

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

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

There are over 400,000 Canadiansⁱ who live in nursing homes, retirement homes and other congregate living long-term care settings.ⁱⁱ The presence of systemic vulnerabilities within long-term care settings, such as living together in close quarters and a chronic shortage of staff in homes, adds further risks. Many homes do not have the space or ability to enforce proper physical distancing measures, activities are often communal, and many residents receive care from providers who often work on a part-time basis across multiple long-term care homes, further increasing the spread of infections like COVID-19.

It is also 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 recent CDC study comprehensively examining the first outbreak in a US nursing home reported a hospitalization rate of 55% and a case fatality rate of 34% amongst its residents, demonstrating how deadly COVID-19 can be in these settings.ⁱⁱⁱ A recent Ontario, Canada study has further demonstrated that nursing home residents 70 and older were 13 times more likely to die of COVID-19 than people in the same age group living elsewhere in Ontario.^{iv}

The term 'Iron Ring' recently became popularized in Ontario to indicate the collective actions that the province would take to protect residents of long-term care 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 both residents and care providers in these settings. This has positioned the NIA to quickly provide governments, long-term care providers, and the public the evidence-based recommendations that can be quickly and effectively implemented to better inform policies and strategies to address COVID-19. The NIA's overall "Iron Ring" guidance will be continually updated as the evidence-base around COVID-19 evolves to further inform expert interpretations. We will also continually provide updates on how Canada's provincial, territorial and federal governments remain aligned with the NIA's recommended best practices.

NIA Current Guidance Recommendations as of April 21st, 2020

1. Restricting all Non-Essential Visits

Given the growing prevalence and likely persistence of community transmission in Canada, the best way to prevent the entry of COVID-19 into long-term care settings is to prohibit non-essential visitors from entering a home. While it is arguable that most visits from family and friends are important to the overall health and well-being of residents, there is a greater risk that these visitors could inadvertently introduce the virus into a home. The only visitors who should be permitted are those who are deemed essential, which in addition to paid care providers can include a family member visiting under only exceptional circumstances, such as to visit a loved one who is receiving end-of-life care. Any care provider or other visitor entering the 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 recommendation is crucial to stopping the spread of COVID-19, staff and family members of residents are encouraged to look for safe ways of engaging with residents to prevent undue social isolation that can result from a lack of visitors. Technology, such as tablets can be used to communicate to residents. Families have also become creative in visiting residents through the window of their rooms.

2. Limiting Care Providers from Working in Multiple Care Settings

Staff working in more than one care setting (i.e. another long-term care or retirement home) should be identified and efforts should be made to prevent this from occurring. 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 are not offered full-time roles with benefits such as paid sick leave. This has created an incentive for staff to work multiple jobs across multiple homes, in order to piece together a full-time wage. This sector has traditionally paid its care providers significantly lower wages than their counterparts earn in a hospital care setting. 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. Thus, effectively limiting 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 income.

3. All Care Providers and Visitors Should Wear Appropriate Protective Equipment

It is recommended that all care providers and visitors in a care setting 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. As care providers might enter a home being asymptomatic, they should continuously self-monitor for any symptoms and screening should be done at least twice daily for residents. Standard hygiene practices should continue, including regular hand washing and physical distancing, where possible.

4. Strong Infection Prevention and Control (IPAC) Policies Should Require Testing and Isolating Procedures that Include Staff and Residents that May be Asymptomatic or Have Atypical Presentations. All Care Providers Should Have Sufficient Knowledge and Support in the Proper Use of Personal Protective Equipment (PPE)

Testing and isolation guidance for long-term care needs to properly reflect this 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^{v,vi, vii}, along with similar rates of dementia that could further limit the ability of many residents to identify and report symptoms.^{viii} As there is currently no vaccine or known effective treatments for COVID-19, 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 and isolation of potential contacts related to an index case. In enacting isolation and droplet precaution measures, the early evidence of where a care settings response has been deemed to be less effective is where staff have demonstrated an insufficient level of expertise and ability to implement these measures, including training in the proper use of personal protective equipment.

