The NIA's Recommended 'Titanium Ring' for Protecting Older Canadians in Long-Term Care and Congregate Living Settings





### National Institute on Ageing Guidance Document



### **Suggested Citation:**

National Institute on Ageing. (2021). The NIA's Recommended 'Titanium Ring' for Protecting Older Canadians in Long-Term Care and Congregate Living Settings.

Toronto, ON: National Institute on Ageing Guidance Document.

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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.



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### **Background and Context**

Older Canadians are more likely to die from COVID-19. Their advanced ages and higher likelihood of living with multiple chronic conditions, including dementia, frailty and weaker immune systems, all contribute to their greater risk of death.

There are close to 500,000 Canadians<sup>1</sup> who live in Long-Term Care (LTC) homes, retirement homes and other congregate living LTC settings,<sup>2</sup> with 85% aged 65 years and older.<sup>3</sup> While 0.9% of Canadians live in LTC and congregate living settings, 7%, 32% and 67% of Canadians over 65, 85 and 100 years of age also call these settings home.<sup>4</sup>

The presence of inherent systemic vulnerabilities in Canadian LTC settings, such as living together in close proximity to others and chronic underfunding and staffing issues, creates further risks for those living in these settings. As the NIA has previously noted in its 2019 *Enabling the Future of Long-Term Care in Canada* report,<sup>5</sup> Canada currently spends 30% less of its GDP on the provision of publiclyfunded long-term care (home, community, and residential care services) when compared with other OECD countries.<sup>6</sup>

Many older Canadian homes do not have the space or ability to enforce proper physical distancing measures, especially when they may still be offering three and four-bedded rooms and shared washroom accommodations. Activities are often communal, and many residents receive care from providers who traditionally have been employed on a part-time basis across multiple LTC homes and other settings, further increasing their ability to spread infections like COVID-19 across settings. Furthermore, the inability to maintain strong Infection Prevention and Control (IPAC) measures in these settings can only encourage the transmission of COVID-19 into and throughout a home.

It has become well-understood that COVID-19 can have both early asymptomatic and atypical presentations, and is most likely to enter a home via visitors and care providers infected in the community or by transmitting the virus from one care setting to another. A CDCled study comprehensively examining the first COVID-19 outbreak in a US LTC home in early 2020 reported a hospitalization rate of 55% and a case fatality rate of 34% amongst its residents, demonstrating early how deadly COVID-19 can be in these settings.7 An early Ontario, Canada study further demonstrated that LTC home residents 70 years of age and older were 13 times more likely to die of COVID-19 than people in the same age group living elsewhere in Ontario.8 In June 2020, CIHI in partnership with the NIA demonstrated that 81% of Canada's first wave deaths from COVID-19 occurred in LTC and congregate settings, nearly twice the international OECD average

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of 38%.9 Furthermore the NIA Long-Term Care COVID-19 Tracker Open Data Working Group has shown that Canada's COVID-19 Case Fatality Rate amongst residents in these settings was 38% in July 2020, where the risk of dying from COVID-19 is 74 times greater than amongst older community-dwelling Canadians 65 years of age and older. While Canada's COVID-19 Case Fatality Rate amongst residents in these settings has now come down to 26% in February 2021, deaths in these settings still represent 70% of Canada's more than 20,000 COVID-19 deaths.

The term 'Iron Ring' became popularized in Ontario during the first wave of COVID-19 infections to indicate the collective actions that the province would take to protect residents of LTC and retirement homes. Through the leadership of Dr. Samir Sinha, the NIA's Director of Health Policy Research, the NIA has been keeping abreast of rapidly emerging international evidence on how best to prevent and manage the introduction and spread of COVID-19 amongst residents, care providers and family caregivers in these settings. This effort positioned the NIA to quickly provide governments, LTC providers, and the public evidence-based recommendations and advice that could be swiftly and effectively implemented to better inform policies and strategies to address COVID-19. The NIA's overall "Iron Ring" guidance is being continually updated as the evidence-base around

COVID-19 evolves to further inform expert interpretations. Furthermore, the NIA will continually provide updates on how Canada's provincial, territorial and federal governments and their respective agencies like the Public Health Agency of Canada remain aligned with the NIA's recommended best practices for the duration of this pandemic.

In late March 2020, the NIA released its first edition of its 'Iron Ring' Guidance for Protecting Older Canadians in Long-Term Care and Congregate Living Settings. This guidance synthesized rapidly emerging international evidence at that time on how to prevent and manage the introduction and spread of COVID-19 in LTC and retirement settings.

The NIA originally recommended five evidence-based measures to prevent and manage COVID-19 in these settings; a) Restricting all Non-Essential Visitors, b) Limiting Care Providers from Working in Multiple Care Settings, c) All Care Providers **Should Wear Appropriate Protective** Equipment, d) Strong Infection Prevention and Control Procedures for Staff and Residents, e) Flexible Admission and Discharge Policies. The NIA has continually monitored the uptake of its recommended 'Iron Ring' guidance for LTC and congregate living settings across Canada. A second edition of the NIA's updated 'Iron Ring' guidance was published in July 2020 as evidence around the management

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of COVID-19 in these settings evolved towards the conclusion of Canada's first wave of COVID-19 infections.

This February 2021 update marks the third edition of the NIA's 'Iron Ring' guidance around the peak of Canada's current second wave of COVID-19 infections. This third iteration has been greatly expanded and to distinguish its stronger and more fulsome guidance from that of its previous editions, we have decided to rename it our "Titanium Ring" guidance for the duration of this pandemic. In response to the rapidly evolving evidence and policy landscape across Canada, the NIA has identified a number of additional evidence-based measures to better manage COVID-19 within LTC settings. These additional measures include implementing:

- a. Enhanced Staffing Policies
- b. Designated Onsite IPAC Support
- c. De-Crowding Policies.

Furthermore, in alignment with the NIA's Finding the Right Balance: An Evidence-Informed Guidance Document to Support the Re-Opening of the Canadian LTC Homes to Family Caregivers During the COVID-19 Pandemic, this 'Titanium Ring' update includes an analysis of the evolving provincial and territorial guidance related to enabling the presence of Family Caregivers and General Visitors in LTC settings.

Finally, in anticipation of the arrival of its first approved COVID-19 vaccines in December 2020, Canada's National Advisory Committee on Immunization (NACI) issued guidance emphasizing the need to prioritize vaccinating Canada's LTC and Congregate Setting Residents and Staff.

This document helps to outline the prioritization of LTC residents, staff, and family caregivers in Canada's provincial and territorial COVID-19 vaccination strategies.

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### NIA Current Guidance Recommendations as of February 2021

### 1. Enable Family Presence in a Safe and Effective Way While Restricting all Non-Essential Visits

Given the growing prevalence and likely persistence of community transmission in Canada, a key early way to prevent the entry of COVID-19 into LTC settings was to prohibit non-essential visitors from entering a home. While it is arguable that most if not all visits from family and friends are important to the overall health and well-being of residents, as community transmission was rising quickly, the risk that these visitors could inadvertently introduce the virus into a home became greater as well.

Between March and April 2020 when outbreaks and deaths intensified in Canadian LTC homes, homes across the country began to impose strict "no visitor" policies as part of their IPAC strategies. 11,12 These policies still did allow visitors for residents but only when deemed to be "essential", which, in addition to paid care providers, could often include a family member visiting under only exceptional circumstances, such as to visit a loved one who is receiving end-of-life care or needed other specific forms of care and support. Any care provider or other visitor being allowed to enter a home should be

actively screened for signs, symptoms or for potentially being at high-risk of exposure. Anyone who does not pass this level of screening should not be permitted to enter the home. While this early recommendation was seen as critical to help stop the early spread of COVID-19, staff and family members of residents were being encouraged to look for safe ways of engaging with residents to prevent undue social isolation that could result from a lack of on-site family presences and visitors. Technology, such as tablets, can be used to communicate to residents. Homes and families quickly became creative in finding ways to visit residents such as through the use of window-visits. However, it was soon realized that lack of in-person contact was having unintended consequences on the health and well-being of residents due to increased loneliness and isolation.

