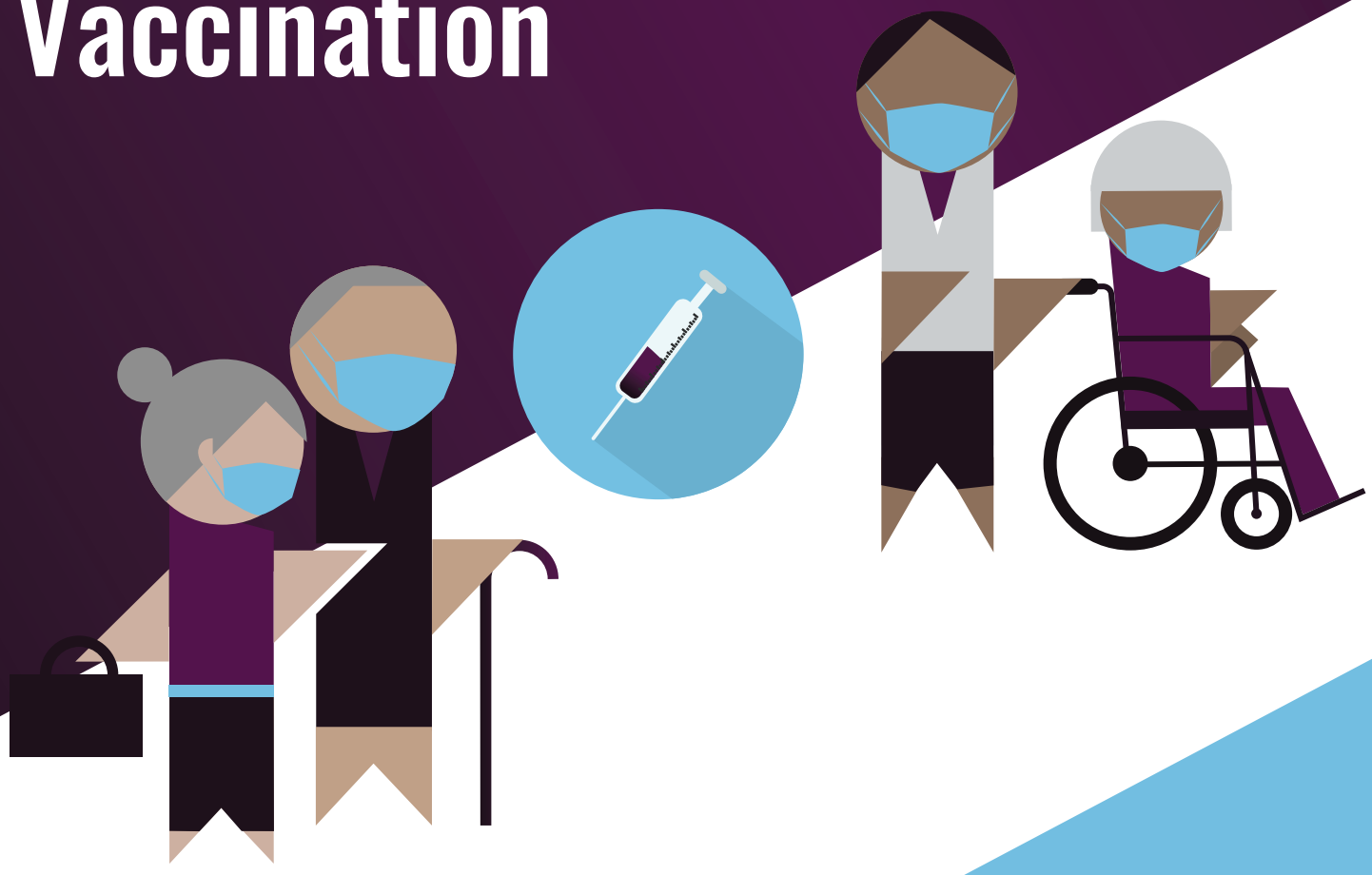
After the Shot: Guidance Supporting the Re-opening of Canada's LTC Homes Following COVID-19 Vaccination



NATIONAL INSTITUTE ON AGEING

June 2021

National Institute on Ageing Guidance Document

Suggested Citation:
National Institute on Ageing (2021). After the Shot: Guidance Supporting the Re-Opening of Canada's LTC Home Following COVID-19 Vaccination. Toronto, ON: National Institute on Ageing, Ryerson University Guidance Document.

ISBN 978-1-77417-025-0

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About the National Institute on Ageing

The National Institute on Ageing (NIA) is a public policy and research centre based at Ryerson University in Toronto. The NIA is dedicated to enhancing successful ageing across the life course. It is unique in its mandate to consider ageing issues from a broad range of perspectives, including those of financial, physical, psychological, and social well-being.

The NIA is focused on leading cross-disciplinary, evidence-based, and actionable research to provide a blueprint for better public policy and practices needed to address the multiple challenges and opportunities presented by Canada's ageing population. The NIA is committed to providing national leadership and public education to productively and collaboratively work with all levels of government, private and public sector partners, academic institutions, ageing-related organizations, and Canadians.

The NIA further serves as the academic home for the National Seniors Strategy (NSS), an evolving evidence-based policy document co-authored by a group of leading researchers, policy experts and stakeholder organizations from across Canada and first published in 2014. The NSS outlines four pillars that guide the NIA's work to advance knowledge and inform policies through evidence-based research around ageing in Canada: Independent, Productive and Engaged Citizens; Healthy and Active Lives; Care Closer to Home; and Support for Caregivers.

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Acknowledgements:

The National Institute on Ageing and the authors of this report would like to acknowledge Ontario's Ministry of Long-Term Care and its Office of the Chief Medical Officer of Health who also provided expert review of this document.

This report was produced by the National Institute on Ageing with an Implementation Science Teams grant funding from the Canadian Institutes of Health Research, Healthcare Excellence Canada and the Centre for Aging and Brain Health Innovation for a project entitled: *Finding the Right Balance: Implementing Family Presence Policies in Ontario Long-Term Care Homes*

Background and Context

Long-Term Care (LTC) and retirement home settings were the epicenters of Canada's COVID-19 pandemic first and second waves. To date, over 15,200 residents and 30 staff within these settings have died of COVID-19, accounting for 59% of Canada's overall COVID-19 deaths. Recognizing the disproportionate impact that COVID-19 has had on those living and working in Canada's LTC and retirement homes, residents and staff across these settings were prioritized for initial COVID-19 vaccination at the start of Canada's vaccination rollout in December 2020. Across the provinces and territories, LTC vaccinations have achieved comprehensive coverage among staff and residents. As of April 10, 2021[1], 96.7% of Canada's LTC residents, and between 62% – 91%[2] of LTC staff had either been partially or fully immunized against COVID-19.[3]

Furthermore, in line with the National Advisory Committee on Immunization's Guidance, family caregivers of LTC and retirement home residents in five provinces and one territory were also prioritized for vaccination. While vaccine uptake among caregivers has not been reported at the national level, available figures also suggest widespread coverage for this group. For example, in Ontario, nearly all family caregivers have also been partially or fully immunized against COVID-19.[4] The NIA has adopted Public Health Ontario's definitions for unprotected, partially, and fully immunized individuals and cases of COVID-19, as seen in **Box 1** on Page 7 of this report.

Early on in the pandemic, congregate care settings across the country imposed substantial restrictions on the ability of residents to receive visitors and the usual support of their essential visitors or family caregivers in an effort to control transmission of SARS-CoV-2, the causative virus of COVID-19. These settings also restricted the ability of residents to participate in communal dining and social activities including non-essential outings from their homes.

Targeted vaccination efforts in Canadian LTC settings have dramatically reduced COVID-19 infections and deaths among residents and staff. Estimates from Ontario reveal that once 92% of its LTC residents had received at least one dose of a COVID-19 vaccine, SARS-CoV-2 infections fell by 89%, while the risk of death from COVID-19 fell by 96%.[5] Similarly, results from early LTC vaccination efforts in British Columbia and Quebec also revealed substantial reductions in the number of LTC COVID-19 outbreaks. In Quebec, LTC homes were averaging six new cases a day in early February 2021, a 10-fold decrease from the beginning of January 2021. While British Columbia observed an 80% reduction in SARS-CoV-2 cases in its LTC homes over the same time period.[6,7]

While the number of Canadian LTC and retirement homes with COVID-19 outbreaks peaked at 1,000 in mid-January 2021, as of early June 2021, less than 200 homes are experiencing outbreaks — with the majority involving a small number of residents and staff and most experiencing only mild-to-moderate symptoms without requiring hospitalization or resulting in death.

With vaccines proving to successfully protect LTC residents against the risks of COVID-19, it is now time for homes to focus on loosening restrictions to enable safe visiting, in-home activities, and outings in an effort to introduce some normalcy into the lives of LTC residents and improve their health and well-being.

Box 1: Public Health Ontario Vaccination Definitions

Case Not Yet Protected from Vaccination: Individuals with a symptom onset date that was 0 to <14 days following the first dose of a COVID-19 vaccine. This time period from vaccination is not sufficient to develop immunity, therefore these individuals are not considered protected from vaccination.

Partially Vaccinated Case: Individuals with a symptom onset date that was 14 or more days following the first dose of a 2-dose series COVID-19 vaccine or 0 to <7 days after receiving the second dose. This time period from vaccination may be sufficient to develop some degree of immunity, but these individuals are not considered fully protected as they have not yet received the second dose or have only recently received the second dose.

Completed / Fully Vaccinated Case: Individuals with a symptom onset date that was 14 or more days following both doses of a 2-dose COVID-19 vaccine series or 0 to <7 days after receiving the second dose. This time period from vaccination may be sufficient to develop some degree of immunity, but these individuals are not considered fully protected as they have not yet received the second dose or have only recently received the second dose.

Breakthrough (i.e., Fully Vaccinated) Case: Individuals with a symptom onset date that was 7 or more days following receipt of the second dose of a 2-dose series COVID-19 vaccine. These individuals are considered fully protected from vaccination, however, since vaccine efficacy (VE) is not 100%, a small number of individuals can become infected following complete vaccination. Data from Ontario's COVID-19 vaccination program shows that of the more than 6.5-million individuals vaccinated through May 15, 2021, only 0.02% became infected when they were vaccinated (so-called "breakthrough cases").

The Impact of Ongoing Pandemic Restrictions on the Health, Well-Being, and Quality of Life of LTC Residents

Several studies and media reports have documented the negative impacts that prolonged public health measures, restrictions, and staffing shortages during the COVID-19 pandemic have had on the physical and mental health, cognition and overall well-being of LTC home residents. Physical isolation and quarantining practices during the COVID-19 pandemic disrupted key opportunities for socialization, physical activity and to receive support, including receiving visitors, being able to frequently engage with family caregivers or partake in communal dining, group social activities and exercise.

The negative consequences of these ongoing measures and restrictions include: (1) increased social isolation; (2) increased loneliness; (3) declines in mental health; (4) declines in cognition; (5) increases in care dependency and finally (6) increased medication use, and a commonly reported condition of seeing simultaneous declines in multiple domains of well-being (i.e., declines in physical, cognitive, and mental health weight loss and urinary incontinence.[8,9] These consequences have been characterized as a 'confinement syndrome or disease' and reported to likely be more deleterious than COVID-19 itself in long-term care homes.[10]

Unfortunately, as a result many residents have experienced severe and potentially irreversible functional and cognitive declines, deteriorations in physical and mental health, severe loneliness and social isolation, worsening of responsive behaviours, and increased use of psychotropic medications and physical restraints.[11]

How Various Jurisdictions Have Updated their Public Health Measures in LTC Homes Post-Vaccination

Several Canadian and international jurisdictions have either updated their LTC public health and visitor guidance, or released guidance specifically pertaining to the re-opening of LTC homes in follow-up to their COVID-19 vaccination programs.[12] Internationally, the United States Centers for Medicare and Medicaid Services (CMS) (March 10, 2021) and Center for Disease Control and Prevention (CDC) (March 29, 2021), and the Netherlands (March 16, 2021), Scotland (March 2021), the Republic of Ireland (March 11, 2021), Arizona State (March 16, 2021), and Washington State (March 12, 2021) have all released guidance. As of June 21, 2021, all Canadian provinces and territories — with the exception of the Northwest Territories — have released updated guidance specific to the re-opening of Canadian LTC homes post-vaccination.

In the NIA's review of both national and sub-national level LTC guidance that has been issued post-vaccination, most re-opening guidance has focused on further relaxing visitor restrictions, supporting the resumption of communal dining and other congregate social activities, and permitting resident outings and absences. Across all jurisdictions, the NIA has identified six emerging post-vaccination concepts enabling the re-opening of LTC homes (**Table 1**).