5. Flexible Admission and Discharge Policies for Long-Term Care 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 has required that in-person visits be prohibited, 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, flexibility on admissions 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 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](#).

Monitoring the Uptake of the 'Iron Ring' Guidance for Long-Term Care Settings Across Canada

Updated as of April 21st, 2020

Province/ Territory	Restricting all Non-Essential Visits	Limiting Care Providers from Working in Multiple Care Settings	All Care Providers and Visitors Should be Wearing a Surgical Mask	Strong Infection Prevention and Control (IPAC) Policies	Flexible Admission and Discharge Policies
Federal PHAC Guidelines^{ix}	R April 8 th , 2020	R April 8 th , 2020	R April 8 th , 2020	R April 8 th , 2020	
Alberta	✓ March 20 th , 2020 ^x	✓ Announced on April 10 th , 2020 To be effective as of April 23 rd , 2020 ^{xi}	✓ Announced on April 10 th , 2020 To be effective as of April 15 th , 2020 ^{xii}		
British Columbia	✓ March 17 th , 2020 ^{xiii}	✓ March 27 th , 2020 ^{xiv}	✓ March 25 th , 2020 ^{xv}	✓ Testing if exhibiting mild and atypical symptoms	

				April 10 th , 2020 ^{xvi}	
Manitoba	✓ March 17 th , 2020 ^{xvii}		✓ Announced on April 1 st , 2020 To be implemented by April 13 th , 2020 ^{xviii}		
New Brunswick	✓ April 14 th , 2020 ^{xix}	R Should avoid working in different facilities if possible April 14 th , 2020 ^{xx}	✓ April 14 th , 2020 ^{xxi}	✓ Testing for mild symptoms April 2 nd , 2020 ^{xxii}	
Newfoundland and Labrador	✓ March 23 rd , 2020 ^{xxiii}	✓ April 14 th , 2020 ^{xxiv}			✓ Residents can temporarily move in with family, but will need to continue to pay their client contribution March 23 rd , 2020 ^{xxv,xxvi}
Nova Scotia	✓ March 22 nd , 2020 ^{xxvii}	R Public Health to determine whether staff from facility in outbreak can work in non- outbreak facilities April 17 th , 2020 ^{xxviii}	✓ April 12 th , 2020 ^{xxix}	✓ Testing for atypical symptoms April 11 th , 2020 ^{xxx}	✓ Nova Scotia's normal 30- day bed holding policy is in place ^{xxxi}
Northwest Territories	✓				

	March 17 th , 2020 ^{xxxii}				
Nunavut					
Prince Edward Island	✓ March 15 th , 2020 ^{xxxiii}	R Staff from facility in outbreak should not work in non- outbreak facilities April 15 th , 2020 ^{xxxiv}	✓ April 15 th , 2020 ^{xxxv}	✓ April 15 th , 2020 ^{xxxvi}	
Ontario ^{xxxvii}	✓ March 18 th , 2020	R March 22 nd , 2020 To limit wherever possible those working at multiple locations ✓ Announced on April 15 th , 2020 To be effective as of April 23 rd , 2020 Does not enable the limitation of multiple different home care providers from entering licensed retirement homes	✓ April 8 th , 2020	✓ April 15 th , 2020	✓ March 24 th , 2020
Quebec	✓ March 14 th , 2020 ^{xxxviii}		✓ All workers providing direct care –	✓ April 8 th , 2020 ^{xi}	✓ April 3 rd , 2020 ^{xli}

			April 4 th , 2020 ^{xxxix}		
Saskatchewan	✓ March 26 th , 2020 ^{xlii}	✓ Announced on April 17 th , 2020 To be effective by April 28 th , 2020 ^{xliii}	✓ April 14 th , 2020 ^{xliv}		
Yukon	✓ March 16 th , 2020 ^{xlv}				

* 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.