During the summer of 2020, as the community prevalence of COVID-19 continued to decrease in Canada, and regions across the country progress with phased re-openings, experts and advocates grew increasingly concerned that visitation policies and family caregiver access to long-term care settings remained overly restrictive and may be causing harm to residents.<sup>13</sup> Thus, provinces and territories tried to develop

and implement risk-mitigated guidance to support the re-opening of Canadian long-term care and retirement homes to essential family caregivers and visitors.<sup>14</sup>

The importance of implementing family presence policies into LTC homes for the health and well-being of residents cannot be overstated. Incorporating family presence is recognized as a risk-based approach, and when implemented in a safe context where the necessary protections such as strong IPAC, staff and visitor testing, and mandatory masking are in place, it can positively impact LTC home residents. Many provinces and territories have been enabling family caregivers and visitors to provide much needed contact, support, and care to residents in order to maintain their health and wellbeing as the COVID-19 pandemic progressed. This February 2021 edition of the 'Titanium Ring' tracks provincial and territorial guidelines pertaining to family presence and general visitors in LTC homes. The family presence guidelines include the number of designated caregivers allowed per resident, while the general visitor guidelines aim to capture the evolution of them over from the first wave (March to August 31st) and the second wave September 1<sup>st</sup> onwards).

In late spring and early summer 2020, provinces and territories began to loosen general visitor restrictions across LTC settings. Provinces and territories allowing normal general visitors during this time included Alberta, British Columbia, Manitoba, Newfoundland, Nova Scotia,

Quebec and the Northwest Territories.

Additionally, four provinces; New Brunswick,
Ontario, Saskatchewan allowed general
visits to take place outdoors only. While two
territories, Nunavut and the Yukon did not
permit general visitors during this period.

During summer 2020, provinces and territories began providing guidance pertaining to family and essential caregivers for residents. Differences arose in the *number* of designated family or essential caregivers allowed per resident. Provinces and territories allowing one family or essential caregiver per resident included Newfoundland, Nova Scotia, Northwest Territories, and Ontario. While Alberta, New Brunswick, Quebec, Saskatchewan, the Yukon, and Manitoba allowed more than one per resident.

Entering the late summer and fall, many provinces and territories reintroduced general visitor restrictions and limitations. Provinces and territories including Alberta, British Columbia, Manitoba, Ontario, Quebec, and the Yukon allow a limited number of visitors depending on the COVID-19 risk level. Specifically, Ontario, Manitoba, and Quebec impose more restrictive general visitor policies depending on the current COVID-19 risk level specified in the LTC home jurisdiction. During the same time period, Prince Edward Island and the Yukon had no visitor restrictions to LTC homes.

As COVID-19 cases across Canada rapidly increased during the late fall and winter, general visitor bans to LTC homes began to be implemented across Canada. Provinces

and territories implementing general visitor restrictions during this time include the Yukon, Saskatchewan, Quebec (risk dependent), Ontario (risk dependent), Nunavut, Northwest Territories, Nova Scotia, Newfoundland, Manitoba (risk dependent), and Alberta. However, while general visitors were prohibited, visits would still be supported under extenuating circumstances such as end of life or change in health status. Moreover, the NIA defines jurisdictions as having general visitor bans that are 'risk dependent' if the extent to which these measures apply varies depending on preestablished criteria that determine the severity of public health restrictions for COVID-19 in general. For example, Ontario uses its COVID-19 Response Framework, designating five zones of public health measures: prevent; project; restrict; control; and lockdown. On the other hand, guidelines for British Columbia allow for one general visitor per resident, while Prince Edward Island allows for two.

In addition to greater visitor restrictions across Canada in the late fall and winter months, some provinces and territories changed the number of family and essential visitors designated per resident. Nova Scotia and the Northwest Territories increased the number of designated family and essential visitors during this time period. While Prince Edward Island, Saskatchewan, and the Yukon decreased the number of designated family and essential visitors from two to one per LTC resident.

# 2. Ensure Sufficient and Safe Staffing in Care Settings to Enable Care Providers from Working in Multiple Care Settings

Staff working in more than one care setting (i.e. another LTC or retirement home) should be identified and efforts should be made to limit its occurrence. Limiting staff to only working in one home can effectively limit the spread of COVID-19 between care settings. Implementing this recommendation, however, is easier said than done. Many care providers working in these settings have not traditionally been offered full-time roles with comprehensive benefits such as sufficient paid sick leave. This incentivizes care providers to work multiple jobs across multiple homes (including through staffing agencies), in order to piece together a full-time wage. This sector has traditionally paid its care providers significantly lower wages compared to their counterparts in hospital settings. These are some of the reasons why there is high staffing turnover in this sector and why the majority of care settings in this sector have struggled with chronic staffing shortages pre-dating the pandemic. Thus, effectively enabling staff from working in multiple settings means that several issues must be simultaneously addressed, including top-ups on pay for staff who would otherwise suffer a decline in their income if they were limited to working in one home that could not offer them full-time employment.

In response to the PHAC guidelines suggesting that staff be limited to working in a single care home, the NIA has tracked evolving provincial policies and efforts to strengthen existing LTC workforces and staffing supports. This includes, but is not limited to, provincial and territorial policies aimed at recruiting more LTC staff, and increasing the wages and benefits for current and future LTC staff.

In alignment with PHAC's April 8th Guidelines, all Canadian provinces and territories except for Nunavut and the Yukon have issued an order to restrict staff from working across multiple LTC homes. However, this recommendation came with many external implications, as many LTC care providers have traditionally relied on staff working across multiple homes on a part-time basis to piece together a full-time salary but with limited overall benefits such as ample paid sick days. The NIA has thus further examined provincial and territorial policy responses aimed at better addressing these issues.

The NIA found three provinces; British Columbia, Quebec, and Ontario, have introduced specific staffing recruitment initiatives and pay increases aimed at countering the issues caused by restricting staff to work at a single LTC home as well as chronic understaffing issues that were only exacerbated during the first wave of the pandemic.

British Columbia took the boldest step in announcing in March 2020 that all LTC care workers would be paid the same wage rates and benefits such as paid sick leave as those in collective agreements with the Public Health Authority. Furthermore, all care providers would be offered full-time employment with their accompanying benefits as well. Additionally, in September, British Columbia announced it would be hiring an additional 7,000 personal care workers to better staff its LTC homes.

In June 2020, Quebec announced a plan to hire 10,000 LTC care assistants by the end of the fall. The plan offered successful applicants a 12-week training program, with a \$760 scholarship, and guaranteed a minimum salary of \$49,000 per year. As of October 2020, Quebec successfully trained and hired 7,100 new care assistants for its LTC homes.<sup>15</sup>

In the Spring 2020, Ontario announced a \$4 per hour pandemic pay wage enhancement for all of its frontline LTC workers that would last until July 2020. In September 2020, Ontario released a plan to recruit, retain, and support additional Personal Support Workers (PSWs). Its plan included a \$5,000 reimbursement for new PSW's training costs in return for a six-month working commitment. It remains unclear how many new PSWs have been recruited through this mechanism. Ontario followed this up with a \$3 per hour temporary wage increase for PSWs in October 2020 that would last until March 2021. Finally, in December 2020, Ontario announced that it would spend up to \$1.9B a year to help raise the direct hours of care

being provided to residents in long-term care homes from 2 hours and 45 minutes to 4 hours by 2024-25 by eventually hiring an additional 27,000 frontline LTC workers, although they only anticipated that they would be able to increase the amount of care being provided per resident per day by 15 minutes by 2022.

# 3. Ensure All Care Providers and Visitors Have Access to and Are Wearing Appropriate Personal Protective Equipment

It is recommended that all care providers and visitors in a LTC settings wear surgical masks and other appropriate protective equipment, given the high rates of community transmission, the early asymptomatic spread that can occur with COVID-19 between individuals, and a lower likelihood that older residents will display the typical signs and symptoms of a COVID-19 infection. Wearing a mask can particularly help to prevent or limit the early transmission of the virus from care providers to residents or to other care providers.

The majority of provinces and territories introduced mandatory masking for LTC residents, staff and visitors in the Spring 2020. Both Saskatchewan and the North West Territories introduced mandatory masking policies in December and September 2020 respectively. Meanwhile, Nunavut and the Yukon have not specified masking requirements for its staff.

# 4. Ensure Strong Infection Prevention and Control (IPAC) Policies and On-Site Practices, including Screening and Testing Procedures that are Inclusive of Residents and Staff that May be Asymptomatic or Have Atypical Presentations.

Strong Infection Prevention and Control (IPAC) policies are necessary to protect residents and staff in Canada's LTC and congregate settings. Screening and testing guidance for LTC needs to properly reflect the emerging evidence of asymptomatic presentation of COVID-19, with a focus on the complications that arise with dementia. The CDC reports rates of asymptomatic presentations in upwards of 50% to 75% of residents who test positive for COVID-19 in these settings, 16,17,18 along with similar rates of dementia that could further limit the ability of many residents to identify and report symptoms.<sup>19</sup> As COVID-19 vaccination efforts are still underway, and a growing number of cases and outbreaks are being linked to new more contagious COVID-19 variants, there needs to be a lower threshold than a typical symptomatic presentation to require testing for a possible index case, or in the immediate testing of potential contacts related to an index case. Moreover, as care providers might enter a home being asymptomatic, they should continuously self-monitor for any symptoms, while LTC home residents should be screened twice daily.

