

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



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, higher likelihood of living with multiple chronic conditions, including dementia, and weaker immune systems all contribute to their greater risk of death.

There are close to 500,000 Canadians¹ who live in nursing homes, retirement homes and other congregate living long-term care settings, with 85% aged 65 years and older.² There are 0.9% of Canadians who live in long-term care and congregate living settings. Currently, 7% of Canadians over 65 years of age, 32% of those over 85 years of age, and 67% of those over 100 years of age call these settings home.³

The presence of systemic vulnerabilities within long-term care settings, such as living together in close quarters and chronic staffing shortages, adds further risks. Many, especially older 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 room accommodations, 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 and other settings, further increasing the spread of infections like COVID-19.

It is also now 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.⁴ A CDC-led 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.⁵

An early 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.⁶

More recently, CIHI in partnership with the NIA has demonstrated that 81% of Canada's deaths from COVID-19 occurred in long-term care and congregate settings, nearly twice the international OECD average of 42%.⁷

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%, where the risk of dying from COVID-19 is 99 times greater than amongst older community-dwelling Canadians 65 years of age and older.⁷

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.

1. 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 long-term care 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 long-term care homes, homes across the country began to impose strict “no visitor” policies as part of their infection prevention and control (IPAC) strategies.^{8,9} 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 was actively screened for signs, symptoms or for potentially being at high-risk of exposure. Anyone who did not pass this level of screening was not permitted to enter the home.

While the above early guidance was seen as crucial to help stop the spread of COVID-19, staff and family members of residents were encouraged to look for safer ways of engaging with residents to prevent undue social isolation that could result from a lack of visitors. Technology, such as tablets was and is still being increasingly used to communicate with residents. Families have also become creative by visiting residents via window-visits and other means.

More recently, as the community prevalence of COVID-19 has continued to decrease in Canada, and regions across the country progress with phased re-openings, experts and advocates have grown increasingly concerned that visitation policies and family caregiver access to long-term care settings have remained overly restrictive and may be causing harm to residents¹⁰. Thus provinces and territories have now been trying 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.¹¹

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^{12,13,14} along with similar rates of dementia that could further limit the ability of many residents to identify and report symptoms.¹⁵

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 required that in-person visits be prohibited for at least four months in some cases, 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 NIA's 'Iron Ring' Guidance for Long-Term Care Settings Across Canada

First Issued March 27th, 2020 and Updated as of July 10th, 2020

Province/ Territory	Restrictin g 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	Easing Visitor Restrictions	Dates and link(s) to guideline(s)/directive(s) or source(s)
Federal PHAC Guidelines 	R April 8 th , 2020	R April 8 th , 2020	R April 8 th , 2020	R April 8 th , 2020			1. April 8 th , 2020 https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/prevent-control-covid-19-long-term-care-homes.html#a5
Alberta 	✓ March 20 th , 2020	✓ Announced on April 10 th , 2020 To be effective as of April 23 rd , 2020	✓ Announced on April 10 th , 2020 To be effective as of April 15 th , 2020	✓ Announced April 28 th , 2020 If there is a new confirmed outbreak, all residents and staff must be tested for COVID-19	✓ Announced April 28 th , 2020 The resident must "have a detailed plan of care and service applicable for an indeterminate length of time (up to or over one year)" and should include "back-up arrangements for contingences	✓ April 28 th , 2020	1. March 20 th , 2020 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 2. April 10 th , 2020 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 3. April 28 th , 2020 https://open.alberta.ca/dataset/63fd3100-c64c-492e-9be0-cf62d83ad10f/resource/21817ec1-2daa-4d84-9171-c1132cb70963/download/health-cmoh-record-of-decision-cmoh-12-2020.pdf 4. April 28 th , 2020 https://open.alberta.ca/dataset/1a2011e5-fc79-43b4-aab0-1c276b16b99b/resource/35ab8044-

					that may arise in the event of illness.” They must also provide written consent that the room may be used by someone else while they are away.		8c19-480a-9799-ef4f9b95c376/download/health-cmoh-record-of-decision-cmoh-14-2020.pdf
<p>British Columbia</p> 	<p>✓ March 17th, 2020</p>	<p>✓ March 27th, 2020</p>	<p>✓ March 25th, 2020</p>	<p>✓ Testing if exhibiting mild and atypical symptoms</p> <p>April 10th, 2020</p>		<p>✓ June 30th, 2020</p>	<ol style="list-style-type: none"> 1. March 17th, 2020 <i>Original Source No Longer Available*</i> 2. March 27th, 2020 https://www2.gov.bc.ca/assets/gov/health/about-bc-s-health-care-system/office-of-the-provincial-health-officer/reports-publications/covid-19-pho-order-movement-health-care-staff.pdf 3. March 25th, 2020 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 4. April 10th, 2020 http://www.bccdc.ca/Health-Professionals-Site/Documents/BCCDC_PHL_Updated_nCoV_La_b_Guidance.pdf 5. June 30th, 2020 http://www.bccdc.ca/Health-Info-Site/Documents/COVID19_LongTermCareAssistedLiving.pdf