Legend

✓ = Implemented

R = Recommended

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- ⁱ <https://www12.statcan.gc.ca/census-recensement/2016/dp-pd/dt-td/Rp-eng.cfm?TABID=2&Lang=E&APATH=3&DETAIL=0&DIM=0&FL=A&FREE=0&GC=0&GID=1234492&GK=0&GRP=1&PID=109537&PRID=10&PTYPE=109445&S=0&SHOWALL=0&SUB=0&Temporal=2016&THEME=116&VID=0&VNAMEE=&VNAMEF=&D1=0&D2=0&D3=0&D4=0&D5=0&D6=0>
- ⁱⁱ 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.
- ⁱⁱⁱ McMichael, T.M., Currie, D.W., Clark, S., Pogojans, S., Kay, M., and CDC COVID-19 Investigation Team. (2020). Epidemiology of COVID-19 in a Long-Term Care Facility in King County, Washington. *The New England Journal of Medicine*. Doi: 10.1056/NEJMoa2005412
- ^{iv} Fisman, D., Lapointe-Shaw, L., Bogoch, I., McCreedy, J., & Tuite, A. (2020). Failing our Most Vulnerable: COVID-19 and Long-Term Care Facilities in Ontario. *medRxiv*. <https://doi.org/10.1101/2020.04.14.20065557>
- ^v CDC. (2020 April 3). *Asymptomatic and Presymptomatic SARS-CoV-2 Infections in Residents of a Long-Term Care Skilled Nursing Facility – King County, Washington, March 2020*. Retrieved from: <https://www.cdc.gov/mmwr/volumes/69/wr/mm6913e1.htm>
- ^{vi} CDC. (2020 April 10). *Detection of SARS-CoV-2 Among Residents and Staff Members of an Independent and Assisted Living Community for Older Adults – Seattle, Washington, 2020*. Retrieved from: <https://www.cdc.gov/mmwr/volumes/69/wr/mm6914e2.htm>
- ^{vii} McMichael, T.M., Currie, D., W., Clark, S., Pogojans, S., Kay, M., Schwartz, N.G., & CDC Covid-19 Investigation Team. *The New England Journal of Medicine*. Doi: 10.1056/NEJMoa2005412
- ^{viii} Canadian Institute for Health Information (CIHI). (2016). *Dementia in long-term care*. Retrieved from: <https://www.cihi.ca/en/dementia-in-canada/dementia-across-the-health-system/dementia-in-long-term-care>
- ^{ix} Government of Canada. (2020 April 8). *Infection Prevention and Control for COVID-19: Interim Guidance for Long Term Care Homes*. Retrieved from: <https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/prevent-control-covid-19-long-term-care-homes.html#a5>
- ^x <https://open.alberta.ca/dataset/96e5aad9-9981-4593-b015-74484f967a4e/resource/1b1f9b7b-57fa-4f9f-8256-ee223d5878fd/download/health-cmoh-record-fof-decision-cmoh-03-2020.pdf>
- ^{xi} <https://open.alberta.ca/dataset/b0483d64-254e-4d55-895a-1c1d9127c906/resource/76b47c6e-4ac9-41e1-ad7b-244fe1e149ee/download/health-cmoh-record-of-decision-cmoh-10-2020.pdf#page=4>
- ^{xii} Ibid
- ^{xiii} <http://www.bccdc.ca/Health-Professionals-Site/Documents/COVID-19-LTCF-Visitor-Advisory.pdf>
- ^{xiv} <https://www2.gov.bc.ca/assets/gov/health/about-bc-s-health-care-system/office-of-the-provincial-health-officer/reports-publications/covid-19-pho-order-movement-health-care-staff.pdf>
- ^{xv} https://www2.gov.bc.ca/assets/gov/health/about-bc-s-health-care-system/office-of-the-provincial-health-officer/covid-19/ppe_allocation_framework_march_25_2020.pdf
- ^{xvi} http://www.bccdc.ca/Health-Professionals-Site/Documents/BCCDC_PHL_Updated_nCoV_Lab_Guidance.pdf
- ^{xvii} <https://sharedhealthmb.ca/files/covid-19-family-ltc.pdf>
- ^{xviii} <https://sharedhealthmb.ca/files/covid-19-provincial-ppe-guidelines.pdf>
- ^{xix} <https://www2.gnb.ca/content/dam/gnb/Departments/h-s/pdf/LTCF-E.pdf>
- ^{xx} Ibid
- ^{xxi} Ibid
- ^{xxii} <https://www2.gnb.ca/content/dam/gnb/Departments/h-s/pdf/ExpansionTestingExtensiontest.pdf>
- ^{xxiii} <https://www.gov.nl.ca/covid-19/files/Special-Measures-Order-Updated-March-24-2020.pdf>
- ^{xxiv} <https://www.gov.nl.ca/covid-19/files/Special-Measures-Order-Amendment-No.-4-April-14-2020.pdf>
- ^{xxv} <https://www.gov.nl.ca/covid-19/files/Key-Messages-Personal-Care-Homes-Community-Care-Homes-and-COVID-19-03-23-2020.pdf>
- ^{xxvi} <https://www.gov.nl.ca/covid-19/files/Long-Term-Care-Homes-Temporary-Discharges.pdf>
- ^{xxvii} <https://novascotia.ca/coronavirus/health-protection-act-order-by-the-medical-officer-of-health.pdf>