Also, standard hygiene practices should continue, including regular hand washing and physical distancing, where possible.

Since the NIA's July 2020 'Iron Ring'
Guidance, a number of provinces have
either introduced or updated their IPAC
policies to better prevent and limit the
spread of COVID-19 in LTC and other
congregate settings. Every jurisdiction
other than the Yukon now provides detailed
guidance on IPAC policies for LTC settings.
In addition, more than half of Canada's
provinces (B.C., Alberta, Manitoba, New
Brunswick, Nova Scotia, and Ontario)
now require testing for atypical or mild
presentations of COVID-19.

Overall, however, there remain significant deficiencies in the provision of IPAC expertise and accountability for maintaining IPAC standards across LTC settings. Adherence to evidence-based IPAC measures depends on there being sufficient support for effective training and compliance monitoring. Yet, currently, inadequate time and resources are often devoted to IPAC measures in LTC homes. The NIA found only two provinces -Ontario and Quebec - with requirements for having designated IPAC staff in LTC settings. Moreover, Quebec appears to be the only province that has taken additional steps after the first wave to ensure homes are both proactively implementing IPAC measures and continuously monitoring their compliance with proper protocols. In Ontario, all LTC homes are required by provincial legislation to have an IPAC lead

and team responsible for coordinating and implementing an IPAC program. However, there is no requirement for the IPAC lead or staff to hold a full-time position dedicated to performing IPAC duties, to be on-site every day, or to have formal IPAC training. Thus, despite calls for providing enhanced IPAC staffing from several Ontario LTC associations as well as Ontario's own Long-Term Care COVID-19 Commission,<sup>20</sup> dedicated home-based IPAC specialists and teams who can provide continuous training and compliance support remain not as readily available across the province's LTC homes.

On the other hand, in Quebec, every CHSLD is now required to have an IPAC manager and trained IPAC staff on site who are responsible for ensuring IPAC best practices are complied with at all times. Quebec's Ministry of Health and Social Services released a directive outlining these guidelines in October 2020.<sup>21</sup> Retirement homes in Quebec are also subject to new IPAC guidelines, albeit ones that are less strict. Every RPA in Quebec must have employees identified for IPAC purposes, but the guidelines only specify that there must be either an IPAC Manager or IPAC staff, rather than both like in the case of its CHSLDs, and there is no mention of a requirement that they must be on-site. Quebec's IPAC guidelines for retirement homes were also issued later than those for its LTC homes, with the Ministry releasing its directive in December 2020.<sup>22</sup>

## 5. Develop Supportive and Flexible Admission and Discharge Policies for LTC Settings

In some regions, traditional admission and discharge policies penalize residents and families who decline a placement offer or seek to return to a former care setting after a prolonged absence. Residents and families should be given the flexibility to defer a placement offer, or leave and return quickly to their care setting if they feel that would be the best to support their overall health and well-being. As the COVID-19 pandemic required that in-person visits be prohibited for at least four months in some cases at the outset of the pandemic, and with some families at home now more able to provide for the care needs of their loved one, and the growing concern that living in these care settings confers a higher risk of contracting COVID-19, more flexible admission and discharge policies should be implemented. Researchers at the NIA, the Ottawa Hospital, and the University of Ottawa created guides for families to use to help determine if they can safely remove a loved one from a home, and what they need to consider in order to provide care at home. The guides are accessible here.

### 6. Consider Frequent LTC Staff and Visitor Testing to Reduce the Risk of COVID-19 Exposure Amongst LTC Residents

sufficient and frequent testing for COVID-19 is one of the most effective strategies for mitigating and controlling risk in LTC homes. Ensuring that individuals who frequently come into contact with LTC home residents, both LTC staff and designated essential family caregivers are required to regularly test for COVID-19 greatly reduces the probability of transmission of COVID-19 into LTC facilities. This not only helps to ensure the safety of care provided to residents, but also enables improved resident well-being and health by ensuring continuous care and family presence in LTC homes.

Quebec has explicitly prohibited its LTC and retirement homes from imposing requirements for presenting a negative COVID-19 test as a precondition for essential family caregivers to visit residents in these homes.

Ontario is the only province or territory specifying staff, visitor and family caregiver asymptomatic testing requirements. In June 2020, Ontario announced that it would introduce (non-mandatory) twicemonthly asymptomatic testing for all LTC staff. Essential workers, agency staff and LTC inspectors were exempted from this requirement.

Furthermore, all visitors and family caregivers would need to present a negative COVID-19 test result from within the preceding 14 days upon entry to an LTC home. In July, general visitors no longer needed to present negative COVID-19 tests. However, mandatory testing was continued for all staff and residents, and is currently still in place but on a weekly basis in orange, red and grey (lockdown) regions. In January 2021, to enhance its overall testing capacity, Ontario announced that it plans to implement three times weekly antigen testing for its LTC staff and family caregivers beginning in February 2021.<sup>23</sup> This method aligns with recent federal government expert guidance suggesting that more frequent antigen testing in these settings may be a better way to identify possible infections early among staff.<sup>24</sup> Many LTC homes are raising concerns about the feasibility for them to implement this new testing method when many indicate that it will require even more frontline staffing resources that they currently do not have to lead this level of on-site testing.

While other provinces are considering asymptomatic testing strategies in their LTC settings, the NIA remains of the view that essential family caregivers should not face more stringent testing requirements than staff.

# 7. Mandate De-Crowding Policies in LTC Setting to Limit the Number of Residents Per Room and Minimize the Exposure and Spread of COVID-19

The de-crowding of LTC homes has also been recommended as a potential mechanism to reduce the transmission between LTC home residents, staff, and essential caregivers. In May 2020, the Science Advisory Table for COVID-19 in Ontario recommended that LTC homes be de-crowded by disallowing three and four person rooms, and only allowing two residents in a shared room at a time. This strategy would significantly reduce contact among LTC residents, staff, caregivers, and visitors, reducing the potential for COVID-19 infection and spread. Ontario adopted this recommendation, in June 2020, stating "at any time, there should not be more than two (2) residents placed per room, including 3 or 4 bed ward rooms". 25 So far Ontario is the only province or territory that has formally adopted this recommendation.

# 8. Prioritize LTC Residents, Staff, and Essential Caregivers for Immunization Against COVID-19 Will Greatly Reduce Virus-Related Deaths. COVID-19 Immunization will greatly reduce the transmission and deaths from the virus.

The federal government has approved COVID-19 vaccines and negotiated agreements to secure vaccine doses for Canadians. The provincial and territorial governments are responsible for deciding who gets vaccinated and when. As of January 2021, each province and territory has released a vaccine implementation strategy. The National Advisory Committee on Immunization (NACI) released COVID-19 vaccination prioritization guidelines as early as November 2020 which outlined its suggested priority populations for vaccination. The guidelines include both LTC residents and staff, but do not specifically include family caregivers. The majority of provinces and territories have adopted the NACI recommendations, thus not including essential and family caregivers of LTC residents in their 'priority populations'. However, five provinces; British Columbia, Newfoundland, Nova Scotia, Ontario and Prince Edward Island do include essential/family caregivers in their priority vaccination populations. All provinces/territories are trying to vaccinate their defined long-term care populations by February 2021.

The NIA agrees that residents and staff in LTC and retirement homes should undoubtedly be prioritized for early vaccination. COVID-19 has had a devastating impact on Canada's LTC and retirement homes, accounting for over 14,000 of Canada's deaths reported since the onset of the pandemic.

Residents in LTC and Retirement homes settings should be receiving initial vaccine doses as soon as they become available given that they are more susceptible to serious infection once exposed to COVID-19, and the congregate nature of these settings facilitates rapid spread of the virus.

Staff should also be prioritized to potentially lower their risk of inadvertently introducing COVID-19 into LTC homes and minimize the disproportionate burden faced by LTC staff who have become sick and died from COVID-19 during the pandemic.

Finally, while residents and staff in LTC homes have been identified as a priority in most provinces and territories, vaccination efforts could have been quicker in jurisdictions such as Ontario given the slow speed of their vaccine rollouts thus far. In other provinces, retirement home populations have not been given the same level of priority and will have to wait until the general population is invited to be vaccinated.

In addition to LTC and retirement home residents and staff, the NIA strongly supports that essential family caregivers are included as a priority population for COVID-19 vaccination. Family and essential caregivers provide critical support to residents of LTC homes, playing an important role in their overall health and well-being. Vaccinating essential family caregivers will not only help better balance resident safety and well-being, but may also reduce the enormous burden placed on LTC staff during the remainder pandemic.



