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NIA Releases Guidance to Support a Risk-Balanced Reopening of Canadian Long-Term Care Homes for Visitors and Family Caregivers

Current LTC visitor policies remain overly restrictive, cause harm to well-being of residents

TORONTO – Today, the NIA released *Finding the Right Balance: An Evidence-Informed Guidance Document to Support the Re-Opening of Canadian Long-Term Care Homes to Family Caregivers and Visitors during the COVID-19 Pandemic*, led by Dr. Nathan Stall, geriatrician and researcher at Sinai Health System and NIA associate fellow, Dr. Allison McGeer, infectious disease specialist at Sinai Health System, and Dr. Samir Sinha, director of health policy research at the NIA.

“As Canadian LTC homes cautiously reopen, emerging provincial and territorial visitor policies are overly restrictive, inequitable and potentially harmful. These policies still largely exclude family caregivers from LTC homes, despite the fact that they are essential partners in care who help to ensure the health and wellbeing of many residents,” said Dr. Stall. “If we do not reintegrate family caregivers into LTC homes, residents will continue to experience severe and potentially irreversible functional and cognitive declines, deteriorations in physical and mental health, and extreme loneliness and social isolation—a more balanced approach is needed now.”

These negative outcomes have raised concerns that the risks associated with ongoing visitor restrictions implemented four months ago in the early stages of the pandemic outweigh the benefits associated with preventing COVID-19 outbreaks in LTC homes and other congregate settings, especially when most jurisdictions in Canada are now seeing low rates of community transmission. The guidance document calls for an inclusive and comprehensive approach. Reopening efforts should be done with the support and input of caregivers, residents, and family councils, as well as from LTC home medical directors, administrators, primary care and specialist providers and public health leadership. A 'balanced' reopening of LTC homes, as well as other congregate settings, will require additional resources including funding for personal protective equipment (PPE) and for addressing chronic staffing shortages to support visitor protocols. Importantly, homes must ensure that existing care resources are not reduced to support this implementation, which could negatively impact resident care, especially for those residents who do not have family caregivers or visitors.

Six core principles have been identified as fundamental to any guidelines being formed:

1. Policies must differentiate between “family caregivers” and “general visitors,” and residents, substitute decision makers and their families should have the authority and autonomy to determine who is essential to support them in their care.
2. Restricted access to visiting must balance the risks of COVID-19 infection with the risks of social isolation to resident health, wellbeing and quality of life.
3. Visitor policies should prioritize equity over equality and be both flexible and compassionate. Whereas equality would mean giving all LTC residents the same access to visitors, equity means giving LTC residents the right amount of access they need to maintain their health and wellbeing.

4. Governments, public health authorities and LTC homes must provide regular, transparent, accessible and evidence-based communication and direction about visitor policies and access.
5. Collect and report robust data related to re-opening LTC homes to family caregivers and general visitors.
6. Establish and provide a mechanism for feedback and a process for rapid appeals.

“There’s no question that a one size fits all approach is not best for anyone,” said Dr. McGeer. “We developed these core principles to guide the creation of flexible policies that effectively mitigate the risk of COVID-19 while making sure residents continue to receive the care they need.”

“If we don’t find the right balance, potentially more residents will end up dying from loneliness and social isolation than from COVID-19, due to the continued lack of access to their family caregivers that often were providing them with substantial assistance prior to the pandemic,” said Dr. Sinha.

These guidelines are part of ongoing work by the NIA addressing the significant challenges in delivering high quality long-term care during COVID-19, most notably the [NIA COVID-19 Tracker](#), all available at: <https://www.nia-ryerson.ca/>.

The National Institute on Ageing is a Ryerson University think tank focused on the realities of Canada’s ageing population.

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Media contact: [Arianne Persaud](#) | 647-966-1302 | Communications and Public Affairs Manager | arianne.persaud@ryerson.ca | Twitter: [@RyersonNIA](#)