Table 1: Emerging Concepts Enabling the Re-Opening of LTC Homes Post-Vaccination

Concept	Definitions
Acceptable Vaccination Rate (AVR)	An Acceptable Vaccination Rate (AVR) refers to the proportion of residents and/or staff vaccinated within a LTC home that is sufficient to provide suitable protection for the LTC home and its residents to further ease precautions. Proposed AVRs can be among residents or staff only, or include the combined vaccination rates of both residents and staff. Currently, at least six national and sub-national jurisdictions are using one or more AVR thresholds to guide re-opening policies.
Community Transmission of SARS-CoV-2	A number of jurisdictions consider the level of SARS-CoV-2 incidence in the community, to guide risk-based visiting and re-opening guidelines. Community transmission is often defined by the case positivity rate or incidence per 100,000 residents within a defined community.
Resident-Led Decision-Making	Some jurisdictions, like Alberta, are giving residents or their substitute decision-makers the opportunity to collectively determine whether the benefits of re-opening their LTC homes for general visits or other activities outweighs the potential risks. For example, in Alberta, indoor visits must be supported in LTC homes if the majority of the home's residents or their or their substitute decision-makers (≥51%) desire such visits, regardless of how many residents have been vaccinated.
Cohorting	Several jurisdictions have advised placing residents into small groups or cohorts. These cohorts are selected, usually based on a certain logical geographical grouping such as a unit or an entire floor of an LTC home. Residents in the same cohort are then allowed to interact with each other with looser restrictions for communal dining and social activities.
Restoring General or Social Visits	Several jurisdictions have resumed general or social visits with friends and/or family members only or expanded the number of general visitors allowed to visit with residents, along with the frequency and duration in which they are permitted to visit. This can apply to both indoor and outdoor visits.
Supporting Physical Touch	In some jurisdictions, where residents and their family members are fully or partially vaccinated, physical touch such as hugging and hand holding is now permitted with specific Infection Prevention and Control (IPAC) requirements. Some jurisdictions also allow brief hugs between residents and visitors regardless of vaccination status. Overall, however, residents are still being encouraged to limit the number of individuals they physically touch. Jurisdictions vary on whether both residents and visitors must wear a mask. For example, fully vaccinated residents in Alberta are not required to wear a mask when hugging their family members.

Table 2: The NIA's Guidance Supporting the Re-Opening of Canada's LTC Homes Following COVID-19 Vaccination

Domain	Recommended policy

1. General Visitor Policies	• Residents should be supported to engage in regular, frequent, and routine opportunities for meaningful social visits.[13]
	  • This includes both indoor and outdoor visits, with appropriate precautions.
	  • This should not be limited in terms of who can visit or constrained exclusively to participating in outdoor visits if appropriate IPAC and PPE measures are in place, and especially if both the resident and the essential/family caregivers and/or general visitors are fully vaccinated.
	• Outdoor visits with general visitors should be permitted up to the allowable limit associated with local public health guidance on gathering sizes.
	• Indoor visits with fully vaccinated general visitors should be permitted up to the allowable limit associated with local public health guidance on gathering sizes and the ability of LTC homes to safely accommodate visitors without compromising IPAC measures, as well as their ability to care for and support other residents. A maximum of two partially vaccinated general visitors from different households or any number of partially vaccinated general visitors from the same household should be permitted to visit a resident indoors.
	• Unvaccinated general visitors, with the exception of children less than 12 years of age, should visit outdoors only. Similar to guidance from the British Columbia Centre for Disease Control, a visitor who is less than 12 years of age may be accompanied by one parent, guardian or family member for an indoor visit.[37]
	
	Considerations:
	• It is recommended that LTC homes adopt a resident and family-centered visitor policy that appropriately balances risk of transmission and residents' physical and mental well-being. Similar to guidance from Alberta, if greater than 50% of an LTC home's residents or their substitute decision-makers want to allow the resumption of general visits, either outdoors or indoors, their decision should be respected.[14] Resident and Family Member Councils, where they exist, may also participate in the voting process and the results should be documented in their formal meetings minutes.
	• General visitors must have access to bathrooms (an accessible outdoor sheltered bathroom or designated indoor bathroom).
	• Outdoor visiting must be able to 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). Where outdoor visits absolutely cannot be accommodated, a well-ventilated private space must be made available within the LTC home to facilitate visits.
	• Caution must be taken when using Acceptable Vaccination Rates (AVRs) as the basis for whether general visits are being permitted or not. Setting an AVR too high, and/or without appropriate flexibility that respects the rights of residents to make risk-based decisions can result in entire homes being prevented from allowing general visits to resume, which can further negatively impact the health and well-being of residents.

2. Essential Family Caregiver Policies	• No restrictions should be placed on the number of essential/family caregivers that a resident can designate to provide them with support and care. A minimum of two essential/family caregivers should be able to visit with a LTC resident indoors or outdoors without restriction, regardless of vaccination status.
3. Allowable Frequency and Length of Time for Visits with Family and Friends	• No restrictions should be imposed unless: they are required to support the care of other residents or the ability family and friends to provide care and support, or to facilitate general visits with other residents. • Home operators should make visits as frequent and long as possible to ensure all residents are able to have meaningful visits with family and friends, with limits only put in place where necessary to prevent negative impacts on other residents.

4. Allowable Access to Residents During a COVID-19 Outbreak	• In order to promote relational continuity and meet the ongoing needs of residents, essential/family caregivers should still have access to an LTC home's residents during a COVID-19 outbreak, as long as the following conditions are met:
	  • The essential/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, the proper use of PPE, abide by all outbreak-related policies that apply to staff members of the home.

5. Screening and Testing Requirements	• As partners in care, essential/family caregivers or general visitors should be subjected to the same COVID-19 screening requirements as LTC home staff if visiting or providing care inside an LTC home. • If asymptomatic COVID-19 testing is recommended, essential/family caregivers and general visitors visiting or providing care inside the LTC home should be provided with the same access to testing as staff members at the home. Fully vaccinated essential/family caregivers and general visitors should not be required to undergo asymptomatic COVID-19 testing.[15]
6. IPAC and PPE Requirements	• As partners in care, essential/family caregivers and general visitor should receive an orientation and be educated and trained to follow the same IPAC and PPE requirements and procedures as staff members of the LTC 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 • Essential/family caregivers and general visitors must remain masked at all times and maintain at least 2 metres of physical distance from other residents and staff while they are visiting. Visitors should be encouraged to bring their own masks for outdoor visits, but appearing without a mask should not be a barrier to visiting, and homes should be able to provide visitors with masks. • 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 an appropriate transparent mask can be considered as alternatives. • Brief hugs and handholding between resident, essential/family caregivers and visitors should be permitted, regardless of vaccination status of the visitor or resident, along with ensuring the availability of alcohol-based hand sanitizer for prompt and effective hand hygiene both immediately before and after these encounters.[40]

- Failure of family caregivers or general visitors to comply with these procedures could be grounds for loss of their visiting rights or rights to participate in care as family caregivers, which should be appealable. However, we strongly encourage homes and family caregivers to work together and believe that an appeal process should be enacted in the last possible circumstance.
- Homes must maintain ample PPE supply to enable family caregivers' participation in care and for general visitors to visit with LTC residents.

7. Communal Dining

- Given the high rates of COVID-19 vaccination status in residents, communal dining should be allowed to resume within cohorts, where residents should be able to interact without extensive public health measures. This includes sitting together at dining tables without the need to wear masks, use physical barriers, or physically distance themselves (if cohorting residents is feasible).

Considerations:

- It is recommended that LTC homes adopt an initial cohort approach to enable communal dining. This would place residents in groups based around their floor or residential unit of their home. The ***LTC and Retirement Home Group Activities Risk Matrix Decision Aid*** (See Appendix A) can provide additional guidance when assessing the SARS-CoV-2 transmission risks of re-introducing certain communal dining and group social activities in association with other mitigating factors such as resident vaccination status, the use of masks and physical distancing.
- When residents and their essential/family caregivers or general visitors are both fully vaccinated, LTC homes should allow essential/family caregivers and general visitors to join communal dining activities.

8. Group Social Activities

- Group social activities should be allowed to resume within cohorts, where residents should be able to interact without extensive public health measures, such as the need to use physical barriers or physically distance themselves (if cohorting residents is feasible).
- It is recommended that residents, when possible, continue to wear a mask when engaging in group activities. Sanitization of shared objects does not need to occur between residents in the same cohort, but should be done between groups.

Considerations:

- It is recommended that LTC homes also adopt an initial cohort approach to enable group social activities. This would place residents in groups based around their floor or residential unit of their home. The *LTC and Retirement Home Group Activities Risk Matrix Decision Aid* can provide additional guidance when assessing the transmission risks of re-introducing certain communal dining and group social activities in association with other mitigating factors such as resident vaccination status, the use of masks and physical distancing (See Appendix A).
- When residents and their essential/family caregivers or general visitors are both fully vaccinated, LTC homes should allow essential/family caregivers and general visitors to join group social activities.

9. Non-Essential Absences and Outings

- Fully-vaccinated residents should be supported to participate in non-essential outdoor social outings. This includes leaving their LTC home for visits with family and friends, and other appropriate activities, and returning to the home without requiring testing or isolation for 14 days — unless they have had contact with someone who has been exposed to COVID-19, or they did not follow the proper COVID-19 protocols such as maintaining physical distancing and mask and hygiene practices, or they exceeded the allowable limit associated with local public health guidance on gathering sizes.
- If travelling by car as part of a non-essential outing with an essential/family caregiver, family member or friend, the driver and all passengers should be wearing masks at all times, and if possible, have the car windows open. Hand hygiene measures must be followed, and the number of passengers in the car should be minimized. There should be no stops between the resident's LTC home and the destination of the outing.
- Fully vaccinated residents should be able to spend time indoors and engage in overnight stays or absences with other fully vaccinated essential/family caregivers, family members and friends.
- Homes should create an appeals body composed of both LTC home staff and members of existing resident and family councils to help resolve disagreements around reopening policies, including those pertaining to absences and outings.

Considerations:

- Residents are not permitted to leave their LTC home for non-essential outings if they are in isolation (i.e., due to a localized COVID-19 outbreak in their home).

10. Post-Vaccination LTC Outbreak Definition

- The NIA endorses Manitoba and Ontario's revised COVID-19 confirmed outbreak definitions, where two or more COVID-19 cases in residents or staff (or other visitors) in a home with an epidemiological link, within a 14-day period, where at least one case could have reasonably acquired their infection in the home, trigger an outbreak.[16]

The NIA's Guidance Supporting the Re-Opening of Canada's LTC Homes Following COVID-19 Vaccination

The Case for Re-Opening Canada's LTC Homes

Strict blanket 'no visitor' policies were enacted early on during the COVID-19 pandemic with the recognition that visitors were potential vectors for both the introduction of SARS-CoV-2 infection into LTC homes and transmission back into the wider community.[17] In addition, limiting or eliminating communal dining, social activities, and resident outings was also seen as a logical way to reduce the transmission of SARS-CoV-2 within a home.

When these policies were implemented, LTC homes were more vulnerable to COVID-19 outbreaks for several reasons: 1) the extent of asymptomatic transmission and atypical presentations of COVID-19 were not fully appreciated, 2) access to timely and comprehensive COVID-19 testing was limited, impairing the ability of to identify outbreaks, and determine their scale and scope, including symptomatic and asymptomatic cases, 3) many homes had yet to fully adopted robust IPAC approaches, including universal masking of staff and enabling staff to work in only one healthcare setting, and 4) access to PPE was more limited.[18,19,20,21,22] Most importantly, however, when these policies were implemented, residents and staff in LTC homes had yet to be vaccinated against COVID-19, which started in December 2020.

With nearly all LTC residents and the majority of staff in LTC settings across Canada now fully vaccinated,[23,24] the benefits associated with re-opening LTC homes outweigh the risks of COVID-19 outbreaks, particularly in Canadians jurisdictions with low rates of community transmission.[25] Restrictive public health measures and visitor policies continue to have detrimental effects on the health, well-being and quality of life of LTC residents.[26,27] In addition, these restrictions may be violating the autonomy of residents and their right to make informed, risk-based decisions to prioritize their access to essential/family caregivers and visitors or to participate in communal dining and group activities in light of the ongoing COVID-19 pandemic. Finally, many LTC homes have worked to address deficiencies that made them especially vulnerable to COVID-19 outbreaks.

Implementation Considerations for LTC Homes

In line with the NIA's Guidance Supporting the Re-Opening of Canada's LTC Homes Following COVID-19 Vaccination (See Table 2), re-opening policies must recognize that a "one-size-fits-all" approach is neither optimal nor practical. Most importantly, visitor policies must not prioritize the convenience of the LTC homes over the best interests of their residents. With vaccine coverage rates now sufficient to ensure a high probability of protection, many jurisdictions have now

modified their outbreak definitions to ensure that a single COVID-19 case among residents or staff does not put the entire LTC home in isolation for two weeks.

LTC homes must reserve the right to create and implement visitor screening protocols consistent with local public health guidance and procedures for visits that maintain the safety and well-being of all residents and staff members. However, blanket implementation of policies must be avoided. Instead, re-opening policies must be both flexible and compassionate, recognizing that some of the new conditions and procedures may not work for all residents, essential/family caregivers and visitors.[28,29,30] With regards to visiting, this includes providing flexibility around the timing of visits (e.g., some visitors may have work and other caregiving duties), the location of visits (e.g., some residents and/or visitors may not be able to tolerate outdoor visits because of inclement weather and/or bedbound status), the length or frequency of visits (e.g., as some visitors may be traveling long distances, longer visits should be considered), absolute restrictions on physical contact (e.g., some residents with cognitive impairment and/or behavioural issues may be unable to understand or comply with physical distancing).[31] Furthermore, homes may require additional funding and resources to support the re-opening of their homes for the remainder of the pandemic.

An important first step to begin efforts to reduce feelings of loneliness and social isolation among their residents is to re-introduce communal dining and group social activities within homes. While sufficient IPAC measures must always remain in place, homes should be supporting their residents to eat their meals in the company of others. The appropriate re-opening of communal dining and activities for residents will contribute to improving resident mental and physical health, cognitive function, and well-being. Moreover, it will help to address ongoing loneliness and social isolation suffered by residents who do not have access to essential/family caregivers or general visitors.

