EVIDENCE SYNTHESIS BRIEFING NOTE

TOPIC: INFECTION CONTROL AND PUBLIC HEALTH MEASURES IN LONG-TERM CARE AND RETIREMENT HOMES FOLLOWING COVID-19 VACCINATION OF RESIDENTS

Information finalized as of April 1, 2021.[a]

This Briefing Note was completed by the Research, Analysis, and Evaluation Branch (Ministry of Health) based on information provided by members of the COVID-19 Evidence Synthesis Network. Please refer to the Methods section for further information.

Purpose: This briefing note provides a summary on infection prevention and control (IPC) measures in long-term care homes (LTCHs) and Retirement Homes (RHs) following COVID-19 vaccination of residents.

Key Findings and Implications:

- Jurisdictions (Canada [Ontario, British Columbia, Prince Edward Island, Yukon], Netherlands, Republic of Ireland, the United Kingdom, and the United States [Washington State, Arizona]) report that LTCHs should have a range of protections against COVID-19 following vaccination such as:
    - Continuing to follow IPC measures (i.e., masking, physical distancing, and hand washing for residents and visitors),
    - Testing and screening (i.e., testing of visitors, staff, and residents where available),
    - Encouraging COVID-19 vaccinations for residents and visitors; prioritizing outdoor visits over indoor visits; increasing the number of visitors per day for residents who are fully vaccinated (e.g., two instead of one), and
    - Permitting communal and group dining in conjunction with public health measures (e.g., sitting six feet apart, masking unless eating).
- Guidance from the United States focuses on two factors: the quality of IPC measures in LTCHs, and the community spread in the area based on percent positivity. For example:
    - Indoor visitation is permitted when there is <10% positivity in the area and >70% vaccine rate of residents in the LTCH. Fully vaccinated residents can choose to have close contact (including touch) with their visitor while wearing a well-fitting source control (i.e., mask or respirator) and performing hand-hygiene.
    - Absences from LTCHs for non-medical reasons, communal dining, and social activities can occur with appropriate IPC measures (e.g., physical distancing, hand hygiene, and masking), where there is minimal to moderate community spread and >70% vaccine rate of residents.

Implications for Ontario:

- In addition to routine practices for COVID-19 immunization clinics, IPC measures should be implemented in accordance to the LTCH outbreak status. Resident and staff cohorting should remain in place, including LTCH staff cohorting for those providing the vaccine to residents. As of January 18, 2021, there is no change to case, contact, and outbreak management if a new confirmed infection is identified in a previously vaccinated

[a] This briefing note includes current available evidence as of the noted date. It is not intended to be an exhaustive analysis, and other relevant findings may have been reported since completion.

Supporting Evidence

Table 1 below describes jurisdictional experiences on IPC measures used in LTCHs and RHs following the COVID-19 vaccination of residents. In terms of jurisdictional experience, information is presented on Canada (Ontario, British Columbia, Prince Edward Island, Yukon), Netherlands, Republic of Ireland, the United Kingdom, and the United States (US) (Washington State, Arizona). No updated guidance for LTCHs or RHs following vaccinations were identified in Alberta, Israel, Manitoba, New Brunswick, Northern Ireland, Northwest Territories, Nova Scotia, Nunavut, Quebec, Saskatchewan, Wales, or Wyoming. Most guidance was identified on LTCHs and not all jurisdictions reported guidance specifically for post-COVID-19 vaccination.

Additional details are provided in Table 2 (IPC measures in LTCHs and RHs following COVID-19 vaccination of residents) in the Appendix.