### First Wave vs. Second Wave: Where are We Now?

Throughout the pandemic, the NIA has been tracking the spread of COVID-19 in long-term homes across Canada. Our data as presented in Table 1 below, show that during the first wave between March 2020 and August 2020, we saw 1,236 (21%) of Canada's 6,029 LTC and retirement homes experience outbreaks. We are now in the second wave, which is proving to be even deadlier than the first. As of February 15, 2021, 2,607 (43%) of Canada's 6,029 LTC and retirement homes have experienced outbreaks. This represents 1,371 (23%) new homes experiencing outbreaks during the second wave between September 2020 to February 15, 2021. While Table 1 shows the first Wave vs second Wave data, Table 2 presents the cumulative data on COVID-19 outbreaks, cases and deaths amongst residents and staff in LTC and retirement homes across Canada as of February 15, 2021. The increase in LTC home related COVID-19 outbreaks, cases and deaths during Canada's second wave further emphasizes the importance of comprehensively implementing the NIA's 'Titanium Ring' guidance.

During the first wave between March and August 2020, there were a total of 7,323 resident deaths, with a resident case fatality rate of approximately 35%. As of February 15, 2021 there have been a total of 14,548 resident deaths, with a resident case fatality rate of around 27%.

This represents 7,225 deaths being added during the second wave thus far.

Certain provinces dealt with a relatively minor number of outbreaks during the first wave, including Manitoba and Saskatchewan, due to their low rates of community transmission. From March to August 2020, 6 Manitoba and 4 Saskatchewan LTC and retirement homes had experienced COVID-19 outbreaks, respectively. As of February 15, 2021, 86 Manitoba and 100 Saskatchewan LTC and retirement homes have now experienced outbreaks, representing a large increase in the number of outbreaks occurring in these provinces during their second wave.

On the other hand, 588 Quebec homes experienced outbreaks during the first wave from March to August 2020. But during its second wave, it fared better relative to the first wave with 451 additional outbreaks as of February 15, 2021 and fewer deaths overall. Overall, Quebec, which had the worst performance of any province during the first wave, has done far better than provinces like Alberta, BC, Manitoba, Ontario and Saskatchewan whose LTC and retirement homes experienced much worse outcomes during their second waves. In provinces such as Ontario, Alberta and BC, which were hit hard during the first wave, the second wave of COVID-19 has again had a devastating impact on its LTC and

retirement homes. From March to August 2020, 479 Ontario, 96 Alberta, and 46 BC LTC and retirement homes experienced outbreaks. As of February 15, 2021, an additional 408 Ontario, 215 Alberta and 110 BC LTC and retirement homes have faced new COVID-19 outbreaks, where total deaths due to COVID-19 have also been higher in these jurisdictions than during their first waves.

Finally, Newfoundland, Nova Scotia and PEI have stood out as provinces that have not experienced a single LTC outbreak during the second wave, especially Nova Scotia which had a devastating first wave that affected 13 of its LTC and retirement homes and led to 57 total resident deaths and 88% of that province's deaths to date.





Table 1. The NIA's Long-Term COVID-19 Tracker First Wave and Second Wave Data on LTC and Retirement Home Outbreaks as of February 15, 2021

Canadian Jurisdiction	Total Number of Homes	Total Numbo Affe	er of Homes cted	Total Number of R (Resident Case Fa			r of Resident ses	Total Numbe	r of Staff Cases	Total Numb Dea	
		First Wave	Second Wave*	First Wave	Second Wave*	First Wave	Second Wave*	First Wave	Second Wave*	First Wave	Second Wave*
QC	2,215	588	451	4,902 (38%)**	2,814 (26%)	13,012***	13,535****	7,850****	Unknown****	8	4
ON	1,396	479	408	2,072 (31%)	2,225 (21%)	6,716	10,380	3,445	7,925	8	3
AB	578	96	215	165 (27%)	1,057 (21%)	603	4,983	500	3,685	0	5
BC	392	46	110	120 (34%)	567 (28%)	357	2,041	226	1,259	0	0
NS	134	13	0	57 (22%)	0	259	0	133	0	0	0
SK	402	4	96	2 (50%)	84 (21%)	4	402	4	230	0	0
MB	261	6	80	3 (50%)	465 (28%)	6	1,653	8	805	0	0
NL	125	1	0	0	0	1	0	0	0	0	0
NB	468	2	11	2 (13%)	13 (12%)	16	109	10	73	0	0
PEI	39	1	0	0	0	0	0	1	0	0	0
YT	5	0	0	0	0	0	0	0	0	0	0
NWT	9	0	0	0	0	0	0	0	0	0	0
NU	5	0	0	0	0	0	0	0	0	0	0
CANADA	6,029	1,236	1,371	7,323 (35%)	7,225 (22%)	20,974	33,103	10,406****	15,749****	16	12

Disclaimer: This table was generated with raw data that has not undergone cleaning at this point. Any future analysis with this data may result in different conclusions or results. Alberta data has been updated and any numbers in previous reports should be disregarded.

<sup>\*</sup> Second Wave began September 1, 2020 and was not concluded as of February 15, 2021

<sup>\*\*</sup> The case-fatality rate is likely an overestimation as the number of resident cases included are up to July 27, 2020, while the resident deaths included are up to August 31, 2020.

<sup>\*\*\*</sup> This number is likely an underestimation as it comes from a recent report<sup>27</sup> that included data from March 1 to July 27, 2020.

<sup>\*\*\*\*</sup> This number is likely an underestimation and will be updated when formal numbers become available.

<sup>\*\*\*\*\*</sup> Quebec's staff case numbers are not readily reported and therefore what is presented are likely significant underestimates of their actual staff case counts. First wave counts are estimated based on a recent report from INSPQ<sup>26</sup> and second wave counts are currently unavailable.



### Table 2. The NIA's Long-Term Care COVID-19 Tracker Data\* on LTC and Retirement Home Outbreaks as of February 15, 2021

Canadian Jurisdiction	Total Number of Cases	Total Number of Deaths	Total Number of LTC and Retirement Homes	Total Number of Homes Affected	% of Homes Affected	Total Number of Resident Cases	Total Number of Staff Cases	% Staff + Resident Cases out of Total Cases	Total Number of Resident Deaths	Total Number of Staff Deaths	% Staff + Resident Deaths out of Total Deaths	Resident Case Fatality Rate %
QC	278,187	10,246	2,215	1,039	47%	26,547	7,850**	12%	7,716	12	75%	29%
ON	290,965	6,679	1,396	887	64%	17,096	11,370	10%	4,297	11	65%	25%
AB	129,197	1,862	578	311	54%	5,586	4,185	8%	1,222	5	66%	22%
BC	72,750	1,288	392	156	40%	2,398	1,485	5%	687	0	53%	29%
NS	1,594	65	134	13	10%	259	133	25%	57	0	88%	22%
SK	26,693	354	402	100	25%	406	234	2%	86	0	24%	21%
MB	30,766	872	261	86	33%	1,659	813	8%	468	0	54%	28%
NL	704	4	125	1	1%	1	0	<1%	0	0	0	N/A
NB	1,401	23	468	13	3%	125	83	15%	15	0	65%	18%
PEI	114	0	39	1	3%	0	1	1%	0	0	0	N/A
YT	72	1	5	0	0	0	0	0	0	0	0	N/A
NWT	43	0	9	0	0	0	0	0	0	0	0	N/A
NU	318	2	5	0	0	0	0	0	0	0	0	N/A
CANADA	832,817	21,396	6,029	2,607	43%	54,077	26,155**	10%	14,548	28	68%	27%

<sup>\*</sup>Up to date NIA LTC COVID-19 Tracker Data is available at <a href="https://ltc-covid19-tracker.ca">https://ltc-covid19-tracker.ca</a>.

Disclaimer: Alberta data has been updated and any numbers in previous reports should be disregarded.

<sup>\*\*</sup>Quebec's staff case numbers are not readily reported and therefore what is presented are likely significant underestimates of their actual staff case counts. First wave counts are estimated based on a recent report from INSPQ<sup>26</sup> and second wave counts are currently unavailable.