Based on existing evidence, outdoor visits between LTC residents, their family members and general visitors should not be restricted, especially if public health measures such as masking, physical distancing, and gathering size limits are followed. Outdoor visits remain the safest form of interaction between residents and their loved ones, especially in the face of variants of concern (VOCs) which are much more transmissible.[32,33] Despite the increased prevalence of VOCs, outdoor transmission likely remains low — especially with the added protection provided by resident vaccination and continued public health measures such as physically distancing and masking.

Vaccination Status Among Residents, Staff, Caregivers, and General Visitors

It is important to consider if residents and essential/family caregivers and general visitors have received one or two doses of a COVID-19 vaccine. Fully immunized residents, staff, and family caregivers will provide the greatest protection against COVID-19. Further, as vaccination eligibility, access and uptake extend to a greater share of the general population, the risk of SARS-CoV-2 transmission into LTC homes will be greatly reduced.

Some residents, staff, caregivers cannot be vaccinated, and should not be penalized for this. Various medical reasons for not getting a COVID-19 vaccine include being severely allergic (anaphylaxis) to a component of the vaccine, and more commonly in the LTC population, behavioural disturbances associated with dementia that make it challenging to administer a vaccination.[34]

Additionally, individuals who are partially vaccinated should not be penalized as well. With vaccination coverage increasing among LTC residents, staff and essential/family caregivers and the general population, it is still essential that strong infection prevention and control measures are taken within homes in order to further reduce the risks of SARS-CoV-2 transmission. In particular, LTC homes should continue to take routine precautions such as active screening of all staff and visitors upon arrival to the home, hand hygiene, physical distancing, universal masking for staff and visitors, recommendations for residents to wear a mask when in common areas, and environmental cleaning.

Ensuring that Re-Opening Guidance is Transparent, Interpretable, and Consistent

Many LTC residents and their families and friends have grown increasingly frustrated about the lack of transparency and regular communication regarding the development and implementation of reopening policies and restrictions.[35] To foster trust and maintain public, resident, caregiver and staff confidence, it is imperative that governments, public health authorities and LTC homes be transparent about the following information: who is responsible for decision-making, which evidence and metrics are being used to develop and monitor responses to visitor policies, and what are the timelines and outcomes for progression and regression of phased responses. Further, if increased restrictions are required (i.e., there is an outbreak), they should be implemented in a transparent manner with the same open and clear communication provided to residents, as well as their family caregivers and family members.[36]

Clinical anecdotes, caregiver experiences, and a rapid response expert advisory group from the federally-funded Healthcare Excellence Canada (HEC) previously identified that there are marked inconsistencies in how regional re-opening policies are being interpreted and implemented.[37] Residents, essential/family caregivers and general visitors in all jurisdictions need access to a feedback and rapid appeals process. Recognizing that ombudspersons and existing LTC complaint and support lines do not function as arbitrators in these situations, homes should create an appeals body composed of both LTC home staff and members of existing resident and family councils to help resolve disagreements around reopening policies.

Conclusions

The COVID-19 pandemic has had a devastating impact on Canada's LTC homes. While thousands of residents have become infected or died from COVID-19, many have also suffered severe and potentially irreversible physical, mental and functional declines as a result of restrictive public health measures enacted early in the pandemic to prevent COVID-19 outbreaks. With nearly all LTC residents and the majority of staff in LTC settings across Canada now fully vaccinated against COVID-19, provinces and territories must move towards normalcy by reopening homes and removing restrictive public health measures. This includes safely resuming and expanding the ability of residents to engage in social visits, congregate dining and social activities, and social outings. It is essential that this reopening occurs as soon as possible to restore the dignity and well-being of one of our most vulnerable populations.

APPENDIX A: LTC and Retirement Home Group Activities Risk Matrix Decision Aid

Wong, Kain, McCreight and Johnstone et al.[38] recently developed a risk matrix to provide LTC and Retirement Homes with a decision aid to use when assessing the transmission risks of re-introducing certain communal dining and group social activities in association with other mitigating factors such as vaccination status, the use of masks and physical distance.[39,40,41,42,43,44,45]

		Mitigating Factors			Level of Transmission Risk			
Location	Examples of Activities	COVID Fully Vaccinated/ Recovered	Masked	≥2m Apart	None	Low	Medium	High
Virtual	Fitness Class	N/A	N/A	N/A				
Outdoors	Walking Group, Exercise Class	✓	✓ or ✗	✓				
		✗	✓	✓				
		✓	✓	✗				
		✗	✓	✗				
		✗	✗	✗				
Indoors	Hallway Exercises, Movie Night	✓	✓ or ✗	✓				
		✗	✓	✓				
		✓	✓	✗				
		✗	✓	✗				
		✗	✗	✗				
Indoors	Bingo or Arts and Crafts with the Use of Dedicated/ Disposable Items	✓	✓ or ✗	✓				
		✗	✓	✓				
		✓	✓	✗				
		✗	✓	✗				
		✗	✗	✗				
Indoors	Communal Dining	✓	N/A	✓				
		✗	N/A	✓				
		✓	N/A	✗				
		✗	N/A	✗				

The use of IPAC principles can prevent transmission and facilitate contact tracing if required:

1. Perform hand hygiene before, after, and in-between each resident interaction
2. Encourage residents from same floors and small group sizes to ensure physical distancing can be achieved and maintained
3. For activities where items are shared, consider dedicated or disposable items
4. Areas where group activities occur should be cleaned before and after use
5. For group activities, keep a log of residents and staff that attended and if possible, map their location

Further strategies to mitigate impact of exposure or transmission in medium/high transmission risk group activities (e.g., yellow/red groups) include:

- Physical barriers when less than 2 metres apart
- Specific resident cohorts for group activities including dining
- Hold activities outdoors when weather appropriate
- Preference for fully-vaccinated staff to lead or support group activities

Note: This document will be updated as additional guidance/direction emerges.

APPENDIX B: A Jurisdictional Review of Updated LTC Home Public Health Guidance Across Canada and International Jurisdictions Post-Vaccination

Post-Vaccination Essential/Family Caregiver Policies

Of Canada's 13 provinces and territories, four have specifically expanded the number of essential/family caregivers each resident is entitled to post-COVID-19 vaccination.

Between February and June 2021, Alberta, Ontario, Quebec, and Saskatchewan, have specifically expanded the number of essential/family caregivers each resident can designate and/or how many can visit at the same time. Alberta allows residents to designate up to four essential/family caregivers, compared to two in February 2021. In addition, all four essential/family caregivers may visit the resident at the same time. Saskatchewan has also expanded the number of permitted essential/family caregivers by no longer imposing a limit on how many designated family members/supports residents can identify to visit the home, compared to two in February 2021. However, while up to two designated family members may visit residents at once indoors, up to four may visit at the same time outdoors. In Quebec, the number of essential/family caregivers that residents can designate continues to vary depending on the community incidence of SARS-CoV-2, but the province has increased the overall maximum allowance from two to four from February to June 2021 (see next page for additional details on visitor policies across regions). Finally, Ontario has not changed the number of essential/family caregivers each resident can designate (two per resident) but, in certain regions, has expanded the number permitted to visit at the same time. This was achieved by eliminating its community SARS-CoV-2 incidence-based approach. Currently, across all regions in the province, a maximum of one caregiver per resident may visit inside the home at a time, while a maximum of two caregivers per resident may visit outside the home at a time. Thus, while the province has expanded the number permitted per resident in some regions, it has technically also restricted access to essential/family caregivers in others, as residents in LTC homes located in lower incidence zones were previously allowed to have two essential/family caregivers visiting indoors with them at a time.

Several provinces and territories have not changed their essential/family caregiver policies between February and June 2021, specifying no increase in the number of caregivers each resident can designate despite the progress of their COVID-19 vaccination programs. Specifically, Manitoba (two per resident) New Brunswick (two per resident), Newfoundland (one per resident), Nova Scotia

(two per resident), the Northwest Territories (two per resident), Prince Edward Island (three per resident), and the Yukon (one per resident) have not changed the number of essential/family caregivers that residents can designate post-vaccination. British Columbia also has not changed its caregiver guidance but continues to specify no limit on how many individuals can be identified as essential/family caregivers per resident. However, visits from essential/family caregivers are still limited to one person per resident in the home at a time.

Nunavut still does not have a specific essential/family caregiver policy or visitor allowances, but now does permit visits from immediate family members with eligibility requirements differing depending on the region where the home is located. When visitors are permitted in a region, up to two family members can now visit homes, whereas visitors were previously not permitted in homes across the entire territory.

Essential/Family Caregiver Policies and Community Transmission of SARS-CoV-2

Quebec and Manitoba's essential/family caregiver policies and visitor allowances are also dependent on current community incidence of SARS-CoV-2. In Quebec, residents can designate up to four individuals as essential/family caregivers in low-incidence zones, three in medium incidence zones, and two in high-incidence zones, and one when the home is experiencing a COVID-19 outbreak. The number of caregivers permitted at a time, and the frequency and duration of visits, is restricted based on the level of community risk. In high-incidence zones, a single essential/family caregiver may visit once per day. In medium incidence zones, a single essential/family caregiver may visit twice per day. In low-incidence zones, a total of four essential/family caregivers can visit per day, with up to two essential/family caregivers being allowed to visit at the same time. This guidance differs from February 2021, when residents could only designate two individuals as essential/family caregivers and visits were suspended in high incidence zones. Just as Manitoba has not changed the number essential/family caregivers that can be designated per resident, restrictions on the number that can visit at a time and the duration of visits has not changed and still depends on community SARS-CoV-2 incidence rates. In high and medium risk zones, one essential/family caregiver can visit at a time as long as physical distancing is maintained. In lower risk zones, both essential/family caregivers can visit at the same time if physical distancing can be maintained.

Similarly, while Nunavut does not have an official pre-determined essential/family caregiver policy or visitor allowances for its LTC homes, the territory also follows an approach based on community incidence of SARS-CoV-2 to determine how many immediate family members are permitted into homes. Every two weeks, the territory reassesses the risk level in each region to determine what restrictions should be in place. As of June 14, 2021, residents can have a maximum of two immediate family members visit across all regions where homes are located (Igloolik, Kitikmeot and Arviat and Iqaluit).

LTC Home Post-Vaccination General Visitors Policies

Of Canada's 13 provinces and territories, 11 have issued post-vaccination guidance to expand visits in LTC settings beyond essential/family caregivers to also include general visitors. Outside of Canada, Scotland as well as the United States' Centers for Medicare and Medicaid Services (CMS), Washington State, Arizona, the Netherlands and the Republic of Ireland have also issued guidance on how to re-introduce general visitors into US LTC homes.

As of June 21, 2021, the Netherlands, Scotland, the United States, Alberta, British Columbia, Manitoba, New Brunswick, Newfoundland and Labrador, Nunavut, Ontario, Prince Edward Island, Quebec, Saskatchewan, and the Yukon permit general visits that are more social in nature and not directly for the purpose of providing essential care needs, as essential/family caregivers do. On the other hand, general visits remain suspended in Nova Scotia, while no available guidance was found on whether general visitors are being permitted in homes across the Northwest Territories.

Decreasing Restrictions on General Visits

Outside Canada, Washington State's policy has become the most permissive in allowing for fully vaccinated residents to have unlimited general visits, unless there is a COVID-19 outbreak in the LTC home or a single resident tests positive for COVID-19.

In Canada, Alberta, British Columbia, and Saskatchewan have recently implemented the least restrictive general visitor policies. These jurisdictions permit general visits to occur both indoors and outdoors, and have imposed few conditions under which to allow such visits.

In British Columbia, visits are no longer limited to one designated family member or friend. In addition, there are no longer any restrictions on the frequency of visits, as every resident is entitled to regular, routine, frequent opportunities for social visits that are a minimum of 60 minutes, if desired. Two visitors and one child are permitted to visit a resident at once indoors, including in the resident's room and communal visiting locations. For outdoor visits, residents can have more than two visitors at once, in alignment with current provincial health officer guidelines for the public, in an appropriate location and while adhering to IPAC requirements, such as wearing a mask and maintaining hand hygiene.

In Alberta, indoor visits must be supported if the majority of LTC residents (≥51%) desire such visits. The resident can have up to four visitors at one time in their room or other shared spaces in the home, but all visitors present at any one time must be from the same household. In addition, outdoor visits must be permitted for any resident or family that wants these to happen, and LTC homes must support outdoor visits with up to 10 people. Similarly, Saskatchewan permits residents to see up to four general visitors indoors and nine outdoors, at the same time, as long as public health measures are followed.

The Yukon, Newfoundland and Labrador, the Netherlands, and Scotland also have also established general visitor policies that enable family and friends to visit residents within the home with few restrictions. In the Yukon, each

resident can have four designated visitors for indoor visits (including their essential/family caregivers), and two visitors may visit at the same time if they are from the same household. Similarly, in Newfoundland and Labrador there are no restrictions on who can visit residents both indoors and outdoors. All residents are permitted to receive a maximum of two visitors per day and if a person leaves the home, this is considered the end of their visit for the day.

The Netherlands recommends that residents who have received both doses of the vaccine can now receive two visitors per day indoors instead of one. These can be different visitors every day. While Scotland recommends that homes resume indoor visiting for up to two general or social visitors per resident, per week. Visitors must be designated by the residents, and are eligible to visit once per week and one at a time. Indoor visiting will gradually increase to daily visits, as national restrictions loosen. Lastly, the Netherlands allows all vaccinated residents to see two visitors per day. These visitors can change daily.