Table 1: Summary of Jurisdictional Experiences on IPC Measures in LTCHs and RHs Following COVID-19 Vaccination of Residents

International Scan	**Allowances of Visitors** • The following are IPC changes permitting visitation in LTCHs: active screening and testing for residents, staff, and visitors (WHO; US: Center for Disease Control and Prevention [CDC], Arizona; Scotland); practicing IPC measures (PPE, physical distancing, hand hygiene) (WHO; US: Centers for Medicare & Medicaid Services [CMS], Arizona; UK; Scotland; Republic of Ireland); using a monitoring system to verify visitors' compliance with IPC measures (WHO); having a visiting space that is well ventilated (WHO); limiting the number of screened visitors (WHO); visitation occurring outdoors or in open space (WHO, US: CMS; UK); permitting indoor visits if COVID-19 risk is low (US, CMS; US, CDC); not permitting indoor visitation until residents have been fully vaccinated (US: CDC, Washington); and specifying an identified number of visitors (i.e., Netherlands: two visitors per day and expanded bubble; Scotland: two visits per week; Republic of Ireland: increasing the duration of visit).[1,2,3,4,5,6,7,8,9,15,16] **Congregate Dining and Social Activities** • The following are IPC changes permitting congregate dining and social activities in LTCHs: group activities carried out using virtual/video modalities (WHO); social activities undertaken outdoors (WHO; UK); dining and meals staggered to ensure physical distancing (WHO); residents dining in their rooms (WHO); and adhering to IPC measures (PPE, physical distancing, hand hygiene) (US: CMS, CDC, Washington).[1,2,3,9,15] **Absences From the Home** • The following are IPC changes permitting residents to leave their LTCHs: absence permitted if a resident does not have suspected or confirmed SARS-CoV-2 (US, CDC); IPC measures should be followed when off the LTCH grounds (PPE, physical distancing, hand hygiene) (US: CDC; Scotland); if fully vaccinated, residents do not have to quarantine when they leave and return to the LTCH (US, Washington; Republic of Ireland); avoiding public indoor spaces (Scotland); and residents being advised against leaving their home if unvaccinated (Republic of Ireland).[2,3,6,7,9] **Other Relevant Recommendations** Facilities should continue to regularly vaccinate new admissions (US, CDC).

Canadian Scan	**Allowances of Visitors** • The following are IPC changes permitting visitation in LTCHs: active screening and testing for residents, staff, and visitors at every visit (Canada; British Columbia; Yukon); practicing IPC measures (PPE, physical distancing, hand hygiene); limiting movement within LTCHs (Canada; Yukon); removing visitors from LTCHS if non-compliance with IPC measures is identified (Canada); limiting the number of screened visitors (British Columbia); and implementing visitor management systems (i.e., scheduled visits, predetermined visit locations in LTCHs) (British Columbia; Prince Edward Island; Yukon).[10,11,12,13] **Congregate Dining and Social Activities** • The following are IPC changes permitting congregate dining and social activities in LTCHs: residents remaining in their room the during visits and social activities (Yukon).[12] **Absences From the Home** • The following are IPC changes permitting residents to leave their LTCHs: movement or transfer within and between facilities of residents who are suspected to be infectious (Canada); residents permitted to travel only in the company of caregivers, or for exceptional circumstances (Prince Edward Island); and residents not leaving the LTCH unless necessary (Yukon).[12,13]
Ontario Scan	**Allowances of Visitors** • In addition to routine practices for COVID-19 immunization clinics, the Ministry of Health recommends that IPC practices be implemented in accordance to the LTCH outbreak status. Resident and staff cohorting should remain in place, including LTCH staff cohorting those providing the vaccine to residents. As of January 18, 2021, there is no change to case, contact, and outbreak management if a new confirmed infection is identified in a previously vaccinated individual. There is also no change to contact management if a contact has been vaccinated.[14]

Methods

The COVID-19 Evidence Synthesis Network is comprised of groups specializing in evidence synthesis and knowledge translation. The group has committed to provide their expertise to provide high-quality, relevant, and timely synthesized research evidence about COVID-19 to inform decision makers as the pandemic continues. The following member of the Network provided evidence that was used to develop this Evidence Synthesis Briefing Note:

- Ontario Health (Quality). (April 1, 2021). Infection Control and Public Health Measures in Long-Term Care and Retirement Homes Following COVID-19 Vaccination of Residents: A Jurisdictional Scan.

For more information, please contact the Research, Analysis and Evaluation Branch (Ministry of Health).