### Monitoring the Uptake of the NIA's 'Titanium Ring' Guidance for LTC and Congregate Care Settings Across Canada

First Issued March 27, 2020 and Updated as of February 1, 2021

**Legend:** ✓ = Implemented **R** = Recommended

Province/ Territory	Family and Designated Caregiver Policies	General Visitor Policies	Policies to Enable Care Providers from Working in Multiple Care Settings	Universal Masking Policies	Appropriate Infection Prevention and Control (IPAC) Policies On-Site Designated IPAC Staff	LTC Staff/ Visitor Testing Policies	Supportive and Flexible Admission and Discharge Policies	Additional Measures – De-Crowding Policies Enhanced Staffing Policies	Vaccination Policies with Initial Prioritization for:  1. LTC Home Residents 2. LTC Home Staff 3. Designated/ Essential Family Caregivers	Dates and link(s) to guideline(s)/ directive(s) or source(s)
Federal Guidelines	<b>R</b> April 8, 2020	Not Specified	<b>R</b> April 8, 2020	<b>R</b> April 8, 2020	<b>R</b> April 8, 2020	<b>R</b> January 27, 2021	Not Specified	Not Specified	<b>R</b> November 3, 2020	April 8, 2020: https://www.canada.ca/ en/public-health/services/ diseases/2019-novel- coronavirus-infection/prevent- control-covid-19-long-term-care- homes.html#a  January 27, 2021: https://www.canada.ca/en/ health-canada/services/ drugs-health-products/covid19- industry/medical-devices/ testing-screening-advisory- panel/reports-summaries/ priority-strategies.html

#### **Alberta**



March 20, 2020

Alberta supports residents to designate an essential visitor; essential visitors also decide the other visitors permitted to visit dying residents (one per resident at a time).

April 7, 2020

Designated essential visitors are further defined as providing care needs that would otherwise be unmet.

April 28, 2020

Designated essential visitors are redefined as providing quality of life and/or care needs that would otherwise be unmet. Temporary replacement of designated visitors is supported.

March 20, 2020

Non-designated visitors are supported only when residents are dying.

To be 2020

April 28, 2020

Non-designated visitors are supported for outdoor visits (as well as when a resident is dying).

**√** 

July 16, 2020

Effective July 23, 2020, up to four social visitors are supported per resident outdoors. Non-designated visitors are also supported indoors in extenuating circumstances (end of life, change in health status, pressing circumstances) or in the case of indoor social visits, if the site's risk tolerance assessment allows.

Announced on April 10, 2020

To be effective as of April 23, 2020

September 3, 2020

Single site policy still in place.

When an outbreak is confirmed, staff are limited to working at single facility.

**✓**July 16, 2021

an outbreak.

as of April 23,

Staff restricted to

one designated

living (DSL) or

long-term care

(LTC) site. All

supportive

supportive

other licensed

living site staff

(including group

homes, private

living, lodges)

are restricted to

one site during

supportive

2020

Announced on April 10, 2020 April 28, 2020
To be effective

If there is a new confirmed outbreak, all residents and staff must be tested for COVID-19

May 25, 2020

Anyone entering the site must be screened each time they enter, including a) Temperature screening, and b) COVID-19 questionnaire Not Specified

Announced April 28, 2020

May 25, 2020

People will continue to move into and transfer between facilities in the usual way. If the site is under investigation, the operator should consult with AHS Zone Medical Officer of Health.

December 2, 2020

All LTC staff and residents of LTC, regardless of age are to be vaccinated in PHASE 1A: January 2021

Designated or Essential Family Caregivers not included in initial vaccination priority populations. March 20, 2020: https://open.alberta.ca/ dataset/96e5aad9-9981-4593-b015-74484f967a4e/ resource/1b1f9b7b-57fa-4f9f-8256-ee223d5878fd/download/ health-cmoh-record-fofdecision-cmoh-03-2020.pdf

April 7, 2020: https://open.alberta.ca/ publications/cmoh-order-09-2020-2020-covid-19-response

April 10, 2020: https://open.alberta.ca/ publications/cmoh-order-10-2020-2020-covid-19-response

April 28, 2020: https://open.alberta.ca/ publications/cmoh-order-12-2020-2020-covid-19-response

April 28, 2020: https://open.alberta.ca/ publications/cmoh-order-14-2020-2020-covid-19-response

May 25, 2020: https://open.alberta.ca/ publications/cmoh-order-23-2020-2020-covid-19-response

July 16, 2020: https://open.alberta.ca/ publications/cmoh-order-29-2020-which-rescinds-cmohorder-14-2020-2020-covid-19response

October 26, 2020: https://www.alberta.ca/assets/ documents/CMOH-lettercontinuing-care-EZ-Oct26.pdf

October 29, 2020: https://www.alberta.ca/assets/ documents/CMOH-lettercontinuing-care-CZ-Oct29.pdf



July 16, 2020

Effective July 23, 2020, two designated family/ support people are to be supported per resident, no matter the reason.

October 26 & 29, 2020

The CMOH recommends that only designated family support people and visitors in aextenuating circumstances should be supported to visit in the Edmonton Zone; three days later, the CMOH sends the same guidance to Calgary Zone.

~

December 8, 2020

Province-wide orders prohibit indoor and outdoor social gatherings. Following this, only designated family/support people and visitors in extenuating circumstances are supported (in other words, social visits are not permitted).

General Visitor Ban is re-implemented.

**~** 

January 18, 2020

Province-wide orders change to permit outdoor social gatherings; outdoor social visits are again supported in accordance with Order 29-2020.

November 25, 2020: https://www. albertahealthservices.ca/ assets/healthinfo/ipc/hi-ipccovid19-infosht-visiting-ptspandemic.pdf

December 2, 2020: https://www.alberta.ca/ covid19-vaccine.aspx

D.:::-L	Essential and	<b>~</b>	<b>~</b>	<b>~</b>	<b>~</b>	Not Specified	<b>~</b>	<b>~</b>	<b>~</b>	March 17, 2020:
British Columbia	Family Caregivers	June 30, 2020	March 27, 2020	March 25, 2020	Testing if		October 5, 2020	April 1, 2020	December 14,	Original Source No Longer Available*
	allowances per resident are not	LTC Residents			exhibiting mild and			All workers	2020	March 27, 2020:
	specified in British	may visit with one	~		atypical			will be paid	Residents, Staff,	https://www2.gov.bc.ca/assets/
STATE OF THE PARTY	Columbia.	general visitor at	Effective		symptoms			the same	and Essential	gov/health/about-bc-s-health-care-system/office-of-the-pro-
		a time.	April 10, 2020		April 10, 2020			wage as those in collective	Visitors to LTC will be in the	vincial-health-officer/ reports-publications/covid-19-
		<b>~</b>			April 10, 2020			agreements	first groups to	pho-order-movement-health- care-staff.pdf
		October 5, 2020						with the Public	get vaccinated between	March 25, 2020:
		LTC and Assisted						Health Authority	December and	https://www2.gov.bc.ca/assets/ gov/health/about-bc-s-health-
		Living facilities							February	care-system/office-of-the-pro-
		advised to restrict						<b>Y</b>		vincial-health-officer/covid-19/ ppe_allocation_framework_
		visitors.						September 9, 2020		march_25_2020.pdf
		Under these						2020		April 1, 2020: https://docs.google.com/doc-
		new guidelines,						Announced		ument/d/10P1EO7TRqT5nnuo- p4AM3yQ-iMemW22lqORBlmk-
		residents are allowed to visit						they will hire an addition		cr3GA/edit?usp=sharing
		with one family						7,000 healthcare		April 10, 2020:
		member or friend.						workers for LTC homes		http://www.bccdc.ca/Health-Pro- fessionals-Site/Documents/
								nomes		BCCDC_PHL_Updated_nCoV_ Lab_Guidance.pdf
										June 30, 2020:
										http://www.bccdc.ca/Health- Info-Site/Documents/COVID19
										LongTermCareAssistedLiving.pdf
										September 29, 2020:
										https://www.cbc.ca/news/cana- da/british-columbia/bc-fall-pan-
										demic-plan-1.5717466
										October 5, 2020: http://www.bccdc.ca/health-pro-
										fessionals/clinical-resources/ covid-19-care/clinical-care/
										long-term-care-facilities-assist- ed-livin
										December 31, 2020: https://www2.gov.bc.ca/gov/
										<u>content/safety/emergency-pre-</u> <u>paredness-response-recovery/</u>
										covid-19-provincial-support/ vaccines