<p>Manitoba</p> 	<p>✓ March 17th, 2020</p>	<p>✓ Announced on April 26th, 2020</p> <p>To be implemented beginning May 1st, 2020</p>	<p>✓ Announced on April 1st, 2020</p> <p>To be implemented by April 13th, 2020</p>	<p>✓ Announced May 13th, 2020</p> <p>Expanded testing for those exhibiting atypical symptoms</p>	<p>✓ June 3rd, 2020</p>	<ol style="list-style-type: none"> March 17th, 2020 https://sharedhealthmb.ca/files/covid-19-family-ltc.pdf April 26th, 2020 https://sharedhealthmb.ca/files/covid-19-single-site-staffing-model-for-licensed-pchs.pdf April 1st, 2020 <i>Original Source No Longer Available*</i> Source updated May 7th, 2020 https://sharedhealthmb.ca/files/covid-19-provincial-ppe-requirements.pdf May 13th, 2020 https://sharedhealthmb.ca/files/covid-19-updated-testing-criteria-may-13.pdf June 3rd, 2020 https://news.gov.mb.ca/news/index.html?item=48384&posted=2020-06-03
<p>New Brunswick</p> 	<p>✓ April 14th, 2020</p>	<p>R Should avoid working in different facilities if possible</p> <p>April 14th, 2020</p>	<p>✓ April 14th, 2020</p>	<p>✓ May 4th, 2020</p> <p>In addition to mild symptoms, are to look for atypical symptoms</p>	<p>✓ June 5th, 2020</p>	<ol style="list-style-type: none"> April 14th, 2020 https://www2.gnb.ca/content/dam/gnb/Departments/h-s/pdf/LTCF-E.pdf May 4th, 2020 https://www2.gnb.ca/content/dam/gnb/Departments/h-s/pdf/covid-19_ltcf_guidance-e.pdf June 4th, 2020 https://www2.gnb.ca/content/gnb/en/news/news_release.2020.06.0324.html
<p>Newfoundland and Labrador</p> 	<p>✓ March 23rd, 2020</p>	<p>✓ April 14th, 2020</p>		<p>✓ Residents can temporarily move in with family, but will need to continue to pay their client contribution</p>	<p>✓ June 10th, 2020</p>	<ol style="list-style-type: none"> March 23rd, 2020 <i>Original Source No Longer Available*</i> April 14th, 2020 <i>Original Source No Longer Available*</i> March 23rd, 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

					March 23 rd , 2020		5. June 10 th , 2020 https://www.cbc.ca/news/canada/newfoundland-labrador/new-visitor-changes-mothers-birth-partners-hospital-1.5606167
<p>Nova Scotia</p> 	<p>✓ March 22nd, 2020</p>	<p>R Public Health to determine whether staff from facility in outbreak can work in non-outbreak facilities</p> <p>April 17th, 2020</p>	<p>✓ April 12th, 2020</p>	<p>✓ Testing for atypical symptoms</p> <p>April 11th, 2020</p>	<p>✓ Nova Scotia's normal 30-day bed holding policy is in place</p>	<p>✓ Announced June 10th</p> <p>To be implemented by June 15th</p>	<p>1. July 3rd, 2020 https://novascotia.ca/coronavirus/docs/health-protection-act-order-by-the-medical-officer-of-health.pdf</p> <p>2. April 12th, 2020 https://www.cbc.ca/news/canada/nova-scotia/masks-now-mandatory-for-workers-at-n-s-long-term-care-homes-1.5530953</p> <p>3. April 11th, 2020 https://novascotia.ca/coronavirus/docs/health-protection-act-order-by-the-medical-officer-of-health.pdf</p> <p>4. April 4th, 2020 https://www.cbc.ca/news/canada/nova-scotia/resident-removal-long-term-care-1.5522052</p> <p>5. June 10th, 2020 https://novascotia.ca/news/release/?id=20200610004</p>
<p>Northwest Territories</p> 	<p>✓ March 17th, 2020</p>					<p>✓ June 18th, 2020</p>	<p>1. March 17th, 2020 https://www.nthssa.ca/en/newsroom/public-notice-march-17th-nthssa-operational-update</p> <p>2. June 18th, 2020 https://www.hss.gov.nt.ca/professionals/sites/professionals/files/resources/interim-outbreak-management-covid-19-long-term-care-facilities.pdf</p>
<p>Nunavut</p> 	<p>✓ April 1st, 2020</p>					<p>✓ June 29th, 2020</p>	<p>1. https://www.gov.nu.ca/health/news/covid-19-department-health-services-update</p>