Table 2: Changes for IPC Measures in LTCHs and RHs Following COVID-19 Vaccination of Residents[b]

Source (Date of Guidance)	Recommendations (Allowances of Visitors, Congregate Dining And Social Activities, Absences From The Home, Other Relevant Recommendations)
Canada[c]	
Ontario Ministry of Health (January 11, 2021)	• **Recommendations on Allowance of Visitors:** According to a Ministry of Health report (January 18, 2021) on guidance for COVID-19 immunization in LTCHs and RHs there is no change to case, contact, and outbreak management if a new confirmed infection is identified in a previously vaccinated individual. There is also no change to contact management if a contact has been vaccinated.[14]
Government of Canada (February 26, 2021)	• **Recommendations on Allowance of Visitors**: The term "visitor" is intended to include anyone who is not employed directly by the LTCH but has been permitted entry into the facility, and includes but is not limited to volunteers, delivery personnel or contractors, outside care providers or consultants, family caregivers, and general visitors. LTCHs should have visitor policies in place. Based on public health direction, outbreak status, or local or regional COVID-19 status, it may be necessary to restrict some visitation. Facilities should refer to local and jurisdictional public health guidance when establishing visitor policies; these should aim to balance the physical, psychological, emotional and spiritual needs of residents with the risk of introduction and transmission of COVID-19, and may vary over time, depending on local COVID-19 epidemiology. o Visitors should: ▪ Be screened for exposure to or signs and symptoms of COVID-19 at every visit. If exhibiting signs or symptoms, or having recent known exposure to someone with COVID-19 or on self-isolation or quarantine as per public health directives, they should be excluded from visiting and suggested to follow up with local public health and/or their healthcare provider; ▪ Limit their movement within the facility to directly visiting the resident and exiting the LTCH after their visit (outdoor visits may be preferable when weather permits and these can be safely arranged); ▪ Be instructed to wear a medical mask while in the facility (and in the presence of residents or staff in outdoor spaces) and on how and when to perform hand hygiene (e.g., upon entering and exiting the building and the resident room, after touching the resident or any surface in the resident environment, before putting on and after removing their mask); ▪ Before entering the room of a resident on droplet and contact or other additional precautions, speak with LTCH staff (e.g., a resident's nurse) for an assessment of the risk to their health and guidance on routine practices and additional precautions (including PPE use); and ▪ Be excluded from visiting if they are unable to adhere to the required IPC practices. • **Recommendations on Communal Activities and Dining And Absences from the Home:** IPC practices to prevent introduction and transmission of COVID-19 into and within LTCHs during resident activity should include: o Limiting non-essential resident outings to public spaces

[b] Abbreviations: HCP, health care provider; LTC, long-term care; LTCF, long-term care facility.
c The updated guidance was not issued specifically for post-COVID-19 vaccination.

Source (Date of Guidance)	Recommendations (Allowances of Visitors, Congregate Dining And Social Activities, Absences From The Home, Other Relevant Recommendations)
	○ When going to a public space is necessary, medical mask-wearing by residents if able and where tolerated ○ Maintaining a minimum physical distance of two metres between asymptomatic individuals, such as by: ▪ If there are no cases of COVID-19 identified in the facility: • Staggering mealtimes if physical distancing can be maintained • Cancelling group activities if a minimum two-metre distance between residents cannot be maintained • Preferentially considering outdoor activities, weather-permitting ▪ If there are suspected or confirmed cases of COVID-19 in the facility: • Serving residents individual meals in their rooms, with adequate monitoring and supervision for safety of residents while eating • Cancelling in-person group activities ▪ For group activities: • Limiting the number of residents to the smallest feasible groups • Restricting residents to a single unit or floor • Medical mask-wearing by residents where tolerated (masks should not be used for residents who have difficulty breathing or are unable to remove the mask on their own if needed) • Avoiding indoor group singing, shouting, or vigorous exercise • Ensuring that materials (e.g., electronic tablets or other devices, craft supplies, bingo cards, utensils, linens, tools) are not shared amongst residents unless they are cleaned and disinfected between uses • Items that cannot be easily cleaned and disinfected should not be shared amongst residents ▪ Residents who are considered exposed to, or suspected or confirmed to have COVID-19 should stay in their room until they have met the criteria for discontinuation of additional precautions in accordance with facility IPC protocols and provincial and territorial public health guidance. Those undergoing CPAP or Bilevel Positive Airway Pressure (BiPAP) should not be moved. Movement or transfer within and between facilities of residents who are suspected to be infectious should be avoided unless medically necessary. ▪ If residents who are considered exposed to or suspected or confirmed to have COVID-19 must leave their room for medically necessary care or treatment, they should: • Be accompanied by staff • Wear a medical mask, as tolerated • Be instructed to perform respiratory and hand hygiene (with assistance as necessary) • Be provided with clean clothes and bedding before leaving their room • Minimize touching surfaces or items outside of their room ▪ A minimum of droplet and contact precautions should be maintained by staff during resident transport, and communicated along with relevant clinical information to the transferring service and receiving unit ahead of transfer.