Manitoba	June 22, 2020  Residents may designate a reasonable number of friends and family for visits.  November 27, 2020  LTC residents may have up to two designated family caregivers.	June 22, 2020  Up to two visitors may visit residents at a time.  November 27, 2020  Residents may identify general visitors for social reasons.  Visitor limitations	Announced on April 26, 2020  To be implemented beginning May 1, 2020	Announced on April 1, 2020  To be implemented by April 13, 2020	Announced May 13, 2020  December 9, 2020  Expanded testing for those exhibiting atypical symptoms	Not Specified	December 9, 2020  Asymptomatic admission/ re-admissions do not require isolation after arrival in the facility  Those admitted from community should isolate in room for 14 days	Dependent on level of risk:  Red/Orange: May visit at any time, buy only one at a time if in residents' room  Yellow: May visit at any time, up to two in the same room if social is distancing maintained.	December 23, 2020  Long Term Care workers and LTC residents to be vaccinated in December and January.  Designated or Essential Family Caregivers not included in initial vaccination priority populations.	March 17, 2020: https://sharedhealthmb.ca/files/ covid-19-family-ltc.pdf  April 26, 2020: https://sharedhealthmb.ca/files/ covid-19-single-site-staffing- model-for-licensed-pchs.pdf  April 1, 2020: Original Source No Longer Available*  Source updated May 7th, 2020: https://sharedhealthmb.ca/files/ covid-19-provincial-ppe-require- ments.pdf  May 13, 2020: https://sharedhealthmb.ca/files/ covid-19-updated-testing-crite- ria-may-13.pdf
		and transmission of COVID-19 as determined by the Chief Public Health Officer								covid-19-pch-visitation-princi- ples .pdf  November 27, 2020: https://sharedhealthmb.ca/files/ covid-19-pch-visitation-princi- ples.pdf  December 9, 2020:
										https://sharedhealthmb.ca/files/covid-19-ipc-guidance-for-pch.pdf  December 23, 2020: https://news.gov.mb.ca/news/index.html?item=50101&post-ed=2020-12-23

New Brunswick	August 28, 2020  Residents may have up to two Designated Support People (DSP). DSPs have no limitations on visitation.	June 5, 2020  LTC facilities were closed to visitors except for DSPs and palliative situations.  Outdoor visits are permitted with physical distancing if the facilities allow.	R Should avoid working in different facilities if possible April 14, 2020	April 14, 2020	May 4, 2020 In addition to mild symptoms, are to look for atypical symptoms	Not Specified	May 4, 2020	December 8, 2020  Stage 1 includes vaccination of all LTC residents and staff.  Designated or Essential Family Caregivers not included in initial vaccination priority	April 14, 2020: https://www2.gnb.ca/content/ dam/gnb/Departments/h-s/pdf/ LTCF-E.pdf  May 4, 2020: https://www2.gnb.ca/content/ dam/gnb/Departments/h-s/pdf/ covid-19 ltcf_guidance-e.pdf  June 4, 2020: https://www2.gnb.ca/content/ gnb/en/news/news_re- lease.2020.06.0324.html  August 28, 2020: https://www2.gnb.ca/content/ gnb/en/news/news_re- lease.2020.08.0465.btml
									https://www2.gnb.ca/content/
		of 20% (e.g. 20% of residents can have visitation per day).							

Newfoundland and Labrador	June 10, 2020  Residents may assign one designated support person.  November 25, 2020  Residents may continue to assign one designated support person.	June 10, 2020 General Visitation permitted.  July 13, 2020 Each resident can designate up to five visitors.  November 25, 2020 Continuation of five designated visitors.  December 11, 2020 General Visitation suspended (Alert Level 2).	April 14, 2020	Refers to PHAC Guidelines	Refers to PHAC Guidelines	Not Specified	March 23, 2020  Residents can temporarily move in with family, but will need to continue to pay their client contribution	Up to two visitors can attend at the same time.	Date Not Specified  Phase One includes priority vaccination for all residents, staff, and essential visitors.	March 23, 2020: Original Source No Longer Available*  April 14, 2020: Original Source No Longer Available*  March 23, 2020: https://www.gov.nl.ca/ covid-19/files/Key-Messages- Personal-Care-Homes- Community-Care-Homes-and- COVID-19-03-23-2020.pdf https://www.gov.nl.ca/ covid-19/files/Long-Term-Care- Homes-Temporary-Discharges. pdf  June 10, 2020: https://www.cbc.ca/news/ canada/newfoundland- labrador/new-visitor-changes- mothers-birth-partners- hospital-1.5606167  July 13, 2020: https://www.gov.nl.ca/ covid-19/ guidelines-for- support-persondesignated- visitors/  November 25, 2020: https://www.gov.nl.ca/ covid-19/ guidelines-for- support-person-designated- visitors/#Long-Term-Personal  December 11, 2020: https://www.gov.nl.ca/ covid-19/ guidelines-for- support-person-designated- visitors/#Long-Term-Personal

N 0 1	<b>~</b>	<b>~</b>	R	<b>~</b>	<b>~</b>	Not Specified	<b>~</b>	<b>~</b>	July 3, 2020:
Nova Scotia	June 8, 2020	March 15, 2020	Public Health	April 12, 2020	Testing for	rtot specifica	Nova Scotia's	December 8,	https://novascotia.ca/coronavirus/ docs/health-protection-act-order-
	Residents may		to determine		atypical		normal 30-day	2020	by-the-medical-officer-of-health.pdf
<b>F</b>	designate a	General visits	whether staff		symptoms		bed holding	5	March 15, 2020:
	caregiver.	banned.	from facility				policy is in place	During the first	https://novascotia.ca/news/ release/?id=20200610004
	<b>~</b>	<b>~</b>	in outbreak		April 11, 2020		Cffo ative	three months, Nova Scotia	
	September 8, 2020	June 15, 2020	can work in non-outbreak		Effective		Effective December 21,	will focus on	April 12, 2020: https://www.cbc.ca/news/canada/
	September 6, 2020	General outdoor	facilities		December 21,		2020	immunizing LTC	nova-scotia/masks-now-mandatory- for-workers-at-n-s-long-term-care-
	Each resident	visits permitted.	idellities		2020		2020	residents, staff	homes-1.5530953
	may assign two		April 17, 2020					and essential	April 11, 2020:
	designated	✓						caregivers.	https://novascotia.ca/coronavirus/ docs/health-protection-act-order-
	caregivers. Only	September 22,	<b>~</b>						by-the-medical-officer-of-health.pdf
	one may visit at a	2020	December 21,						April 4, 2020:
	time.	Residents may	2020						https://www.cbc.ca/news/canada/ nova-scotia/resident-removal-long-
		have offsite day	Staff are						term-care-1.5522052
		visits with family	restricted to						June 8th, 2020:
		in their homes.	one home if no						https://novascotia.ca/dhw/ccs/ documents/COVID-19-
			outbreak has						Management-inLong-Term-Care- Facilities-Directive.pdf
		<b>V</b>	occurred,						
		November 26, 2020,							June 10, 2020: https://novascotia.ca/news/
		general visits							release/?id=20200610004
		cancelled							June 15, 2020:
									https://novascotia.ca/news/ release/?id=20200610004
									September 8, 2020:
									https://novascotia.ca/news/ se/?id=20200908003#:~:text=
									Designated%20caregivers%20
									can%20be%20family,resident%20 prior%20to%20COVID%2D19
									September 22, 2020:
									https://novascotia.ca/news/ release/?id=20200922004
									December 8, 2020: https://novascotia.ca/coronavirus/
									docs/COVID-19-immunization- plan-overview-poster-en.pdf" to
									the sources.
									December 14: 2020:
									https://novascotia.ca/coronavirus/ docs/health-protection-act-order-
									by-the-medical-officer-of-health.pdf
									December 21, 2020:
									https://novascotia.ca/dhw/ccs/documents/COVID-19-
									Management-in-Long-Term-Care- Facilities-Directive.pdf

	<b>~</b>	<b>~</b>		<b>~</b>	<b>~</b>	Not Specified	<b>~</b>		<b>~</b>	March 17, 2020:
Northwest Territories	July 6, 2020: LTC Residents may	June 18, 2020 Pre LTC outbreak	September 16, 2020	September 16, 2020	September 16, 2020	Not specified	September 16, 2020		January 5, 2021 Priority	https://www.nthssa.ca/en/ newsroom/public-notice-march- 17th-nthssa-operational-update
	designate one essential caregiver.  (Unspecified Date) Two designated essential caregivers can be assigned per resident. Only one may visit at a time.	visitations are permitted. All LTC visitation will be banned if an outbreak is declared.  July 3, 2020 increased LTC restrictions will remain for LTC until a vaccine is available. Our approach is to loosen restrictions after 2 weeks of the start of each phase of Emerging Wisely (Vaccine Rollout Strategy)	"Plan to restrict movement of staff between work settings"						populations, including LTC residents and staff.  Designated or Essential Family Caregivers not included in initial vaccination priority populations.	June 18, 2020: https://www.hss.gov.nt.ca/ professionals/sites/professionals/ files/resources/interim-outbreak- management-covid-19-long- term-care-facilities.pdf  September, 16, 2020: reak-management-covid-19- long-term-care-facilities.pdf  July 3, 2020: https://www.nthssa.ca/en/ newsroom/public-notice- updates-long-term-care- services-and-elders-day- programs  January 5, 2020: https://www.gov.nt.ca/covid-19/ en/questions-and-answers  Unspecified Date: https://www.nthssa.ca/en/ services/coronavirus-disease- covid-19-updates/visitor- restrictions-and-processes- during-covid-19  July 6, 2020: https://www.gov.nt.ca/covid-19/ en/services/gnwt-services/ visitation
Nunavut *	Not Specified.	June 22, 2020 No visitors allowed at LTC facilities.  November 16th, 2020  All visits to LTC facilities are on hold.	Not Specified	Not Specified		Not Specified		Not Specified	December 11, 2020  Vaccination priority will be given to residents and staff of LTC facilities.  Designated or Essential Family Caregivers not included in initial vaccination priority populations.	June 22, 2020: https://www.gov.nu.ca/health/ news/covid-19-department- health-services-update  November 16, 2020: https://www.gov.nu.ca/health/ news/covid-19-department- health-services-update  December 18, 2020: https://www.gov.nu.ca/health/ news/covid-19-department- health-services-update

