can be present at a time. - A second family member or support person can be present if physical distancing can be maintained (if from the same family home, physical distancing does not apply). - Additional family members or support persons can be identified for end-of-life visits. - Religious/spiritual care providers can be present in addition to designated family member/support person if physical distancing can be maintained. 	<ol style="list-style-type: none"> 1. No maximum number of visitors at one time. 2. "Outdoor visits can include more than one visitor at a time, provided that physical distancing can be maintained. Family members from the same household do not have to physically distance from one another". 3. No frequency or length of time specified. 4. Screening at the door or in advance. No testing requirement. 5. Maintain physical distancing. Asked to mask but are not required if it is a barrier to communication and they can maintain physical distancing. 6. Considerations will be made for residents who are not able to participate meaningfully in virtual visits or outdoor visits. 7. Not specified. 	<ol style="list-style-type: none"> 1. July 2, 2020: https://www.saskatchewan.ca/-/media/files/coronavirus/info-for-health-care-providers/general-information-for-health-care-providers/visitor-restrictions-at-health-care-facilities/covid-19-family-presence-guidance.pdf 2. July 3, 2020: https://www.saskatchewan.ca/government/health-care-administration-and-provider-resources/treatment-procedures-and-guidelines/emerging-public-health-issues/2019-novel-coronavirus/public-health-measures/guidance-for-health-care-facilities
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<p>Yukon</p>  <p>*Residents may visit family or friends overnight, or for several night, stays. Decision will be made with care team, however, currently it is not recommended.</p>	<p>Yes, defined as:</p> <ul style="list-style-type: none"> - A “designated essential visitor can visit” inside “when staff cannot meet a resident’s quality of life or care needs” and may include services for someone with cognitive impairment or dementia. - Designated essential visitors must be named by the resident or their substitute decision maker, they cannot be under age 18, and the resident care manager must confirm that they meet the criteria. 	<ol style="list-style-type: none"> 1. Each resident can have 2 designated essential visitors. 2. The essential visitor, as well as one other person. If the resident does not have a designated essential visitor, they can have one identified general visitor plus one other person. The total group size should not be more than 3 (including the resident). 3. Not specified. 4. Not specified. 5. Active screening (questionnaire and temperature check). 6. Must wear a medical mask continuously in the home. They will be provided with instruction on how to put on and take off masks with proper hand hygiene. They must also wear any other PPE, as required. 7. If the resident will die within the next four weeks: <ul style="list-style-type: none"> - The essential visitor may enter the home. Up to 5 people can be approved, but only 1-2 visitors are allowed in the care home at a time including family, religious leader(s), a child, and friends. - If the approved visitor is a child, the essential visitor or child’s parent/guardian must go with them. - The resident can have up to 2 visitors in the bedroom at the same time if physical distancing is possible. 	<ol style="list-style-type: none"> 1. A ‘general visitor’ is defined as a visitor who has been named by the resident or their substitute decision maker. Identified general visitor and one other person. The total group size should be 3 including the resident. 2. Outdoor visits only with appropriate social distancing. 3. Not specified. 4. Not specified. 5. Must wear a mask during the visit. Any type of mask that meets Health Canada’s recommendation for non-medical face masks are permitted. 6. Not specified. 7. Not specified 	<ol style="list-style-type: none"> 1. <u>March 16, 2020:</u> https://yukon.ca/en/news/chief-medical-officer-health-recommends-broad-new-measures-yukon 2. <u>July 9, 2020:</u> https://yukon.ca/en/health-and-wellness/covid-19-information/long-term-care-visitation-guidelines-covid-19
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