Source (Date of Guidance)	Recommendations (Allowances of Visitors, Congregate Dining And Social Activities, Absences From The Home, Other Relevant Recommendations)
	▪ Wheelchairs or transport stretchers should be cleaned and disinfected prior to exiting the resident's room and after being used. Any surfaces outside the room that the resident may have touched should be cleaned and disinfected.[10]
British Columbia Centre for Disease Control **(March 30, 2021)**	• **Recommendations on Allowance of Visitors**: Social visits will only be allowed if there is no active COVID-19 outbreak at the care home/residence and will cease immediately if an outbreak is declared, and the facility goes into active outbreak management. Visits will resume immediately when the outbreak is declared over with lessons learned applied to ongoing practice. o Social visits will be scheduled in advance between the visitor(s) and facility. Family/social visits are no longer limited to one designated family member or friend. Additional family members and friends are allowed with a maximum of two visitors (+one child) at the same time if the visit is indoors. o Residents will meet their visitors in a pre-determined visiting location, such as the resident's room, or a communal visiting location (indoor or outdoor). Residents may have more than two social visitors in alignment with current provincial health officer guidelines if visiting outdoors, in an appropriate location and adhering to IPC requirements (mask use, hand hygiene). o All visitors shall be actively screened for signs and symptoms of illness, including COVID-19, prior to entry at every visit. Visitors with signs or symptoms of illness, as well as those in self-isolation or quarantine in accordance with public health directives, shall not be permitted to visit. o Visitors shall be instructed when to perform hand hygiene, respiratory etiquette and safe physical distancing. All visitors are required to wear a medical mask for the duration of indoor and outdoor visits. With appropriate precautions, visitors may be in physical contact with the resident they are visiting. o Any furniture and surfaces in communal visit areas will be cleaned and disinfected as per the provincial IPC COVID-19 guidance for long-term care and seniors' assisted living at the end of each visit. Visits in resident rooms do not require additional enhanced cleaning following visits.[11]
Prince Edward Island **(March 13, 2021)**	• **Recommendations on Allowance of Visitors and Absences from the Home:** No change to current measures: o Up to three partners in care. Limited number of visitors permitted in designated areas. o Residents permitted to travel only in the company of partners in care, or for exceptional circumstances. o Strict public health and control measures.[13]
Yukon **(March 31, 2021)**	• **Recommendations on Allowance of Visitors and Absences from the Home:** o Including essential care visitors, a resident may choose up to four identified general visitors for indoor visits. Two visitors may visit at the same time if they are from the same household. o Residents should not leave the LTCH unless necessary. This includes overnight or day visits in private homes, restaurants, or shops. If leave is essential, advance discussion needs to occur with the LTCH . An example of an essential leave reason would be a health appointment that cannot be completed virtually. o Private vehicle transportation of a resident should be for essential reasons only. Transportation should be provided by an identified visitor. o At each visit, the visitor must: ▪ Stay home if symptoms are present;