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- xxix <https://www.cbc.ca/news/canada/nova-scotia/masks-now-mandatory-for-workers-at-n-s-long-term-care-homes-1.5530953>
- xxx <https://novascotia.ca/coronavirus/health-protection-act-order-by-the-medical-officer-of-health.pdf>
- xxxi <https://www.cbc.ca/news/canada/nova-scotia/resident-removal-long-term-care-1.5522052>
- xxxii <https://www.nthssa.ca/en/newsroom/public-notice-march-17th-nthssa-operational-update>
- xxxiii <https://www.princeedwardisland.ca/en/news/new-provincial-measures-regarding-covid-19-announced>
- xxxiv https://www.princeedwardisland.ca/sites/default/files/publications/pei_guidelines_for_the_management_and_control_of_covid-19_in_ltc.pdf
- xxxv Ibid
- xxxvi Ibid
- xxxvii <https://www.ontario.ca/page/covid-19-action-plan-long-term-care-homes>
- xxxviii <https://www.quebec.ca/en/premier/actualites/detail/le-gouvernement-du-quebec-declare-l-etat-d-urgence-sanitaire-interdit-les-visites-dans-les-centres-h/>
- xxxix <https://www.inspq.qc.ca/publications/2968-port-masque-procedure-milieux-soins-transmission-communautaire-soutenue-covid-19>
- xl <https://www.quebec.ca/en/premier/actualites/detail/chsld-et-residences-privees-pour-personnes-ainees-le-renfort-s-en-vient-dit-francois-legault/>
- xli <https://www.cbc.ca/news/canada/montreal/covid-19-quebec-april-3-1.5520159> and <https://www.quebec.ca/en/health/health-issues/a-z/2019-coronavirus/answers-questions-coronavirus-covid19/questions-answers-health-services-covid-19/>
- xlii <https://www.saskatchewan.ca/-/media/files/coronavirus/public-health-measures/guidance-for-health-care-facilities/visitor-restrictions-continuing-care.pdf>
- xliii <https://www.saskatchewan.ca/-/media/files/coronavirus/health-system-pandemic-response/sha-provincial-weekly-update---covid-19-readiness---april-21-2020.pdf>
- xliv <https://www.saskatchewan.ca/government/news-and-media/2020/april/14/sha-update-on-health-system-readiness>
- xlvi <https://yukon.ca/en/news/chief-medical-officer-health-recommends-broad-new-measures-yukon>