Prince Edward Island	November 19, 2020.  Residents may assign up to three Partners in Care.  Partners in Care have no limits on visits.  December 7, 2020  Residents may assign up to two partners in Care during current restrictions.	March 15, 2020 LTC restriction general visitation.  June 1, 2020 LTC Visitation reopening for outdoor visitation.  November 19, 2020  No restrictions on the number of visitors and their frequency of visitation.  December 7, 2020  Limited number of visitors permitted in designated areas. Two general visitors may visit at a time, limited to 30 minutes once per week.	R Staff from facility in outbreak should not work in non-outbreak facilities  April 15, 2020  June 11, 2020  December 7, 2020	April 15, 2020  June 11, 2020  Surgical mask for LTC staff  December 7, 2020	April 15, 2020  June 11, 2020  December 7, 2020	Not Specified	No December 18, 229	Partners in Care have no limits on visitation.	December 2020  Phase 1 (December 2020 to March 2021) to vaccinate all LTC homes residents and staff  January 11, 2020  Essential family caregivers have been added to the priority populations.	March 15, 2020: https://www.princeedwardisland.ca/en/news/new-provincial-measures-regarding-covid-19-announced  June 1, 2020: https://www.thestar.com/news/canada/2020/06/01/more-provinces-moving-to-further-loosen-covid-19-restrictions.html  June 11, 2020: https://www.princeedwardisland.ca/sites/default/files/publications/pei_guidelines_for_the_management_and_control_of_covid-19_in_ltc.pdf  November 19, 2020: https://www.princeedwardisland.ca/en/information/health-pei/long-term-care-visitation  December 7, 2020: https://www.princeedwardisland.ca/en/information/health-pei/long-term-care-visitation  December 7, 2020: https://www.princeedwardisland.ca/en/information/health-pei/long-term-care-visitation  December 7, 2020: https://www.princeedwardisland.ca/en/information/health-and-wellness/pei-covid-19-circuit-breaker-december-2020  December 18, 2020: https://www.princeedwardisland.ca/en/information/visitor-policy-and-protocols-health-pei-facilities  January 12, 2021: https://www.thetelegram.com/news/canada/video-covid-19-vaccine-rollout-moves-into-nova-scotia-nursing-homes-5-new-cases-reported-539519/

ntario	<b>~</b>	<b>~</b>	R	<b>~</b>	<b>~</b>	<b>~</b>	<b>~</b>	<b>Y</b>	<b>~</b>	April 15, 2020: https://www.ontario.ca/page/covid-
	March 13, 2020	March 13, 2020	March 22, 2020	April 8, 2020	April 15, 2020	June 2020	March 24th,	September 28,	December 11,	19-action-plan-long- term-care-homes
	Only essential	General visitation	To lime it			(Exact date	2020	2020	2020	
	visitors allowed.	stopped.	To limit wherever		<b>✓</b> Announced	unspecified)	<b>✓</b>	Ontario	Phase 1	March 13, 2020: https://www.ontario.ca/page/
	<b>~</b>	<b>✓</b>	possible those		December 7,	Testing for LTC	Announced	announced	Population	covid-19-action-plan-long-term-care- homes? ga=2.242147783.416893598
	November 20, 2020	June 11, 2020	working at		2020	Staff, HCWs,	December 7,	investment to	included	.1589282775-1793468587.1583765728
	14040111001 20, 2020	Julie 11, 2020	multiple		2020	Residents	2020	recruit, retain,	residents,	June, 2020:
	Residents may	Reopening of	locations		<b>~</b>	and Essential	2020	and support' LTC	employees, staff,	https://www.publichealthontario .ca/-/media/documents/ncov/
	designate up to	general visitation			Effective	Visitors.	<b>~</b>	workers	and essential	ltcrh/2020/06/covid-19-prevention-
	two essential	for outdoor visits	<b>✓</b>		December 9		Effective		caregivers of	management-ltcrh.pdf?la=en
	visitors.	only.	Announced on			June 16, 2020	December 9	This includes	congregate	June 11, 2020: https://news.ontario.ca/opo/
			April 15, 2020		LTCHA			the Personal	living settings that provide care	en/2020/06/ontario-to-resume-
	Essential visitors	✓			Regulations	General		Support	for seniors.	family-visits-in-long-term-care- homes-retirement-homes-and-other-
	are permitted	November 20,	To be effective		require	visitors		Worker Return		residential-care.html
	subject to the	2020	as of April 23,		designated	must attest		of Service		June 16, 2020:
	direction of local	161	2020		program	to having a		Program,		http://health.gov.on.ca/en/ pro/programs/ltc/directive3
	health unit:	If home is in Green or Yellow	D		coordinator	negative test		providing up to		<u>faq 20200616.aspx</u>
	Green or Yellow,	Zone: Two general	Does not enable the limitation		in every LTC home	in the past two weeks.		2000 graduates with a \$5000		July 15, 2020:
	two caregivers per	visitors may visit	of multiple		responsible for	WEEKS.		in return for a		https://www.ontario.ca/laws/ regulation/200146
	resident	a home at a time	different home		IPAC program	July 15, 2020		six-month work		July 15, 2020:
	. co.c.c.	Each visit length	care providers		mandated	50, 15, 2020		commitment.		https://www.cbc.ca/news/canada/ toronto/covid-19-coronavirus-ontario-
	Orange, Red, or	should be limited,	from entering		by provincial	Visitors no		October 5, 2020		july-15-long-term-care-1.5650290
	Grey, maximum	but at least 30	licensed		legislation	longer need				September 28, 2020:
	of 1 caregiver per	minutes long.	retirement			to provide		Ontario		https://news.ontario.ca/en/ release/58580/ontario-investing-525-
	resident may visit	Homes should	homes			a negative		announces a \$3		million-to-recruit-retain-and-support-
	at a time	allow at least one				COVID-19 test		per hour wage		more-health-care-workers
	16	visit per resident	<b>~</b>					increase for LTC		October 5, 2020: https://www.cbc.ca/player/
	If a resident is	per week.	December 9			Navambar 22		staff and PSWs.		play/1798416963782
	self-isolating or symptomatic, a	If home is Orange,	Employees			November 23, 2020		<b>✓</b>		November 20, 2020:
	maximum of 1	Red, or Grey zone,	should with			2020		December 7,		https://www.ontario.ca/page/covid- 19-long-term-care-homes-in-areas-
	caregiver may visit	general visitation	contractors			Weekly testing		2020		<u>visitor-restrictions</u>
	that resident at a	will be restricted.	to limit the			of LTC staff				November 23, 2020:
	time.		number of work			and essential		Individuals		https://www.ontario.ca/page/ covid-19-visiting-long-term-care-
			locations			caregivers.		should be		homes#section-2
								placed in a		December 7, 2020: http://health.gov.on.ca/en/pro/
								single room to		programs/publichealth/coronavirus/
								complete a 14-		docs/directives/LTCH_HPPA.pdf
								day quarantine.		December 11, 2020: https://files.ontario.ca/moh-covid-19-
								At any time		vaccine-distribution-implementation-
								At any time, there should not		<u>plan-en-2020-12-11-v3.pdf</u>
								be more than		
								two individuals		
								placed in a room		
								at a time.		