Source (Date of Guidance)	Recommendations (Allowances of Visitors, Congregate Dining And Social Activities, Absences From The Home, Other Relevant Recommendations)
	▪ Not visit the care home if has travelled outside the territory in the past 14 days regardless of existing border restrictions (there are exceptions for essential end of life and care visitors – please see the "Visitors from out-of-territory" tab in the source document); ▪ Undergo a COVID-19 screening questionnaire and temperature check; ▪ Wear a medical mask continuously throughout their time in the care home – we provide the mask and information on how to put on and take off masks with proper hand hygiene before and after; ▪ Remain in the resident's room for the duration of the visit – assisting with quality of life or care activities (for example, meal time) or supporting an outdoor visit are the only exceptions; ▪ Not visit with any other residents; ▪ Avoid touching share equipment (for example, linen carts); ▪ Wear any PPE, as may be required; and ▪ Wash hands or use sanitizer on entry or exit from the building and entry or exit from rooms.[12]
International	
World Health Organization **(January 8, 2021)**	• **Recommendations on Allowance of Visitors**: Having the following measures in place is key to preventing the risk that visitors may contribute to SARS-CoV-2 transmission in Long-Term Care Facilities (LTCFs): o Active screening and testing policies for residents, staff and visitors; o Demonstration of appropriate IPC practices in place in the facility according to WHO guidance and local policies; o Availability of a COVID-19 outbreak management plan; o An IPC focal point appointed in the LTCF; o Continuous access to adequate PPE; o Adequate staffing available to support interaction between residents and visitors; o A designated individual to educate and assist visitors on IPC precautions on an ongoing basis; o A monitoring system in place to check on visitors' compliance with IPC precautions; and o Access to COVID-19 vaccine where available. • All visitors should be screened for signs and symptoms of acute respiratory infection or significant risk for COVID-19 (see below), and no one who presents as positive at this screening should be allowed to enter the premises. A record of all visitors allowed into the facility should be maintained. In addition to the measures above, the following additional precautions are considered important. o The LTCF should have an arrangement to enable booking appointments for visitors: ad hoc visits should be avoided. o Each resident should have a single constant visitor wherever possible. o Face masks must be used throughout the visit, including around the LTCF building and grounds. This is especially important for visitors who are also caregivers. Additional PPE should be used if needed according to risk assessment.

Source (Date of Guidance)	Recommendations (Allowances of Visitors, Congregate Dining And Social Activities, Absences From The Home, Other Relevant Recommendations)
	○ Physical distancing of a minimum of one metre (between visitors and residents, staff, and visitors from other households) should be maintained at all times unless the resident is receiving care or physical or close contact is needed. ○ The designated visiting space should be used by only one resident and visitor at a time, and should be subject to enhanced cleaning and disinfection between each visit. ○ The visiting space must be well ventilated. ○ Where there is a single access point to the space, the resident and visitor should enter the space at different times to ensure that safe distancing and seating arrangements can be maintained effectively. ○ A screen or transparent plastic sheet may be used between the resident and visitor. ○ Visits should happen in the open air wherever possible (recognizing that for many residents and visitors this will not be appropriate in the winter). • The potential risks of allowing visiting should be explained to residents who have the capacity to understand and to their families/next of kin. • It is also important to take into account the local epidemiology of COVID-19. Temporary restrictions might be necessary in areas with community transmission. • Where it has been agreed locally that visiting should be suspended, consideration should be given to allowing a limited number of screened visitors on compassionate grounds, specifically if the resident is gravely ill and the visitor is their next of kin or other person required for emotional care. A local decision must be taken on whether a visitor with suspected or confirmed COVID-19 can visit a family member who is gravely ill, with appropriate controls. The decision to suspend visiting should be reviewed regularly, recognizing how important visits from family members or next of kin are to the well-being of residents. • **Recommendations on Communal Activities and Dining**: For group activities physical distancing should be ensured, with alternatives such as virtual/video activities. Where feasible, the same few people could be grouped together in all group activities. Such activities should also be undertaken outside as much as possible. Meals should be staggered to ensure that physical distance is maintained between residents. If this is not feasible, dining halls should be closed and residents served individual meals in their rooms.[1]
Israel	
• No specific post-COVID-19 vaccination guidance identified.	