General Visits in the context of AVR and Community Transmission of SARS-CoV-2

While almost every jurisdiction in Canada also permits general visits of some nature, both the community incidence of SARS-CoV-2 and AVRs remain common factors that are being used to determine how many general visitors may be permitted, and the conditions under which general visits can occur.

Manitoba, New Brunswick, and Quebec allow general visits to occur depending on the community risk level. All three of these jurisdictions use a 'hot zones' approach, which classifies community risk from low to high depending on the current epidemiological situation, SARS-CoV-2 transmission, and healthcare system capacity within communities. The risk level determines whether general visits can occur, whether they must be indoors or only outdoors, and how many general visitors are permitted.

In New Brunswick, general visitors are not permitted to visit when community risk is at the highest level, while Quebec permits one general visitor. However, when community risk is at lower levels, both Quebec and New Brunswick have less restrictive risk-dependent general visitor policies that explicitly permit general visitors indoors. Quebec allows up to nine (outdoor) and five (indoor) visitors a day and New Brunswick allows every resident to have two visitors every five days, with outdoor visits limited to two visitors at a time. In medium risk settings, Quebec allows up to five visitors per day outdoors and three indoors.

In Manitoba, the parameters surrounding general visits also depend on the vaccination status of both residents and visitors. Specifically, fully immunized individuals can now visit fully immunized residents indoors, including the resident's room, across all risk levels. Up to two vaccinated general visitors can visit indoors at a time provided that physical distance can be maintained and if the visitor can prove that they received both doses of the COVID-19 vaccine at least 14 days prior to the visit. However, unvaccinated individuals may still visit residents, but the number permitted at one time depends on the current level of community risk level — one in high risk and two in low risk. In addition, visits must occur only in all-season visiting shelters or designated indoor visit rooms.

The number of general visitors permitted for outdoor visits also depends on vaccination and community risk level, ranging from up to two unvaccinated general visitors or four fully vaccinated general visitors in high-risk zones to a reasonable number of visitors in low-risk zones regardless of vaccination status. However, the higher limit of four vaccinated general visitors in high-risk zones also requires that residents be fully vaccinated. In addition, physical distancing must be maintained across risk levels regardless of vaccination status.

The United States' CMS, Prince Edward Island, Arizona State, and the Republic of Ireland have imposed additional restrictions on general visits indoors depending on whether homes achieve and maintain an AVR. The United States' CMS allows outdoor visits at all times. Indoor visits are only prohibited when community SARS-CoV-2 test positivity is greater than 10%, and less than 70% of LTC residents in the home are vaccinated. Arizona State also considers both individual and LTC home vaccination status for allowing general visits. Indoor visits are permitted at all times, regardless of community test positivity, as long as more than 70% of LTC residents are fully vaccinated. In the context of unvaccinated residents, indoor visits are only permitted if over 70% of a LTC home's residents are vaccinated and community test positivity is below 5%. Lastly, outdoor visits are always permitted, regardless of the level of community incidence.

While Prince Edward Island's visitor guidance also follows a similar AVR structure, it does not impose mandatory restrictions. Once an 85% vaccination rate among LTC residents is achieved, Prince Edward Island allows each resident to have up to six designated general visitors (in addition to their three Partners in Care (essential/family caregivers), who are permitted both indoors and outdoors at the home. However, if the LTC home has fewer than 85% of residents vaccinated, then it is "strongly advised" that homes consider alternative restrictions on visits, including that designated general visitors meet with residents in specified areas only. Ireland's AVR is vague and does not provide a specific rate of coverage, distinguishing only between "high" and "low" vaccination rates. In the case of a low AVR, only one visitor is permitted at a time. When the AVR is considered to be high, homes are not required to limit the number of visitors allowed at a time to one.

Finally, while Alberta strongly recommends that eligible LTC residents and visiting persons choose to be vaccinated, its guidance explicitly states that the vaccination status of LTC residents, designated essential/family caregivers or visitors should specifically not be a barrier to visits. Ontario is unique in that it now permits general visits to occur regardless of community incidence of COVID-19 or AVR, but only outdoors. Each resident can have up to two general visitors at a time, in addition to their two essential/family caregivers, who may also join these outdoor visits over and above the two general visitors. However, if a resident is unable to visit outdoors, due to a health condition or mobility limitation, special accommodations may be made to enable an indoor visit.

General Visits and IPAC Measures

Every jurisdiction examined requires that general visitors be educated in IPAC measures and adhere to public health measures such as participating in screening upon entry, frequent hand washing, wearing a mask, and

maintaining a physical distance of 2 metres or 6 feet. However, while masks are generally required for both LTC residents and visitors for the entire visit, including outdoor visits, one jurisdiction has further distinguished themselves in allowing less restrictive masking requirements for residents when outdoors. In Alberta, while visitors must continuously wear a mask while within 2 metres of the resident indoors, residents do not need to also wear a mask. In addition, continuous use of a mask is not required for outdoor general visits unless physical distancing cannot be maintained.

Supporting the Resumption of Physical Touching (i.e., Hugging, Holding Hands) Between Residents and Essential/Family Caregivers or General Visitors

Alberta, British Columbia, Ontario, Arizona, and the United States' CMS and CDC have introduced specific guidance on re-introducing physical contact between LTC residents and their loved ones.

The United States' Centers for Disease Control and Prevention (CDC), Centers for Medicare and Medicaid Services (CMS), Ontario, and Arizona specify that the LTC resident must be fully vaccinated in order for physical contact (hugging, holding hands) to occur. While the CMS, CDC and Arizona permit physical contact between general visitors and LTC residents, they require that the LTC resident be fully vaccinated. Ontario allows residents to have close physical contact with both their essential/family caregivers and general visitors, as long as all participants are fully vaccinated. Unvaccinated general visitors may also briefly hug residents, but must otherwise maintain physical distancing of 2 metres at all times. British Columbia and Alberta, however, have permitted physical touch such as holding and hugging during visits between residents and their essential/family caregivers or general visitors, without specifying either party's vaccination requirements.

Regardless, all jurisdictions require appropriate IPAC and PPE measures be followed. While the CDC, CMS, Arizona, British Columbia, and Ontario include that both the resident and visitor must wear a mask when physically touching, Alberta only requires the visitor to wear a mask at all times. In Ontario, essential/family caregivers (the only visitors with whom residents can have physical contact) are also required to wear appropriate eye protection (in addition to a mask) whenever within 2 metres of a resident, both indoors and outdoors.

Post-Vaccination Dining and Group Activities Policies

Beyond Canada, the United States CMS, the CDC, Washington State, and Arizona State have also released specific guidelines to help facilitate communal dining and group activities for LTC residents. The United States' CDC, CMS and Arizona State have recommended supporting communal dining and group activities dependent on resident vaccination rates. The CDC, for example, recommends that residents be fully vaccinated in order to participate in communal dining and group social activities. In the case where not all residents are fully vaccinated, residents must practice physical distancing, wear a mask, and perform hand hygiene. In Arizona, all communal spaces are open, as long as more than 70% of residents are fully vaccinated. Washington State also encourages

LTC homes to implement cohorting to allow residents to participate in communal dining and group activities in the same room, while ensuring physical distancing of at least 6 feet between individuals.

The Use of "Cohorting" to Support Both Communal Dining and Group Activities

In addition to Washington State, the seven Canadian jurisdictions of Alberta, British Columbia, Manitoba, New Brunswick, Ontario, Quebec and Saskatchewan have introduced the concept of "cohorting" to facilitate the re-opening of communal dining and group activities between LTC residents. In these provinces, residents are grouped together to varying degrees to facilitate both dining and group activities, often without or with less restrictive public health measures post-vaccination.

Alberta, New Brunswick, Nova Scotia, Ontario and Quebec cohort residents into groups of varying sizes to permit time together without a requirement for physical distancing. New Brunswick and Quebec both provide specific guidelines on the size of cohorts, with cohorts in these jurisdictions to consist of up to a maximum of 10 and 12 LTC residents, respectively. In New Brunswick, sizing also depends on COVID-19 community incidence levels with the requirement that cohorts be reduced to five residents for LTC homes located in high-risk zones, whereas Quebec recommends that homes cohort residents in groups of 10-12. However, if cohorting is not in effect, then specific parameters on group dining are enacted depending on the level of community risk. In low risk, up to 10 residents may sit at a table. While up to four and six residents may sit at a table in medium and high risk settings. At all times, tables must be 2 meters apart. In Alberta and Ontario, the size of cohorts is not specified, with their policies only suggesting that residents be grouped into 'small' cohorts. In all five of these jurisdictions, it is recommended that LTC homes use cohorting to allow residents to participate in both communal dining and group activities. Notably, however, Alberta also permits group dining among residents who aren't part of the same cohort.

While British Columbia, Saskatchewan and Manitoba also use the concept of cohorting, LTC homes in these jurisdictions are to simply restrict dining or group activities to residents from the same floor or unit rather than any specifically sized groups. In addition, while British Columbia makes explicit that residents from the same floor can participate in both communal dining or group activities, Saskatchewan only recommends that residents be cohorted specifically for dining. Manitoba only recommends that group activities be restricted to a single unit or floor.

Additional Communal Dining IPAC Measures

Alberta, New Brunswick, Ontario and Quebec permit that physical distancing requirements be dropped among cohorted LTC residents for communal dining. Residents from the same cohort can resume meals together sitting at the same table. However, each of these jurisdictions, other than Alberta, expects that physical distancing of at least 2 metres be maintained at all times between residents from different cohorts for communal dining and discourages or prohibits the mixing of

cohorts for communal dining. In Alberta, cohorting is not required for residents to enjoy meals together, as up to six residents not in a cohort can sit at a table if they are not required to isolate or quarantine and established standards can be maintained, including the requirement that tables must be placed 2 metres apart.

British Columbia allows LTC residents living in a single unit or on the same floor to participate in communal dining. There are no specifications on the number of residents permitted to sit at one table or if physical distancing must be maintained. Similarly, Saskatchewan cohorts its LTC residents by floor for meal times, allowing one floor or group to eat in the dining room at a time. Residents must maintain a minimum of 3 metres of physical distance between other residents when dining. This means that residents may share tables if they can sit 3 metres apart. However, residents are permitted to have one 'buddy' with whom they can sit within 3 metres of and this person must remain the same throughout the entirety of the current period of restrictions.

In Ontario, whether physical distancing can be suspended between cohorted residents depends on whether the LTC home has an AVR over 85% amongst its residents and 70% amongst its staff. When the AVR thresholds among either residents or staff are not met, communal dining is permitted only with physical distancing between residents and additional IPAC measures, including decreased dining room capacity, consistent seating, and masking when not eating/drinking.

Beyond physical distancing, further IPAC measures or restrictions have been introduced to enable communal dining within LTC homes such as frequent hand hygiene or having staff pre-set tables. In Saskatchewan, residents must also be screened before entering the dining room. Ontario and British Columbia explicitly prohibit buffet-style or self-serve food containers. Whereas buffet-style/self-serve food containers are not banned in Alberta or Quebec, hand sanitizing before and after a meal is required.

Additional Group Activities IPAC Measures

Alberta, British Columbia, Manitoba, Quebec and New Brunswick have outlined specific additional IPAC measures to allow residents to participate in group social activities. Only Manitoba, of the seven provinces with cohorting policies, requires residents in the same cohort to maintain a physical distance of 2 metres when performing group activities. Only Ontario requires residents in the same cohort to wear masks during group activities. Additionally, both Ontario and Manitoba require that shared objects and high touch surfaces are sanitized after each use by a resident within cohorts. Quebec and New Brunswick specify that shared objects and high-touch surfaces are sanitized between cohorts, although New Brunswick also requires shared objects to be disinfected if a resident cohort is not established. Alberta also specifies types of activities that can occur based on the level of risk they pose. For example, high risk activities include singing and cooking, while lower risk activities include religion, crafts, exercise, games, and outdoor activities (concerts).

Pre-Vaccination Communal Dining and Group Activity Guidelines

In Canada, Prince Edward Island, Newfoundland and Labrador, Nunavut, Northwest Territories, and the Yukon have not updated their guidance on communal dining and group activities post-vaccination. Moreover, each of these jurisdictions does not have specific procedures or guidelines to support or enable communal dining or group activities.

Prince Edward Island's IPAC guidelines from the summer of 2020 do, however, promote specific actions to enable resident communal dining and group social activities. This includes the cleaning of 'frequently touched' surfaces (including dining tables) twice daily and that residents physically distance themselves when outside of their room, keeping 2 metres of separation when in dining rooms and when performing recreational activities. Prince Edward Island has also issued a specific set of guidelines to help homes specifically facilitate the resumption of church services for residents. Churches can operate on the home premise if complying with the Chief Public Health Officer's Worship Service and LTC Guidance, ensuring that any musicians at the service maintain a physical distance of 2 metres from the LTC residents; that all non-LTC residents at the service wear a medical mask throughout the service, and that all persons present at the service were recorded and contact traced.

Post-Vaccination Non-Essential Outings and Absences Policies

Twelve Canadian provinces and territories and three additional national and sub-national organizations or jurisdictions have introduced post-vaccination non-essential outings and absences policies.

Alberta, British Columbia, the Northwest Territories, Newfoundland, Nova Scotia, Saskatchewan, Quebec, the United States' CDC, Washington State, and the Republic of Ireland are all allowing LTC residents to go on social outings and return to the home without requiring testing or isolation for 14 days, provided sufficient IPAC protocols are followed.