Oughas	<b>~</b>	<b>~</b>	<b>~</b>	<b>~</b>	~	<b>~</b>	<b>~</b>	June 2, 2020	<b>~</b>	March 14, 2020:
Quebec	July 2020	April 14, 2020	October 14,	April 4, 2020	April 8, 2020	November 5,	April 3, 2020		December 31,	https://www.quebec.ca/en/premier/ actualites/detail/le-gouvernement-
* *	Residents may	Visitation opens	2020	All workers	<b>~</b>	2020		Quebec	2021 10 Ordered	du-quebec-declare-l-etat-d-urgence- sanitaire-interdit-les-visites-dans-les-
	designate more than one essential	for residents of CHSLDs (long-	Staff mobility	providing direct	October 14,	A CHSLD does		announced a plan to hire	Priority Groups:	centres-h/ April 4, 2020:
ф ф	caregiver.	term care homes).	should be	care	2020	NOT require		10,000 odelies		https://www.inspq.qc.ca/ publications/2968-port-masque-
			reconsidered to			an informal		for CHSLD by	Group 1: Vulnerable	procedure-milieux-soins-transmission- communautaire-soutenue-covid-19
	October 14, 2020	May 5 <sup>th</sup> , 2020 Visitation opens	limit potential spread of virus		Designated IPAC lead	caregiver to have a		the fall.	people and	April 8, 2020:
	October 14, 2020	for RPAs residents	into different		required	negative test		Successful	people with loss	https://www.quebec.ca/en/premier/ actualites/detail/chsld-et-residences-
	Green or Yellow	(retirement	facilities.		on-site in	upon entry"		applications	of autonomy who live in	<u>privees-pour-personnes-ainees-le-</u> renfort-s-en-vient-dit-francois-legault/
	zone: Residents	homes).			every CHSLD			receive 12-	LTC facilities	April 3, 2020:
	may designate up to two informal	<b>~</b>			to ensure compliance			week training	population,	https://www.cbc.ca/news/canada/ montreal/covid-19-quebec-
	caregivers at a	October 14th,			with IPAC best			program, with a \$760	6 211 111	april-3-1.5520159 https://www.quebec.ca/en/health/
	time.	2020			practices			scholarship, and	Group 2: Health care workers.	health-issues/a-z/2019-coronavirus/ answers-questions-coronavirus-
								be offered a	ca. c Workers.	covid19/questions-coronavirus- covid19/questions-answers-health- services-covid-19/
	Orange and above zone: Up to one	Green or Yellow zone: Up to two			December 15,			minimum salary of \$49,000 per	Designated or	April 14, 2020:
	informal caregiver	general visitors at			2020			year.	Essential Family Caregivers not	https://montreal.ctvnews.ca/ covid-19-quebec-to-ease-
	may be designated.							,	included in initial	restrictions-on-visiting-seniors- residences-premier-legault-says-
					Designated				vaccination	1.4895261?cache=yesclipId104062
		Orange and above: No general			IPAC lead required in				priority populations.	May 5, 2020 https://www.cbc.ca/news/canada/
		visitors allowed.			every RPA				populations.	montreal/covid-19-quebec- may-5-1.5555549
					to ensure					June 2, 2020: https://www.quebec.ca/en/education/
					compliance					become-orderly-chsld/
					with IPAC best practices					July 2020: https://www.quebec.ca/en/health/
					praemees					health-issues/a-z/2019- coronavirus/ caregivers-during-thecovid-19-
										pandemic/#c60604 July 22, 2020:
										https://publications.msss.gouv. gc.ca/msss/fichiers/directives-covid/
										archives/dgapa-007.pdf
										September 15, 2020: https://publications.msss.gouv.
										qc.ca/msss/fichiers/directives-covid/ dgapa-008.pdf
										October 14, 2020:
										https://www.quebec.ca/en/health/ health-issues/a-z/2019-coronavirus/ answers-questions-coronavirus-
										covid19/questions-answers-health-
										services-covid-19/#c53925 November 5, 2020:
										https://www.quebec.ca/en/health/ health-issues/a-z/2019-coronavirus/
										caregivers-during-the-covid-19- pandemic/#c6060
										December 31, 2020:
										https://www.quebec.ca/en/health/ health-issues/a-z/2019-coronavirus/
										progress-of-the-covid-19- vaccination/#c78786

## Saskatchewan

July 2, 2020: Two family members or support persons can be identified to support patients and residents.

November 19, 2020

Only one family member or support person can be present in the facility at a time.

March 17, 2020 LTC visitation restricted to immediate family only.

June 3, 2020 General visitation expanded to include more than visitor at a t time (outdoors)

November 10, 2019

General visitation prohibited. The return to visitation will occur when deemed appropriate by the Chief Medical Health Officers.

Announced on April 17, 2020

To be effective by April 28, 2020

April 17, 2020

April 14, 2020

December 1, 2020

Expanded masking (all staff required to wear a medical mask) and discontinuation of cloth masks

November 16, 2020

Updated guidelines IPAC released. **Not Specified** 

December 9, 2020

Designated or **Essential Family** Caregivers not included in initial vaccination priority populations.

Targeted immunization of priority populations - including elderly residents in care homes and health care workers.

https://www.saskatchewan.ca/-/media/ files/coronavirus/public-health-measures/ public-health-orders/public-health-ordermarch-26-2020.pdf

March 17, 2020:

March 26, 2020:

https://saskatoon.ctvnews.ca/covid-19-sask-limits-hospital-long-term-carehome-visitors-to-immediate-familyonly-1.4856817

April 21 2020:

https://www.saskatchewan.ca/-/media/ files/coronavirus/health-system-pandemicresponse/sha-provincial-weekly-update-covid-19-readiness---april-21-2020.pdf

April 14, 2020:

https://www.saskatchewan.ca/ government/news-and-media/2020/ april/14/sha-update-on-health-systemreadiness

June 3, 2020: https://www.saskatchewan.ca/ government/news-and-media/2020/ june/03/visitation-and-masking-guidelines? fbclid=lwAR38H7H3LVk2HBLfv01llswvMesi X4PMrzc3wpEEijyZulHmlEXkqlSGaek

July 2, 2020:

https://www.saskatchewan.ca/-/ media/ files/coronavirus/info-forhealthcare-providers/generalinformationfor-health-care-providers/ visitorrestrictions-at-health-care-facilities/ covid-19-family-presence-quidance.pdf

November 10, 2020:

https://www.saskhealthauthority.ca/ news/service-alerts-emergency-events covid-19/general-info-health-providers/ PublishingImages/Pages/Home/Family%20 Presence%20during%20COVID-19%20 Joint%20FAQs.pdf

November 19, 2020:

https://www.saskatchewan. ca/government/health-careadministration-and-provider-resources/ treatment-procedures-and-quidelines/ emerging-public-health-issues/2019-novelcoronavirus/public-health-measures/ guidance-for-health-care-facilities

April 17, 2020:

https://www.saskhealthauthority.ca/news/ service-alerts-emergency-events/covid-19/ general-info-health-providers/Pages/A-Message-for-Employees-on-Cohorting.aspx

November 16, 2020:

https://www.saskhealthauthority.ca/ news/service-alerts-emergency-events/ covid-19/PPE-infection-prevention-control Documents/Infection%20Prevention%20 and%20Control/General/CV-19-G0061-Routine-Practices-IPAC.pdf

December 1, 2020:

https://www.saskhealthauthority.ca/ news/service-alerts-emergency-events covid-19/PPE-infection-prevention-control Documents/Personal%20Protective%20 Equipment/SHA%20PPE%20Bulletin%20 Updates/20-PPE-Supply-Bulletin-Dec%20

December 9, 2020:

https://www.saskatchewan.ca/ government/news-and-media/2020/ december/09/saskatchewan-releases covid-19-vaccine-delivery-plan

Yukon	July 9, 2020 Can designate up to two essential family caregivers.  December 4, 2020 One essential caregiver can be designated per resident. Up to two if from the same household.	March 16, 2020 Banned general visitation to LTC  June 12, 2020 Continuation of banned general visitation  December 4, 2020  Residents may assign up to four general visitors. In the case of an outbreak, LTC will suspend all visitation	Not Specified		Date Not Specified  Priority populations include residents and staff of LTC homes.  Designated or Essential Family Caregivers not included in initial vaccination priority populations.	March 16, 2020: https://yukon.ca/en/news/ chief-medical-officer-health- recommends-broad-new- measures-yukon  June 12, 2020: https://www.cbc.ca/news/ canada/north/yukon-covid19- update-june12-1.5610249  July 9, 2020: https://yukon.ca/en/health- andwellness/covid-19- information/longterm-care- visitation-guidelines-covid-19  December 4, 2020: https://yukon.ca/en/health-and- wellness/covid-19-information/ long-term-care-visitation- guidelines-covid-19				
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<sup>\*</sup> Due to the rapidly changing nature of this information, some of the original source links have been changed or discontinued as provincial/territorial ministries have updated their directives.

Please note that we have tried to be as accurate as possible, but given that information has been rapidly changing and formal guidelines are not always available, we acknowledge that there may be some errors. If you notice an error, please let us know and we will make corrections as needed.

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- <sup>2</sup> The NIA defines long-term care as: A range of preventive and responsive care and supports, primarily for older adults, that may include assistance with Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs) provided by either not-for-profit and for-profit providers, or unpaid caregivers in settings that are not location specific and thus include designated buildings, or in home and community-based settings.
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