Source (Date of Guidance)	Recommendations (Allowances of Visitors, Congregate Dining And Social Activities, Absences From The Home, Other Relevant Recommendations)
USA[d]	

Centers for Medicare & Medicaid Services
(March 10, 2021)
	• **Recommendations on Allowance of Visitors**: Outdoor visitation is preferred even when the resident and visitor are fully vaccinated[e] against COVID-19. Facilities should always allow indoor visitations for all residents (regardless of vaccination status), except for a few circumstances when visitation should be limited due to a high risk of COVID-19 transmission (note: compassionate care visits should be permitted at all times). These scenarios include limiting indoor visitation for:
	  ○ Unvaccinated residents, if the nursing home's COVID-19 county positivity rate is >10% and <70% of residents in the facility are fully vaccinated
	  ○ Residents with confirmed COVID-19 infection, whether vaccinated or unvaccinated until they have met the criteria to discontinue transmission-based precautions; or
	  ○ Residents in quarantine, whether vaccinated or unvaccinated, until they have met criteria for release from quarantine.
	• If the resident is fully vaccinated, they can choose to have close contact (including touch) with their visitor while wearing a well-fitting face mask and performing hand-hygiene before and after. Regardless, visitors should physically distance from other residents and staff in the facility.
	• **Recommendations on Communal Activities and Dining**: While adhering to the core principles of COVID-19 infection prevention, communal activities and dining may occur. Residents may eat in the same room with physical distancing (e.g., limited number of people at each table and with at least six feet between each person). Group activities may also be facilitated (for residents who have fully recovered from COVID-19, and for those not in isolation for observation, or with suspected or confirmed COVID-19 status) with physical distancing among residents, appropriate hand hygiene, and use of a face covering (except while eating). Facilities may be able to offer a variety of activities while also taking necessary precautions.[15]

Centers for Disease Control and Prevention
(March 29, 2021)
	• **Recommendations on Allowance of Visitors**: Have a plan for visitation:
	  ○ Have a facility plan for managing visitation, including use of restrictions when necessary.
	  ○ While facilities are encouraged to facilitate in-person visits whenever possible, refer to the CMS visitation memo for situations requiring temporary restriction of indoor visitors, except for compassionate care reasons. Also refer to CDC Updated Healthcare IPC Recommendations in Response to COVID-19 Vaccination, as well as state and local health department for additional guidance.
	  ○ Send letters or emails to families reminding them not to visit when ill or if they have had close contact with someone with SARS-CoV-2 infection in the prior 14 days.

[d] We focused on the State Department of Health websites and states that have counties with >60% vaccination rate among those 65 and older. Guidance from a state was not included in the table above if it was the same as the Center for Medicare and Medicaid recommendations. The following states adopted guidance from the CMS: Minnesota, Iowa, North Dakota, Indiana, California, and Nevada.

[e] Fully vaccinated was defined as a person who is ≥2 weeks following receipt of the second dose in a two-dose series, or ≥2 weeks following receipt of one dose of a single-dose vaccine.