Ontario also permits social outings, but if residents are returning from overnight absences, they are required to be tested for COVID-19 and self-isolate until their test results are returned. While Prince Edward Island permits residents to go on social outings based on the resident level AVR of a home, both Manitoba and New Brunswick permits outings for non-essential reasons based on the level of community incidence. However, while technically permitted in low-risk regions, absences from the facility that are not required for essential health services are discouraged in Manitoba. Similarly, the Yukon still does not recommend non-essential resident outings, but has developed highly restrictive parameters around allowing residents to do so. Lastly, Nunavut still does not currently permit any resident outings for non-essential reasons.

Individual Vaccine Coverage Policies

Alberta, British Columbia, Newfoundland, New Brunswick, Nova Scotia, Ontario, the United States' CDC, and Washington State allow LTC residents to leave the home for social outings based on their individual vaccination status.

In Alberta and British Columbia residents are not required to isolate themselves upon their return to their LTC home unless they have had contact with someone who has been exposed to COVID-19, or they did not follow the proper COVID-19 protocols such as maintaining physical distancing and mask and hygiene practices. Under these circumstances, residents are required to isolate themselves for 14 days.

Newfoundland requires residents who return from social and overnight absences to monitor for signs and symptoms of COVID-19 for the 14 days afterwards. If a resident displays signs or symptoms of COVID-19, they are required to immediately isolate and be referred for testing. Ontario follows a similar approach, as all residents are required to actively screen when re-entering the home regardless of the type of absence. However, Ontario requires that residents returning from overnight absences be tested for COVID-19 and self-isolate until their test results are returned. Washington State allows absences for recreational reasons as long as the LTC residents are fully vaccinated.

The United States' CDC also recommends that LTC residents be permitted to leave the home for social excursions if that the resident does not have a confirmed or suspected case of COVID-19 or close contact with a person with COVID-19. If a resident chooses to leave the home, they must follow physical distancing requirements, wear a mask, perform frequent hand hygiene, and follow the recommended public health guidance for fully vaccinated people. No further details, however, are provided.

LTC Home Level Vaccine Coverage Policies

Prince Edward Island and the Republic of Ireland require a LTC home resident AVR is met in order for residents to have greater access to social and non-essential outings. The AVR required for absence to occur differs across jurisdictions. Prince Edward Island requires 85% of residents to be fully vaccinated, while the Republic of Ireland does not specify a rate.

Prince Edward Island's outings and absence policies become slightly more specific once the 85% AVR is reached. In this situation, residents are permitted to leave the home with one or more designated essential/family caregiver in a vehicle, as long as IPAC measures are followed. Overnight stays and community visits are allowed. In both cases, the resident must not have contact with people other than their essential/family caregivers during the leave unless there is more than a 2 metre distance maintained, the person is wearing a medical mask, and the provincial gathering limits are followed.

The Republic of Ireland allows residents to leave the home and return without isolating in specific individual and group vaccination rate contexts. Regardless of individual and home vaccination status, if the absence is less than 12 hours in length, then the individual is not required to restrict movement to their room on their return. In homes with a low vaccination rate (specific rate not specified), when a resident has been away for more than 12 hours, the resident will have to isolate themselves in their room and should be tested for COVID-19 unless fully vaccinated. However, if the home has a high vaccination rate (specific rate not specified), and the

resident has been away for more than 12 hours, the resident need not be asked to restrict movement to their room on their return from an overnight stay unless they have come in contact with someone who has traveled outside of Ireland in the past 14 days or someone who has had suspected contact with a person with COVID-19 symptoms.

Community Incidence-Related Policies

Both Manitoba and New Brunswick follow risk-based approaches to outings and only permit non-essential outings depending on the level of community incidence of SARS-CoV-2. In both jurisdictions, LTC residents are only permitted to leave for non-essential reasons when homes are in regions where the community incidence of SARS-CoV-2 is low. However, in Manitoba, while social absences are technically permitted in low-risk regions, absences that are not required for essential health services continue to be discouraged. In addition, residents (or their caregivers) must apply for a pass, and they are only to leave their home no more than twice a week for up to two hours at a time. Additional IPAC measures must also be followed including that drivers/escorts must be designated (up to a maximum of two), direct travel to the destination for the pass and back to the facility with no stops in between, car windows are to be opened during travel, and physical distancing, masking and hand hygiene are required. In New Brunswick, residents are permitted to overnight and weekend passes. Residents must also follow IPAC measures and ensure safe transportation, and upon their return, a risk assessment will be conducted to determine appropriate control measures, which may include self-isolation. However, no limits are imposed on how often residents may leave the LTC home.

Additional Highly Restrictive Outings and Absence Policies

Nunavut and the Yukon have highly restricted outings and absence policies. The Yukon does not permit overnight visits and day visits for its LTC residents, but residents are allowed to go on outdoor walks with essential/family caregivers and general visitors. Nova Scotia and Nunavut still do not currently permit any resident outings for non-essential reasons.

Revised Outbreak Definitions for LTC Homes Post-Vaccination

With the majority of LTC home residents and staff being partially or fully vaccinated, a single confirmed case of COVID-19 poses much less risk to the safety of residents. Therefore, provinces and territories have begun to adjust their definitions of an outbreak to consider vaccination rates amongst their LTC residents, staff, and caregivers. As of June 1, 2021, British Columbia, Manitoba, Ontario, Quebec, Saskatchewan, and Yukon require that an official outbreak's case[s] occur due to suspected transmission of the SARS-CoV-2 virus within the home.

Single and Double-Linked Cases

Quebec, Ontario, Manitoba, and Saskatchewan require that there be at least two cases with a demonstrated epidemiological link within the home, while a single case within the home will remain sufficient to trigger an outbreak in British Columbia and the Yukon. However, only cases among staff or residents count towards triggering an outbreak in British Columbia, whereas cases among essential/

family caregivers and general visitors will also get factored into Ontario and Manitoba's case definition. Manitoba, Ontario and the Yukon require that the cases within the home be epidemiologically linked within 14 days, while Saskatchewan provides only that cases must occur "within a specific time period" without defining what this period is. British Columbia does not restrict the window of transmission, requiring only that an investigation indicate that transmission most likely occurred in the home, rather than prior to admission or from the community, to constitute an outbreak. Quebec's definition is a hybrid of all these, with an outbreak being triggered either when there is an epidemiological link between cases within 14 days or when an epidemiological link is established when the time is compatible with transmission between the cases.

Cases Originating Outside of LTC Homes

On the other hand, in Nova Scotia, the Northwest Territories, Newfoundland and Labrador, and New Brunswick, it is not required that a case of COVID-19 originate within the LTC home from another resident, staff member, essential/family caregiver or visitor rather than the community to trigger an outbreak. In these jurisdictions, the presence of any single confirmed case among residents or staff triggers an outbreak, regardless of where it came from.

Finally, Alberta has raised the threshold further for what it constitutes as an outbreak by making cases among staff dependent on their appropriate use of Personal Protective Equipment (PPE). It defines an outbreak as any resident who is confirmed to have COVID-19 and/or any staff member who is confirmed to have COVID-19 that worked at the site during the communicable period without the use of appropriate Personal Protective Equipment (PPE). Finally, Nunavut does not provide a definition of what constitutes an outbreak in its LTC homes.

APPENDIX C: LTC Home Visitor, Group Dining, Activity, and Outing Policies for Canada's Ten Provinces and Three Territories (as of June 21, 2021).

Family Caregiver & General Visitor Definitions:	FCG Policies:	General Visitor Policies:	Group Dining & Activities:	Outings & Absences:	Outbreak Definition	Dates and link(s) to guideline(s)/directive(s)
	1. Number of essential/ family caregivers permitted per resident? 2. Specific requirements for FCGs to visit (vaccination, risk, etc.)? And how many can visit at one time? 3. Screening/Testing requirements? 4. [Indoor & outdoor?] Any limits on where can visits occur? If so, can FCG's still join social activities & dining? 5. Do visits need to be scheduled? Are there limits on duration and Frequency? 6. IPAC Requirements?/ Any additional requirements? 7. Is physical touch between resident and FCG permitted? 8. Restrictions when an outbreak is declared?	1. Are general visitors permitted [both indoors/ outdoors]? 2. Screening / Testing requirements? 3. Vaccination requirements 4. Scheduled visits? 5. IPAC requirements? 6. Physical touch permitted? 7. Restrictions when outbreak occurs? Indoor Visits: 1. When are indoor visits permitted? 2. How many GV at once? 3. Duration and frequency? 4. Additional requirements? Outdoor visits: 1. When are they permitted? 2. How many can visit outdoors at once? 3. Duration and Frequency? 4. Any additional requirements for visits?	Group Dining: 1. Is communal dining permitted? 2. Cohorting policy? If yes, what are the parameters? 3. Is masking required? 4. Is physical distancing required? 5. Sanitization and cleaning practices? 6. Shared / Buffet style of food? 7. What happens if an outbreak occurs? Group Activities: 1. Are group activities permitted? 2. Cohorting policy? If yes, what are the parameter? 3. Masking requirement? 4. Is physical distancing required? 5. Are both indoor and outdoor activities permitted? What types of activities? 6. Sanitization and cleaning practices? 7. What happens if an outbreak occurs?	1. Are absences permitted? If so, what types (non-essential, same day, overnight, driving, social, home visits, on premise) 2. Individual or home community vaccination rate / status requirements? 3. Screening upon return to the home? 4. Isolation upon return to the home? 5. IPAC measures? 6. What happens if an outbreak occurs?		

Alberta

A Designated Family/ Support Person is identified as an individual by the residents as a needed support. This term replaces the term Designated Essential Visitor, with all existing designated essential visitors now referred to as designated family/ support person. These persons may be a family member, friend, companion (privately paid or volunteer), support worker (privately paid or volunteer), or any other person identified by the resident, including minors. A visitor is anyone noted as a designated support person.	1. Up to four FCG's per resident. 2. It is strongly recommended that essential / family caregiver be vaccinated, however vaccination status is not a barrier. 3. Active screening required. Voluntary rapid antigen tests are available at homes for visitors. 4. All FCG's may visit at one time. 5. FCG's may visit indoors and outdoors without limitations. 6. Visits must be scheduled. There are no limits on duration and frequency. 7. Physical distancing, hand hygiene, making (indoors only) 8. Physical touch is permitted. FCG's must wear a mask. 9. FCG access must be maintained in an outbreak.	1. General visitors are permitted both indoors and outdoors. 2. Active screening required. Voluntary rapid antigen tests are available at homes for visitors. 3. Vaccination status should not be a barrier to access. 4. All visits must be coordinated and scheduled with the home. 5. Physical distancing, hand-hygiene, masking. 6. Physical touch is permitted. Essential/family caregivers must wear a mask. For outdoor visits, Masking is not required unless physical distancing cannot be maintained. Hand hygiene. 7. Limitations to social / general visits may be enacted if an outbreak is declared.	Group Dining: 1. Group dining is permitted for non-isolated/quarantined residents. 2. Cohorting not specified. No max as long as residents can maintain physical distance. 3. Not specified. 4. Cleaning / disinfecting of dining areas three times per day. Staff pre-set table. Cloths / napkins laundered after each use. 5. Self service food containers are permitted and must be cleaned after each mealtime by staff. 6. Group dining will continue for non-isolated / quarantined residents, although precautions such as minimizing group size, removal of shared food containers, will be taken.	1. Yes. Outing may be limited. 2. Additional precautions may be taken if the resident is not fully vaccinated. For example, non-fully vaccinated residents must do self checks twice daily for 14 days. 3. Resident is subject to screening upon reentry. 4. Isolation is not required upon entry. 5. Should a resident who is not vaccinated or not fully vaccinated return from on offsite/overnight outing where they were at a higher risk of potential exposure to COVID-19, it is recommended that they wear a mask when outside of their room for 14 days.	Confirmed COVID-19 outbreak: (1) any resident who is confirmed to have COVID-19 and/or (two) any staff member who is confirmed to have COVID-19 that worked at the site during the communicable period without the use of appropriate Personal Protective Equipment (PPE)	July 16, 2020: Chief Medical Officer of Health Order 29-2020 and Appendix A - rescinds CMOH Order 14-2020 - July 16, 2020 September 3, 2020: Chief Medical Officer of Health Order 32-2020, which amends CMOH Order 10-2020 (September 3, 2020) September 20, 2020: Guidelines for COVID-19 - Outbreak Prevention, Control and Management in Congregate Living Sites April 8, 2021 (Last update): COVID-19 Family Support & Visitation of Patients & Residents April 26, 2021 (Effective May 10, 2021): CMOH Record of Decision - Order 16-2021

Alberta

		Indoor visits: 1. Access to indoor visitors (i.e., those other than designated persons) must be supported if the majority of LTC residents (51%) desire such visits. 2. Up to four general visitors indoors at one time. 3. No limitations on duration and frequency. 4. All visitors present at one time must be from the same household and physically distance from the residents. Outdoor visits: 1. No limitations on outdoor visits, permitting that the resident wants them to occur. 2. Outdoor social visits of up to 10 people can occur (space permitting) 3. No limits on duration and frequency. 4. Outdoor visits are subject to limitations on space, as physical distancing must be maintained at all times.	Group activities: 1. Yes, group activities are permitted. . 2. Cohorting not specified. 3. Not specified. 4. Physical distancing not required unless participating in high risk activities. 5. Low risk activities are permitted. High risk should be avoided. Both indoor and outdoor activities are permitted. 6. Objects should be sanitized between each use and people using the objects must sanitize hands before and after using them. 7. Not specified.			