<p>Prince Edward Island</p> 	<p>✓ March 15th, 2020</p>	<p>R Staff from facility in outbreak should not work in non-outbreak facilities</p> <p>April 15th, 2020</p>	<p>✓ April 15th, 2020</p>	<p>✓ April 15th, 2020</p>		<p>✓ June 1st, 2020</p>	<ol style="list-style-type: none"> March 15th, 2020 https://www.princeedwardisland.ca/en/news/new-provincial-measures-regarding-covid-19-announced https://www.princeedwardisland.ca/sites/default/files/publications/pei_guidelines_for_the_management_and_control_of_covid-19_in_ltc.pdf June 1st, 2020 https://www.thestar.com/news/canada/2020/06/01/more-provinces-moving-to-further-loosen-covid-19-restrictions.html
<p>Ontario</p> 	<p>✓ March 18th, 2020</p>	<p>R March 22nd, 2020 To limit wherever possible those working at multiple locations</p> <p>✓ Announced on April 15th, 2020</p> <p>To be effective as of April 23rd, 2020</p> <p>Does not enable the limitation of multiple different home care providers from entering licensed retirement homes</p>	<p>✓ April 8th, 2020</p>	<p>✓ April 15th, 2020</p>	<p>✓ March 24th, 2020</p>	<p>✓ Announced on June 11th, 2020</p> <p>To be effective on June 18th, 2020</p>	<ol style="list-style-type: none"> April 15th, 2020 https://www.ontario.ca/page/covid-19-action-plan-long-term-care-homes June 11th, 2020 https://news.ontario.ca/opo/en/2020/06/ontario-to-resume-family-visits-in-long-term-care-homes-retirement-homes-and-other-residential-care.html

<p>Quebec</p> 	<p>✓ March 14th, 2020</p>		<p>✓ All workers providing direct care – April 4th, 2020</p>	<p>✓ April 8th, 2020</p>	<p>✓ April 3rd, 2020</p>	<p>✓ April 16th, 2020 for patients in CHSLDs (long-term care homes). May 5th, 2020 for those in RPAs (retirement homes).</p>	<ol style="list-style-type: none"> March 14th, 2020 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/ April 4th, 2020 https://www.inspq.qc.ca/publications/2968-portal-masque-procedure-milieu-soins-transmission-communautaire-soutenue-covid-19 April 8th, 2020 https://www.quebec.ca/en/premier/actualites/detail/chsld-et-residences-privées-pour-personnes-aines-le-renfort-s-en-vient-dit-francois-legault/ April 3rd, 2020 https://www.cbc.ca/news/canada/montreal/covid-19-quebec-april-3-1.5520159 https://www.quebec.ca/en/health/health-issues/a-z/2019-coronavirus/answers-questions-coronavirus-covid19/questions-answers-health-services-covid-19/ April 14th, 2020 https://montreal.ctvnews.ca/covid-19-quebec-to-ease-restrictions-on-visiting-seniors-residences-premier-legault-says-1.4895261?cache=yesclipid104062 May 5th, 2020 https://www.cbc.ca/news/canada/montreal/covid-19-quebec-may-5-1.5555549
<p>Saskatchewan</p> 	<p>✓ March 26th, 2020</p>	<p>✓ Announced on April 17th, 2020 To be effective by April 28th, 2020</p>	<p>✓ April 14th, 2020</p>			<p>✓ June 3rd, 2020</p>	<ol style="list-style-type: none"> March 26th, 2020 https://www.saskatchewan.ca/-/media/files/coronavirus/public-health-measures/public-health-orders/public-health-order--march-26-2020.pdf April 21st, 2020 https://www.saskatchewan.ca/-/media/files/coronavirus/health-system-

							<p>pandemic-response/sha-provincial-weekly-update---covid-19-readiness---april-21-2020.pdf</p> <p>3. April 14th, 2020 https://www.saskatchewan.ca/government/news-and-media/2020/april/14/sha-update-on-health-system-readiness</p> <p>4. June 3rd, 2020 https://www.saskatchewan.ca/government/news-and-media/2020/june/03/visitation-and-masking-guidelines?fbclid=IwAR38H7H3LVk2HBLfy01llswyMesix4PMrzc3wpEEijyZulHmIEXkqISGaek</p>
<p>Yukon</p> 	<p>✓ March 16th, 2020</p>					<p>✓ June 12th, 2020</p>	<p>1. March 16th, 2020 https://yukon.ca/en/news/chief-medical-officer-health-recommends-broad-new-measures-yukon</p> <p>2. June 12th, 2020 https://www.cbc.ca/news/canada/north/yukon-covid19-update-june12-1.5610249</p>

* 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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