Source (Date of Guidance)	Recommendations (Allowances of Visitors, Congregate Dining And Social Activities, Absences From The Home, Other Relevant Recommendations)
	○ Post signs at the entrances to the facility advising visitors to check-in with the front desk to be assessed for symptoms prior to entry. ○ Screen visitors for: ▪ Symptoms of COVID-19; ▪ Fever of 100.0 °F or higher or report feeling feverish; ▪ Close contact to someone with COVID-19 during the prior 14 days; ▪ Persons undergoing evaluation for COVID-19 (such as pending viral test) due to exposure or close contact to a person with COVID-19; ▪ Persons with a diagnosis of COVID-19 in the prior 10 days. ○ Ask visitors to inform the facility if they develop fever or symptoms consistent with COVID-19 within 14 days of visiting the facility. ○ When visitation is restricted: ▪ Send letters or emails to families advising them of the restrictions. ▪ Facilitate and encourage alternative methods for visitation (e.g., video conferencing) and communication with the resident. • **Recommendations on Communal Activities and Dining**: The following activities can be considered for residents who do not have current suspected or confirmed SARS-CoV-2 infection, including those who have fully recovered, and residents who have not had close contact with a person with SARS-CoV-2 infection: ○ Communal dining and group activities at the facility: ▪ As activities are occurring in communal spaces and could involve individuals who have not been fully vaccinated, residents should practice physical distancing, wear source control (i.e., mask or respirator, if tolerated), and perform frequent hand hygiene. • **Recommendations on Absences from the Home**: Social excursions outside the facility can be considered for residents who do not have current suspected or confirmed SARS-CoV-2 infection, including those who have fully recovered, and residents who have not had close contact with a person with SARS-CoV-2 infection. ○ Residents and their families should be educated about potential risks of public settings, particularly if they have not been fully vaccinated, and reminded to avoid crowds and poorly ventilated spaces. ○ They should practice physical distancing, wear source control (if tolerated), and perform frequent hand hygiene. ○ Considerations for fully vaccinated residents who are visiting friends or family in a private setting outside the facility are described in the Interim Public Health Recommendations for Fully Vaccinated People ○ They should inform the facility if they have close contact with a person with SARS-CoV-2 infection while outside the facility. ○ Updated Healthcare Infection Prevention and Control Recommendations in Response to COVID-19 Vaccination (March 10, 2021). • **Recommendations on Allowance of Visitors**: During the pandemic, guidance from the CMS has limited (except for compassionate care situations) indoor visitation for residents in post-acute care facilities when the COVID-19 positivity rate is >10% or when there is an outbreak occurring in the facility. Relaxing current restrictions on indoor visitation might increase the risk for transmission of SARS-CoV-2 in post-acute care facilities. However, vaccination of residents and health care providers (HCPs) can mitigate some of these risks, and expanding visitation has substantial benefits to residents. **Indoor visitation could be permitted for all residents except as noted below:**

Source (Date of Guidance)	Recommendations (Allowances of Visitors, Congregate Dining And Social Activities, Absences From The Home, Other Relevant Recommendations)
	○ Indoor visitation for unvaccinated residents should be limited solely to compassionate care situations if the COVID-19 county positivity rate is >10% and <70% of residents in the facility are fully vaccinated. ○ Indoor visitation should be limited solely to compassionate care situations, for: ▪ Vaccinated and unvaccinated residents with SARS-CoV-2 infection until they have met criteria to discontinue Transmission-Based Precautions. ▪ Vaccinated and unvaccinated residents in quarantine until they have met criteria for release from quarantine. ○ Facilities in outbreak status should follow guidance from state and local health authorities and CMS on when visitation should be paused. ▪ Visitors should be counseled about their potential to be exposed to SARS-CoV-2 in the facility if they are permitted to visit. • **<u>Additional Recommendations:</u>** ○ Facilities should continue to regularly vaccinate new admissions and HCPs. ○ Ideally, unvaccinated residents who wish to be vaccinated should not start indoor visitation until they have been fully vaccinated (i.e., ≥two weeks following receipt of the second dose in a two-dose series, or ≥two weeks following receipt of one dose of a single-dose vaccine). ○ Before allowing indoor visitation, the risks associated with visitation should be explained to residents and their visitors so they can make an informed decision about participation. ○ Visitors should still be screened and restricted from visiting if they have: current SARS-CoV-2 infection; symptoms of COVID-19; or prolonged close contact (within six feet of an infected person for a cumulative total of 15 minutes or more over a 24-hour period) with someone with SARS-CoV-2 infection in the prior 14 days. ○ Visitors and residents (if tolerated) should still wear a well-fitting cloth mask, facemask, or respirator (N95 or a respirator approved under standards used in other countries that are similar to NIOSH-approved N95 filtering facepiece respirators) for source control. ○ The safest approach, particularly if either party has not been fully vaccinated, is for residents and their visitors to maintain physical distancing (maintaining at least six feet between people). If the resident is fully vaccinated, they can choose to have close contact (including touch) with their visitor while wearing well-fitting source control. Visitors should physically distance from other residents and HCPs in the facility. ○ Hand hygiene should be performed by the resident and the visitors before and after contact. ○ Facilities should have a plan to manage visitation and visitor flow. Visitors should physically distance from other residents and HCPs in the facility. Facilities may need to limit the number of visitors per resident at one time as well as the total number of visitors in the facility at one time in order to maintain infection control precautions. ○ Visits for residents who share a room should ideally not be conducted in the resident's room. If in-room visitation must occur (e.g., resident is unable to leave the room), an unvaccinated roommate should not be present during the visit. If neither resident is able to leave the room, facilities should attempt to enable in-room visitation while maintaining recommended infection prevention and control practices, including physical distancing and source control.[2,3]