British Columbia

Defined as 'Essential Visit' vs. 'Social Visit'. Essential visits are linked with essential needs that could not be me in the absence of an essential visit. The Health Authority or home staff will determine if a visit is essential. Essential visits may include compassionate care, feeding, mobility, personal care, communication assistance. Social Visits include someone not involved in the resident's healthcare or support needs, someone whose time with the resident is discretionary and usually temporary, or visiting for purposes that are more social in nature.	1. Not specified. 2. One FCG may visit a resident within the home at a time. 3. Actively screened prior to entry at every visit. 4. Not specified. 5. Not specified. 6. FCG' are required to wear a medical mask for the duration of visits (indoor and outdoor) and adhere to IPAC guidance regarding safe visitation practices such as hand hygiene and respiratory etiquette. 7. Physical touch is permitted with appropriate IPAC measures. 8. Restrictions may be enacted when homes that have an active COVID-19 outbreak, under guidance and direction from the local medical health officer.	1. General visitors are permitted both indoors and outdoors. 2. All visitors screened upon entry. 3. No. 4. Yes, general visits must be booked in advance. 5. All visitors are required to wear a medical mask for the duration of visits (indoor and outdoor) and adhere to IPAC guidance regarding safe visitation practices such as hand hygiene and respiratory etiquette. 6. Yes, with appropriate IPAC measures 7. Social visits will be postponed if the home is in outbreak. Visits will resume immediately after the outbreak is declared over.	Group Dining: 1. Communal dining is permitted. 2. Cohorting policy. Residents living on the same floor. 3. Not specified. 4. Not specified 5. Not specified. 6. Pre-place utensils / cutlery prior to seating. Remove self-service food items and shared food containers from communal areas. 7. Not specified.	1. Yes. Both essential and non-essential (social, overnight) are permitted. 2. No. 3. Not specified. 4. Not specified. 5. Residents are subject to the current public health guidance. 6. Not specified.	At least one staff or patient/resident diagnosed with COVID-19 AND an investigation indicates transmission most likely occurred in the home, from another patient/ resident, visitor or staff, rather than prior to admission (for patients/residents) or from the community (for staff).	April 1, 2021: http://www.bccdc.ca/Health-Info-Site/Documents/Visitors_Long-Term_Care_Seniors_Assisted_Living.pdf May 5 2021: http://www.bccdc.ca/Health-Info-Site/Documents/COVID19_LongTermCareAssistedLiving.pdf

British Columbia

		Indoor visits: 1. As long as the home is not in outbreak. 2. Up to two adults and one child. 3. Each resident is entitled to frequent, regular and routine visits lasting a minimum of 60 minutes in length at least once a week. 4. Residents will meet their visitors in a predetermined visiting location, such as the resident's room, or a communal visiting location. Outdoor visits: 1. As long as PHO guidance permits outdoor gatherings for the public. 2. As many as permitted under PHO guidance (10 people as of June 1, 2021). 3. Each resident is entitled to frequent, regular and routine visits lasting a minimum of 60 minutes in length at least once a week. 4. Residents will meet their visitors in a pre-determined visiting location, such as the resident's room, or a communal visiting location. Current PHO guidance, and site capacity will inform safe outdoor group visitation.	Group Activities: 1. Group activities are permitted. 2. Cohorting policy. Residents living in a single unit or same floor may participate in small recreational activities. Number of residents participating should be limited to the smallest feasible group. 3. Not specified. 4. Not specified. 5. Not specified. 6. If dedicating equipment and supplies to an individual resident is not possible, all reusable equipment that is shared between multiple residents must be cleaned and disinfected with a hospital grade disinfectant after each use. 7. Not specified.			

Manitoba

Designated family caregivers: Any person whom the resident and/or substitute decision maker identifies and designates as their family caregiver. As essential partners in care, these individuals actively and regularly participate in providing care and may support feeding, mobility, personal hygiene, cognitive stimulation, communication, meaningful connection, relational continuity, and assistance in decision-making General visitor: Family and friends who visit for social reasons	1. Up to two FCG designated can be designated per resident. 2. Risk dependent. In high and medium risk regions, one may visit at a time. In low risk zones, both may visit at a time. 3. Screening of FCG's upon entry each time they visit a home. 4. Reasonable access indoors, including the resident's room. Outdoor visits, or in an outdoor all-season shelter or designated indoor visiting room (where visitors can easily access the space from outside and maintain the same public health requirements as the outdoor shelters) is acceptable across all 3 risk levels. 5. Visits can be anytime and for any length of time during specific visiting hours and/or as determined with the care team without the need to formally book an appointment, as long as they do not negatively impact the care of other residents or ability of other family caregivers to provide care and support.	1. General visitors are permitted both indoors and outdoors. How many can visit a home at once is risk dependent and based on vaccination status of both residents and visitors. 2. Screened upon entry each time they visit a home. In addition, sign in and sign out process must be established for all visitors to support contact tracing. 3. Indoor visits, including in the resident's room, require that both the visitor and resident be fully vaccinated. 4. Each home will determine the days and times when residents can have visits on the property. Homes may implement regularly scheduled general visits through a booking system or designated drop-in times. 5. Physical distancing of six feet, hand hygiene, and wearing a mask at all times. 6. 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 sanitizer for hand hygiene immediately before and after these encounters. 7. During outbreaks, if the resident is fully vaccinated, up to two vaccinated general visitors can visit indoors provided physical distancing can be maintained.	1. Group dining is permitted. 2. Cohorting policy. Recommended that dining be restricted to a single unit and floor. 3. Not specified. 4. Yes - space residents to maintain a minimum distance of 2 meters between them 5. Materials such as utensils and linens are not to be shared among residents unless they are cleaned and disinfected between uses for each resident. 6. If the items cannot be easily cleaned and disinfected, they should not be shared among residents. 7. i f an outbreak occurs, communal dining meals will be canceled and meals will be served meals in doorway of resident rooms.	1. Risk dependent. Absences from the facility that are not required for essential health services are discouraged. Only residents in low risk zones should be considered to leave the home on social visits. 2. No. 3. Not specified. 4. Not specified.	Suspect Outbreak: a single lab-confirmed COVID-19 case. Confirmed Outbreak: defined and declared with a total of two cases (staff, resident, visitor), epi-linked within 14 days of each other, and where at least one could have been acquired in the LTC site.	June 16, 2021: COVID-19 Infection Prevention and Control Guidance for Personal Care Homes June 18, 2021: COVID-19 Long Term Care Resident Visitation Principles

Manitoba

	6. Must wear a procedure mask and eye protection at all times (or additional PPE according to precautions), practice hand hygiene and maintain a physical distance of six feet any time PPE is removed. 7. Not specified. 8. During outbreaks, one may visit at a time in the resident's room if physical distancing can be maintained. Visiting outdoors, or in an outdoor all-season shelter or designated indoor visitation room is acceptable.	7. In addition, one unvaccinated general visitor or two vaccinated general visitors can visit at a time in all season visitation shelters or designated indoor visitation rooms, and up to two unvaccinated or four vaccinated general visitors can visit at a time outdoors provided physical distancing can be maintained. Indoor visits: 1. Fully immunized individuals can visit fully immunized residents indoors, including in the resident room, as general visitors. Visitors must prove they received both doses of the COVID-19 vaccine at least 14 days prior to the visit. Unvaccinated general visitors can visit all-season visitation shelters or designated indoor visitation rooms, but how many can visit at once is risk dependent. If the resident is fully vaccinated, up to two vaccinated general visitors can visit indoors at a time provided physical distancing can be maintained across all zones. For general visits in all-season visitation shelters or designated indoor visitation rooms, one unvaccinated and two vaccinated general visitors in high-risk zones and two unvaccinated and two vaccinated general visitors in medium and low-risk zones are allowed at a time.	Group activities: 1. Group activities are permitted 2. Cohorting policy. Recommended that dining be restricted to a single unit and floor. 3. Not specified. 4. Yes - space residents to maintain a minimum distance of 2 meters between them 5. Not specified. 6. Any resident activities should ensure that any materials (e.g. electronic tablets or other devices, craft supplies, bingo cards, magazines, books, tools) are not shared among residents unless they are cleaned and disinfected between uses for each resident. If the items cannot be easily cleaned and disinfected, they should not be shared among residents. 7. If an outbreak occurs, residents can stop/cancel all group activities.	5. Social visits in low risk zones require the following precautions: • Up to 2 drivers/escorts can be designated • Drivers/escorts must be screened • Residents must wear a medical/procedure mask, and drivers/escort(s) must also be masked (non-medical is acceptable). If either the escort/driver and/or the resident are unable or unwilling to wear a mask, pass is not permitted • During transport, travel with car windows open if possible. • There should be direct travel to the destination for the pass and back to facility, with no stops in between • Physical distancing and masks are required other than for purposes of eating/drinking. • Perform hand hygiene and replace masks after removal i.e. eating/drinking		

Manitoba

		2. Homes will determine the maximum number of visitors permitted per resident per day. 3. All residents in a shared room must be vaccinated for in-room visits, otherwise another location for the visit must be identified. Designated indoor visitation rooms must be easily accessed from outside the home. General visitors must be able to maintain the same public health requirements as outdoors shelters (see below). Outdoor visits: 1. Outdoor visits are risk dependent and based on vaccination status of both residents and visitors. 2. From two unvaccinated or four vaccinated general visitors at a time in high-risk zones to a 'reasonable number' in low-risk zones. 3. Homes will determine the maximum number of visitors permitted per resident per day. 4. Low risk activities for residents and families such as walks around the property/block may be considered. Public health advice regarding physical distancing (at least 6 feet/2 metres), hand hygiene and other appropriate measures must be maintained while visiting. However, wearing of non-medical (cloth) masks during outdoor visits is not required but is strongly encouraged.				

New Brunswick

Designated Support Person: person identified by the resident or substitute decision maker as an important support. May be a family member, friend, companion, support worker, power of attorney/trustee, agent, legal guardian, or any other person identified by the resident or substitute decision maker. General Visitor: Any visitors who are not: palliative resident visitors, designated support persons, volunteers or non-essential service providers. These visitors are subject to a maximum visiting capacity of 20% (i.e. 20% of residents can have visits per day).	1. Up to two FCG designated per resident. Residents may also identify a temporary replacement if a caregiver is unable to perform their role for a period of time 2. Not specified. 3. Actively screened prior to entry and must self-check for symptoms throughout the visit. 4. Both indoor and outdoor visits are permitted. For indoor visits, areas should be identified within the home to accommodate visits for residents living in semi-private rooms. Outdoor visits are to occur in designated areas on the facility's premises, such as garden or yard. 5. FCG are to coordinate with the home to develop a consistent schedule based on the resident's needs and preferences.	1. General visitors are permitted both indoors and outdoors. How many can visit a home at one time is risk dependent. 2. Actively screened prior to entry and must self-check for symptoms throughout the visit. 3. Not specified. 4. Yes - both indoor and outdoor visits need to be scheduled in advance. 5. Must wear a mask continually indoors and outdoors, maintain physical distancing and be educated and adhere to safe visiting practices (including use of PPE) and related home policies. Must also only visit resident designated to visit with. 6. No - only with essential/ family caregiver. 7. No in-person visits during outbreaks unless indicated by MOH.	Group dining: 1. Group dining is permitted. 2. Cohorting policy. Size of cohorts is risk dependent. In low and medium risk regions, maximum of 10 residents per cohort. In high risk regions, maximum of 5 residents per cohort. 3. Masking is y encouraged for residents. 4. Residents in a cohort do not require to be physically distanced during communal dining. 5. Materials such as utensils and linens are not to be shared among residents unless they are cleaned and disinfected between uses for each resident. If the items cannot be easily cleaned and disinfected, they should not be shared among residents. 6. Not specified. 7. If an outbreak occurs, serve residents individual meals in their rooms while ensuring adequate monitoring and supervision.	1. Risk dependent. Absences are prohibited in high and medium risk zones, but permitted in low risk zones. 2. No. 3. Yes, screened both before leaving and upon return. 4. Depending on risk assessment. Upon return, a risk assessment will be conducted to determine appropriate control measures, which may include isolation precautions.	COVID-19 outbreak: In the context of the COVID-19 pandemic, a single laboratory confirmed a case of COVID-19 in a resident or staff member.	Caregiver / Visiting Guidance: COVID-19 Visitation Guidance IPC Guidance: COVID-19 Management Guide for Adult Residential Facilities and Nursing Homes https://www2.gnb.ca/content/gnb/en/corporate/promo/covid-19/guidance.html#8

New Brunswick

	6. Must wear a mask continually indoors and outdoors, maintain physical distancing and be educated and adhere to safe visiting practices (including use of PPE) and related home policies. Must also only visit with the resident they are supporting and may only be a designated FCG in one home. 7. Yes, with appropriate IPAC measures 8. No in-person visits during outbreaks unless indicated by MOH.	Indoor visits: 1. Risk dependent. In high and low risk zones, no general visitors. In low risk zones, 20% of residents can have general visitors in a day. 2. Not specified. 3. Every resident entitled to have two general visitors every 5 days. 4. Areas for indoor visits should be identified within the home to accommodate visits for residents living in semi-private rooms. Outdoor visits: 1. Risk dependent. Only permitted in low and medium risk zones. 2. In low-risk zones, two visitors at a time. In medium risk zones, two visitors at a time, but only if limited to a maximum of 10 people with safe physical distancing. 3. Every resident entitled to have two general visitors every 5 days. 4. Visits occur in designated areas on the home's outdoor premises, such as garden or yard.	Group activities: 1. Group activities are permitted. 2. Cohorting policy. Size of cohorts is risk dependent. In low and medium risk regions, maximum of 10 residents per cohort. In high risk regions, maximum of 5 residents per cohort. 3. Actively encouraged for residents. 4. Residents in a cohort do not require to be physically distanced during communal dining. 5. Not specified. 6. Any resident activities should ensure that any materials (e.g., electronic tablets or other devices, craft supplies, bingo cards, magazines, books, tools) are not shared among residents unless they are cleaned and disinfected between uses for each resident. If the items cannot be easily cleaned and disinfected, they should not be shared among residents. 7. If an outbreak occurs, cancel or re-schedule all social/group activities	5. Residents/visitors must be educated and adhere to all PH measures currently in place, wear a mask at all times and ask that anyone with them also wear a mask, maintain hand hygiene, maintain safe physical distancing. Must also ensure safe transportation, where driver and all passengers wear a mask, the vehicle is sanitized and cleaned, and individuals sit as far apart as possible. 6. Discontinue all outings when home is in outbreak.		

Newfoundland and Labrador

A support person is an individual considered by the resident's care team to be paramount to the resident's physical care and mental well-being, and can be a loved one, friend, or paid caregiver. They may provide assistance with feeding, mobility, personal care, communication assistance or assistance with significant behavioural symptoms. Designated visitor(s) can be any person of the resident's choosing. Each resident can identify one designated support person and up to five designated visitors for indoor visits. These six individuals *should* remain constant for the duration of the visiting restrictions, the support person/ designated visitor list can be updated every 14 days if necessary.	1. Up to one FCG can be designated per resident. 2. Not specified. 3. FCG's must perform active screening upon entry to the home. 4. Both. Indoor visits may be inside the resident's room. Where there is not suitable space, a designated area within the home is permitted. 5. Visits must be scheduled with the home. FCG may visit once per day. 6. The FCG will be provided with a mask and is required to wear it for the duration of indoor and outdoor visits. 7. Not specified.	1. General visitors are permitted both indoors and outdoors. 2. Active screening upon entry. 3. Not specified. 4. Visits are to be scheduled with the operator. 5. Physical distancing, masking. 6. Not specified. 7. Not specified. Indoor visits: 1. Inside the residents' room. If a resident does not have a private room, the home must have a separate space designated to support general visits. 2. A maximum of two general visitors are allowed per day indoors. 3. Not specified. 4. Not specified.	Group dining: 1. Not specified. 2. Not specified. 3. Not specified. 4. Not specified. 5. Not specified. 6. Not specified. 7. Not specified. Group activities: 1. Not specified. 2. Not specified. 3. Not specified. 4. Not specified. 5. Not specified. 6. Not specified. 7. Not specified.	1. Resident absences are permitted to access essential services (shopping, banking) or a FCG's home. 2. Not specified. 3. Residents who choose to leave the care home overnight or longer are required to screen daily for 14 days after their return. If community prevalence is low, testing is not required. 4. Residents who display signs or symptoms of COVID-19 are placed in isolation immediately and referred for COVID-19 testing. Residents who display symptoms of any communicable disease prior to returning to the home, will be tested for COVID-19 and may not be permitted to return to the home, except under the advice of the MOH.	A single confirmed case of COVID-19 in a resident is justification to apply outbreak measures in a home.	July 16, 2020: https://www.gov.nl.ca/covid-19/long-term-care-and-community-support-services/resident-absences/ November 25, 2020: Long Term care Infection Prevention & Control COVID-19 Management March 26, 2021: Guidelines for Support Persons/Designated Visitors - COVID-19 June 21, 2021: https://www.gov.nl.ca/covid-19/life-during-covid-19/health-facilities/long-term-care/

Newfoundland and Labrador

		Outdoor visits: 1. Not specified. 2. More than one general visitor can visit at one time outdoors, with a maximum of two general visitors allowed per day outdoors. 3. Residents may receive more than one visitor at a time, but a maximum of two people can visit per day. 4. Physical distancing, masking, homes should have designated visiting spaces with 2 metre markers. Homes are encouraged to have sheltered areas for outdoor visiting.		5. Residents will receive guidance on infection prevention and control measures which should be followed when absent from the home, including hand hygiene, appropriate use of masks, physical distancing, limiting association with large groups of people and best practices while sharing food.		

Nova Scotia

A Designated Caregiver is a family member and/ or support person who has been regularly in the resident's life, supporting their health and well-being prior to the COVID-19 pandemic. They are chosen in partnership between the resident or their substitute decision maker and the home. Some responsibilities of a Designated Caregiver are: helping with movement, feeding, dressing and grooming; helping with communication; supporting a resident's health and happiness; helping a resident with their visits, social time or going to medical/dental appointments off-site. Social Visitors include family members or friends of residents.	1. Up to two FCGs can be designated per resident. 2. No specific requirements. Up to one FCG can visit at a time. 3. Not specified. 4. FCG can visit residents daily. 5. Visits can take place indoors, FCG are also permitted to take loved ones on sightseeing drive. 6. For both indoor and outdoor visits, residents must wear a medical mask. 7. Not specified. 8. If an outbreak is declared, sightseeing drives with FCG's will be cancelled.	1. General visitors are not permitted. Both indoor and outdoor general visits are currently suspended across Nova Scotia.	Group / Communal Dining: 1. Group dining is permitted. 2. Cohorting policy.. Size not specified. 3. Not specified. 4. Physical distiancing between groups should be maintained as much as possible, 5. Not specified. 6. Not specified. 7. If an outbreak is declared, contract between cohorts / floors should be minimized. Group activities: 1. See group / communal dining.	1. Yes, but restricted. Residents may permitted to go off site for walk and site-seeing drives with FCG's. Fully vaccinated residents are allowed to go on walks in public areas but must maintain a physical distance of 2 meters. Residents may go on drives with FCG's permitted that (a) there are not other passengers in the car, and (b) there are no stops or drive through 2. Not specified. 3. Residents returning from medical appointments will be screened. 4. Not specified. 5. Not specified.	Suspect Outbreak: a single resident exhibiting symptoms consistent with COVID-19. Additional control measures outlined below in addition to the suspect outbreak measures are implemented as soon as laboratory confirmation of COVID-19 is received for a resident or staff.	April 6, 2020: https://novascotia.ca/dhw/ccs/documents/COVID-19-Management-in-Long-Term-Care-Facilities-Directive.pdf December 21, 2020: Visiting Your Loved One in Long-Term Care April 28, 2021: Restated order #2 of the Chief Medical Officer of Health Under Section 32 of the Health Protection Act 2004, c. 4, s. 1. May 21, March, 2021: Infection Prevention and Control Guidelines for Long-Term Care settings

Nunavut

Not specified.	1. Nunavut does not have a set visiting policy for long-term care. The territory reassesses the risk level in each region every two weeks and decides what restrictions should be in place. There are three continuing care centres (in Igloolik and Kitikmeot Region) and two elder homes (in Arviat and Iqaluit) in Nunavut. The Territory identifies visitors to long-term care as a medium risk measure. As of June 14, 2021, the following restrictions on visitors apply across regions: - Igloolik: Long term care homes can have a maximum of two visitors from their immediate family - Kitikmeot and Arviat: Long term care homes can have a maximum of two visitors from their immediate family - Iqaluit: Long term care homes can have a maximum of two visitors from their immediate family	**Not specified.**	**Not specified.**	**Not specified.**	**Not specified.**	June 14, 2021: https://www.gov.nu.ca/health/information/nunavuts-path

Nunavut

	2. Not specified. 3. Not specified. 4. Not specified. 5. Masks are mandatory for visitors over the age of four. 6. Not specified. 7. Not specified.					

Northwest Territories

No FCG, general visits, dining, activities, and outing policies specified following COVID-19 vaccination in the NWT.

Ontario

Essential visitors include a person performing essential support services (e.g., food delivery; inspector; maintenance, or health care services). There are two types of essential visitors: (1) support workers who visit to perform essential support services for the home or for a resident at the home (including physicians, nurse practitioners, maintenance workers, and a person delivery food provided they are not employees of the long-term care home as defined in the LTCHA), and (two) essential caregivers who are designated by the resident of their substitute decision-maker and are visiting to provide direct care to the resident (including supporting feeding, mobility, personal hygiene, cognitive stimulation, communication, meaningful connection, relational continuity, and assistance in decision-making).	1. Up to two FCG's per resident can be designated. 2. FCG must verbally attest to that home that they have not visited a resident who is self isolated or visited a portion of the home which is affected by the outbreak in the last 14 days. 3. FCG's are required to provide a negative antigen test on the day of the visit and demonstrate proof that they took an antigen test prior to entry. The home may allow the FCG to enter the residents room with the proper PPE is the test result is pending. 4. Medical masking (indoors), non-medical mask (outdoors), eye protection (within 2 metres of residents, staff, and visitors) 5. A fully immunized resident to have physical contact with their fully immunized FCG(s)	1. General visitors are permitted both indoors and outdoors. Up to two may visit a home at a time. 2. General visitors must present a negative antigen test on the day of visit or demonstrate proof that they received a test that day to gain entry to a home. 3. Not specified. 4. Medical masking (indoors), non-medical mask (outdoors), eye protection (within 2 metres of residents, staff, and visitors) 5. Yes. 6. Fully immunized general visitors may have close contact (for example, holding hands) with residents. Unvaccinated or partially vaccinated general visitors must maintain physical distancing of 2 meters from residents at all times. However, brief hugs are permitted regardless of immunization status. 7. General visits are not permitted during an outbreak.	Group Dining: 1. Group dining is permitted if AVR of 85% among residents and 70% among staff is met. 2. Cohorting policy. Size is restricted to a single unit or floor. 3. Yes. When not eating or drinking, residents should be encouraged to wear a mask where possible or tolerated. 4. 2 meter physical distancing between all diners is to be maintained and capacity limits of the dining room/area are to be reduced. 5. Frequent hand hygiene of residents and staff or essential caregivers or volunteers assisted with feeding should be undertaken 6. Not specified. 7. If an outbreak is declared all non-essential indoor group activities must be suspended until the local public health unit directs otherwise.	1. Yes. Fully immunized residents are permitted to go on social and temporary absences from the home. 2. Individuals must be fully vaccinated. 3. All residents regardless of absence type must actively screen upon returning to the home. 4. Single day absences do not require testing and self-isolation, while overnight absences do. 5. Masking when leaving the home, physical distancing, and hand hygiene.	Suspected outbreak: one single lab-confirmed COVID-19 case in a resident. Confirmed outbreak: two or more lab-confirmed COVID-19 cases in residents and/or staff (or other visitors) in a home with an epidemiological link, within a 14-day period, where at least one case could have reasonably acquired their infection in the home.	March 12, 2021: COVID-19: visiting long-term care homes March 15, 2021: COVID-19: Long-term care home surveillance testing and access to homes May 4, 2021: COVID-19 Directive #3 for Long-Term Care Homes under the Long-Term Care Homes Act, 2007 May 22, 2021: COVID-19 guidance document for long-term care homes in Ontario May 22, 2021: COVID-19: visiting long-term care homes

Ontario

General visitors are persons who are not essential visitors and are visiting to provide non-essential services or for social reasons	6. If a resident is symptomatic or in isolation, a maximum of one FCG can visit at a time indoors.	Indoor visits: 1. When there is a lack of suitable space outdoor or the resident has mobility limitations restricting their ability to participate in an outdoor visit. 2. Up to one general visitor indoors at a time. 3. Not specified. 4. Children under the age of 2 are not counted as visitors. Outdoor visits: 1. Permitted subject to local public health unit. 2. Up to two general visitors at the same time. 3. Not specified. 4. Children under the age of two are not counted as visitors.	Group activities 1. Group activities are permitted. 2. Cohorting policy. residents should be cohorted for indoor activities and events. 3. Masking is required for all residents. 4. Physical distance of 2 metres. 5. Encouraged to avoid high risk activities such as singing. 6. High-touch surfaces should be disinfected between cohorts. 7. If an outbreak is declared all non-essential indoor group activities must be suspended until the local public health unit directs otherwise.			

Prince Edward County

Partners in Care may support Residents with: Companionship; Comfort; Mobility; Feeding; and Socializing Designated Visitors are individuals designated by the resident or resident's guardian to visit the resident primarily for social or other supportive reasons. Designated Visitors may include family and friends	1. Up to three FCG's can be designated per resident. 2. Not specified. All three FCG's may visit at one time. 3. Screened upon entry to the home. 4. Both indoor and outdoor visits are permitted. 5. Visits must occur within the visiting hours of the home, unless specified with staff. 6. Physical distance (2 metres), medical masking, hand hygiene. 7. Not specified. 8. FCG may still visit homes in outbreak or a resident with a suspected or confirmed case of COVID-19.	1. General visitors are permitted both indoors and outdoors. Visits are shaped by AVR. 2. Screening upon entry. 3. Restrictions to indoor general visits are advised if less than 85% of residents are vaccinated. 4. Visit must occur within the specified visiting hours of the home. 5. Physical distancing (2 metres), medical mask inside, perform hand hygiene. 6. Not specified. 7. For general? NOT sure. Indoor visits: 1. When at least 85% of the home's residents are vaccinated. When less than 85% are vaccinated, it is advised that indoor visits be limited to designated areas only. 2. A total of three designated visitors may visit at one time. 3. No restrictions on duration and frequency. 4. Physical distancing, only visit one resident in the facility, visits are limited to designated areas if the visitor has traveled outside PEI over the past 14 days.	Communal / Group Dining: 1. Not specified. 2. Not specified. 3. Not specified. 4. Not specified. 5. Not specified. 6. Not specified. 7. Not specified. Group Activities: 1. Not specified beyond enabling homes to offer indoor church services for residents. 2. Not specified. 3. Not specified. 4. Not specified. 5. Not specified. 6. Not specified. 7. Not specified.	1. Yes, residents may drive in a vehicle with an FCG or stay overnight with a FCG. 2. If 85% resident AVR is not met it is recommended that residents leave the home with general visitors, leave the facility with FCG, or attend public places beyond essential services. 3. Not specified 4. No. Unless traveled outside the province 5. Residents may not have contact with persons beyond FCG, physical distance, medical mask, and avoid public crowds and areas.	In the context of the COVID-19 pandemic, a single laboratory-confirmed case of COVID-19 in a resident or staff member in a LTC defines an outbreak.	April 1, 2021: i9li~iid June, 2020: Prince Edward Island Guidelines for Infection Prevention and Control of COVID-19 in Long Term Care Facilities

Prince Edward County

		Outdoor visits: 1. Permitted at all times, 85% resident AVR not required. 2. Up to three designated visitors at one time. 3. No restrictions. 4. Physical distance, only visit one resident in the facility, visits are limited to designated areas if the visitor has traveled outside PEI over the past 14 days.				

Quebec

Family caregiver: anyone who on a regular or occasionally basis provides support to a member of their close entourage who has a temporary or permanent disability and with whom they share an emotional relationship whether this member is a part of the family or not. In this case, support is provided on a non-professional basis regardless of the ages, living environment or the nature of the disability (physical, psychological, psychosocial or otherwise) of the supported individual. This care can take a variety of forms, for example, helping with personal care, emotional support or coordinating care and services. This means that close and immediate family members must be able to access the living environment of their loved one as for informal caregivers.	1. Number of FCG's per dependent on community risk: - Low: four FCG's per resident, two allowed at one time. - Medium: three FCG's per resident, one allowed at one time. - High: two FCG's per resident, one allowed at a time. 2. Not specified. 3. Active screening upon entry to the home. 4. FCG's may visit more than once per day if scheduled with home. FCG's should be able to determine duration of visit. 5. Both indoor and outdoor visits are permitted. 6. Trained in IPC measures, medical mask worn for indoor and outdoor visits, hand hygiene, physical distance (2 metres from other residents) 7. Not specified 8. Up to one FCG may visit per day if an outbreak is declared.	1. Yes, both. General visit allowances subject to level of community risk: - Low: Max of 5 general visits per day, respecting physical distancing and PPE. - Medium: Max of 5 general visits per day, respecting physical distancing and PPE. - High: Max of 9 general visitors per day, respecting PPE and 2 meters physical distance. 2. Not specified. 3. Not specified. 4. Not specified. 5. Physical distancing (2 metres), hand hygiene, medical masks indoors and outdoors. 6. Not specified. 7. Up to one visitor may visit at a time. Indoor visits: 1. Not specified? 2. Risk dependent: - Low: Maximum of 9 - Medium: Maximum three can visit per day - High: maximum of one visits per day. 3. Not specified. 4. Not specified.	Communal Dining: 1. Communal dining is permitted. 2. Yes. Quebec recommends that homes cohort residents in group of 10-12 who are able to freely interact without physical distancing and wearing a mask. If cohort is not applied, parameters on group dining are risk dependent: - Low: 10 residents per table - Medium: six residents per table - High: four residents per table 3. Not within the same cohort. 4. Not within the same cohort. 5. Not specified. 6. Not specified. 7. Group dining is not permitted if there is a localized outbreak.	Outings and Absences: 1. Yes. External outings and essential appointments are permitted depending on resident conditions. 2. Not specified. 3. Not specified. 4. Not specified. 6. Residents are subject the current provincial health orders on outings.	There are two definitions of an outbreak, one of which depends on the identification of a "nosocomial case", defined as either (1) Laboratory-confirmed case regardless of period since arriving in the midst of care if there is a direct epidemiological link with a laboratory-confirmed case in health care, or (two) case confirmed by epidemiological link regardless of the period since arrival in the care setting if there is a direct epidemiological link with a case confirmed by health care laboratory, or (3) case confirmed by laboratory from day 15 of arrival in the healthcare environment.	January 7, 2021: SRAS-CoV2 : Mesures de prévention et contrôle des infections pour les centres d'hébergement et de soins de longue durée po April 1, 2021: Tableau A : Directives applicables dans tous les CHSLD et dans toutes les RI de 20 places ou plus, ayant un ou des usagers vuln April 8, 2021: Information sheet on measures in force for families and informal or family caregivers whose loved ones reside in a long-term care April 16, 2021: Directives CHSLD May 19, 2021: https://publications.msss.gouv.qc.ca/msss/fichiers/directives-covid/dgapa-001-rev8.pdf

Quebec

General visitor: Anyone who is not a close or immediate family member and who does not fall within the definition of an informal caregiver, and wishes to visit a resident. This may be a person known by the resident with whom the contacts are occasional and not essential to that individual's physical and/ or psychological integrity.		Outdoor visits: 1. Not specified? 2. Risk dependent: - Low: Maximum of 9 visitors per day. - Medium: Maximum 5 can visit per day - High: maximum of 5 visits per day. 3. Not specified. 4. Not specified.	Group Activities. 1. Group activities are permitted. 2. Cohorting policy., Ideally cohorts consist of 10 to 12 residents who are able to freely interact without physical distancing and wearing a mask. 3. Not within the same cohort. 4. Not within the same cohort. 5. Indoor and outdoor walking as long as physical distancing is maintained 6. Residents may share objectives as long as they disinfected after each use. 7. Resident cohorts are not permitted if there is a suspected or confirmed case of COVID-19 among residents within the cohort. Group activities require physical distancing of 2 meters at all times, limiting the number of residents, masking and hand hygiene.		Outbreak: Two nosocomial cases with an epidemiological link occurring during the incubation period of 14 days, OR an epidemiological link is established between two cases when a criterion of time, place or of person is compatible with transmission between these cases.	May 19, 2021: https://publications.msss.gouv.qc.ca/msss/fichiers/directives-covid/dgapa-001-rev8_tableau-a.pdf June 4, 2020: Mesures Palier d'alerte 2 Palier d'alerte 4 Isolement préventif/ Isolement ou en éclosion (au June 15, 2021: https://publications.msss.gouv.qc.ca/msss/document-003063/?&index=directives-covid-19&date=-DESC&sujet=chsld&critere=sujet003063/?&index=directives-covid-19&date=-DESC&sujet=chsld&critere=sujet

Saskatchewan

Designated essential Family/Support Person(s): enhance the care and well-being of their loved ones as they: participate in decision-making with the resident; serve as an essential part of the care team; and assist with unmet quality of life or care needs. Visitors: are not involved in caregiving or decision-making; and; provide a non-essential social visit.	1. All family members or support persons are eligible to visit residents. 2. Family and general visits may occur regardless of a home or resident's vaccination status. 3. Temperature screening upon entry. 4. Up to two family members may visit indoors and up to four outdoors at the same time. 5. Not specified. 6. All family and support persons visiting must continue to follow public health guidelines on masking, physical distancing, hand hygiene, temperature screening, and may be offered a rapid antigen test. 7. Not specified. 8. Restrictions to visiting may be permitted when an outbreak occurs in the home.	1. Yes. Both indoors and outdoors. Up to four visitors indoors and nine outdoors at the same time. 2. Temperature screening upon entry. 3. No. Visits may occur regardless of home or resident vaccination status. 4. Not specified. 5. Everyone must continue with public health measures such as masking, physical distancing, and hand hygiene. 6. Not specified. 7. Restriction may introduce if an outbreak occurs in the community or in the home. Indoor visits: 1. No restrictions. 2. Up to two at a time. 3. Not specified. 4. Not specified. Outdoor visits: 1. No restrictions. Up to two at a time. 2. Not specified. 3. Not specified. 4. Not specified.	Group dining: 1. Group dining is permitted. 2. Yes. Residents are permitted to have 'buddies' for mealtimes who may sit within 3m of each other. 3. Masking required when entering and leaving dining rooms. 4. Beyond resident 'buddies', residents must sit 3m apart. 5. Not specified. 6. All commonly touched items should be removed from the table, along with all communal / self-serve food items. 7. Not specified. Group activities; 1. Not specified. 2. Not specified. 3. Not specified. 4. Not specified. 5. Not specified. 6. Not specified. 7. Not specified.	1. Yes, outings are permitted for residents. 2. Not specified. 3. Yes. Every resident will be required to answer screening questions, offer a COVID-19 test, complete a risk assessment, and determine their exposure upon re-entry into the home. 4. Not required. 5. Residents are required to follow the current public health guidance, wear a mask, use hand sanitizer, and physically distance themselves.	Date not specified Suspected Outbreak: One confirmed case of COVID-19 in a non-household setting* will prompt a public health investigation. Confirmed Outbreak: Two or more people test positive for COVID-19 and are all linked to a specific non-household setting* or event within a specified time period. Non-household settings include but are not limited to long-term care and integrated facilities, personal care homes, and congregate/ communal living settings.	July 12, 2020: https://documentfinder.saskhealthauthority.ca/en/viewer?file=%2fmedia%2f-Policies%2fSHA%2fSHA%20Family%20Presence%20during%20a%20Pandemic%20Policy%20Directive.pdf#phrase=false March 2021 (See Best Practice Guidance for Food Service - Long-Term Care and Seniors' Facilities - (Mitigating Measures for COVID-19): 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 April 22, 2021: Visitor Restrictions Easing For Residents In Care Homes April 22, 2021: https://www.saskhealthauthority.ca/news/service-alerts-emergency-events/covid-19/general-info-health-providers/Documents/Family%20Presence%20and%20Visitor%20Restrictions%20at%20Health%20Care%20Facilities/Huddle-Talk-Vaccination-and-LTC-Family-Presence%20Apr-22-2021.pdf

Saskatchewan

						April 27, 2021: https://www.saskhealthauthority.ca/news/service-alerts-emergency-events/covid-19/general-info-health-providers/Documents/Family%20Presence%20and%20Visitor%20Restrictions%20at%20Health%20Care%20Facilities/FAQs-Vaccination-Rate-and-Family-Presence-in-LTC.pdf Outbreak Definitions: https://www.saskatchewan.ca/government/health-care-administration-and-provider-resources/treatment-procedures-and-guidelines/emerging-public-health-issues/2019-novel-coronavirus/latest-updates/covid-19-active-outbreaks May 2021: 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 June 20, 2021: https://www.saskhealthauthority.ca/news/service-alerts-emergency-events/covid-19/general-info-health-providers/Documents/Family%20Presence%20and%20Visitor%20Restrictions%20at%20Health%20Care%20Facilities/Step%201/FP-LTC-Steps1-3.pdf

Yukon

There are two types of designated essential visitors: end of life essential care visitor; and essential care visitor when staff cannot meet a resident's quality of life or care needs. A general visitor is a visitor who has been named by the resident or substitute decision maker. This person does not need to provide for a specific need within the resident's care plan. Visitors should not change regularly - if there is a need to change visitors, advance discussion should occur with the resident care manager.	1. One designated FCG per resident. 2. No specific requirements. Up to one FCG may visit at a time. Screening and temperature check required. 3. FCG's can visit both inside or outside the home if the resident's essential care needs require their help or presence. Must remain in the resident's room other than for assisting with quality of life or care activities or supporting an outdoor visit. 4. Essential/family caregivers and the resident care manager will establish mutual expectations with frequency and timing of visits in mind. 5. FCG's must continuously wear a medical mask and any other PPE as may be required, practice hand hygiene, and not visit with any other residents. 6. Not specified. 7. In the case of an outbreak, all visits are suspended.	1. Yes, up to four identified general visitors (includes their designated essential/ family caregiver). 2. Screening and temperature check required. 3. Not specified. 4. Not specified (but seems like yes with outdoor visits not currently being scheduled). 5. Must continuously wear a medical mask and any other PPE as may be required, practice hand hygiene. 6. Not specified. 7. In the case of an outbreak, all visits are suspended. Indoor visits: 1. No restrictions on when permitted. 2. Two visitors may visit at the same time if they are from the same household. 3. Not specified. 4. Visitors must remain in the resident's room for the duration of the visit other than for assisting with quality of life or care activities or supporting an outdoor visit. If visiting at the same time, visitors must be from the same household. General visitors cannot be out of territory visitors.	Not specified.	1. Yes, but only essential absences are permitted. It is not recommended that residents leave the home unless absolutely necessary. This includes day and overnight visits in private homes and public settings. If it is essential for a resident to leave the home, details need to be shared with the resident care manager. 2. Not specified. 3. Not specified. 4. Not specified. 5. Not specified.	One or more residents or staff of a long-term care (LTC) home has a lab-confirmed COVID-19 diagnosis, regardless of epidemiological link. If the case of lab-confirmed COVID-19 is in a staff member, that staff member must have been at the LTC home during the period of communicability	July, 2020: COVID–19 Outbreak Guidance for Long-Term Care Homes April 28, 2021: Long-term care visitation guidelines: COVID-19

Yukon

		Outdoor visits: 1. Not being scheduled during winter months. General visitors can accompany residents on outdoor walks as part of an indoor visit. 2. Two visitors may visit at the same time if they are from the same household. 3. Not specified. 4. Screening, masking required, but physical distance of 6 feet not likely to be maintained during a walk.				

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