Source (Date of Guidance)	Recommendations (Allowances of Visitors, Congregate Dining And Social Activities, Absences From The Home, Other Relevant Recommendations)
Washington State Health Department **(March 12,2021)**	• **Recommendations on Allowance of Visitors:** Indoor visits are allowed if either the visitor of the resident is fully vaccinated. Indoor visits can be halted for the following reasons: o If there is a COVID-19 outbreak in the building until further assessment of the situation and a complete round of testing can be completed. o For an individual resident if they test positive for COVID-19. • **Recommendations on Absences from the Home**: Residents who are fully vaccinated will no longer be required to quarantine when they leave the facility for medical and recreational reasons unless they have prolonged contact with someone who is COVID positive. • **Recommendations on Communal Dining and Group Activities:** To minimize the number of residents potentially exposed if a resident develops COVID-19, facilities should allow residents to participate in group activities and communal dining in "pods." When considering reinstating group activities or communal dining, LTCF must consider their ability to: o Limit attendance or seating capacity to allow for social distancing (at least six feet apart throughout activity) or host smaller events in larger rooms. o Change seating layout or availability of seating so that people can remain at least six feet apart. o Provide physical guides, such as tape on floors or sidewalks and signs on walls, to ensure that individuals remain at least six feet apart.[9]
Arizona Department of Health Services **(March 16, 2021)**	• **Recommendations on Allowance of Visitors**: Two key components on resuming visitation: the quality of the facilities implementation of COVID-19 mitigation strategies and the level of spread occurring in the community based on percent positivity (minimal <5%, moderate 5-10% and substantial ≥10%). o Indoor visitation at all time for all residents if greater than 70% of residents are fully vaccinated (no testing of visitors is required but is encouraged for counties with moderate or substantial spread). o Indoor visitation for unvaccinated residents and with less than 70% residents vaccinated for counties with minimal to moderate community spread. o Outdoor visitation and visits for compassionate, medical, dental, and other health care needs are allowed with any amount of community spread (no testing upon re-entrance to the facility is required). o Offsite or community visitation is allowed in counties with minimal to moderate community spread. o Symptom screening and masks are required for all visitors with any amount of community spread. o Physical distancing is required with any amount of community spread. ▪ If the resident is fully vaccinated, the resident can choose to have close contact (including touch) with their visitor while wearing a well-fitting face mask and performing hand-hygiene before and after. Regardless, visitors should physically distance from other residents and staff in the facility. o Communal spaces in the LTCH are open with any amount of community spread.[4]

Source (Date of Guidance)	Recommendations (Allowances of Visitors, Congregate Dining And Social Activities, Absences From The Home, Other Relevant Recommendations)
Netherlands	
Government of the Netherlands **(March 2021)**	• **Minor Adjustments to Current Measures (before March 16, 2021):** Visitors to nursing homes: o Nursing home residents who have been vaccinated can receive two visitors per day. These can be different visitors every day. This change applies with immediate effect.[8]
Government of the Netherlands **(March 2021)**	• **Advice for People with Health Issues (at-risk groups):** More and more residents of nursing homes and care homes for people with disabilities are being vaccinated. Because of this the rules for visits can be eased: o If the residents in a home have had both of their vaccine doses, they can receive two visitors per day instead of one. o Residents can receive other visitors than the two or three people in their 'visitor bubble'.[8]
United Kingdom	
Government of the United Kingdom **(March 9, 2021)**	• **Guidance on Care Home Visiting (England)**: This guidance applies from 8 March 2021 and replaces previous guidance on care home visiting. It applies to care homes for working age and for older adults. o In the face of new variants of the virus, there is still a need to be cautious to ensure that those most at risk in care homes are protected while ensuring indoor visits can go ahead. According to the guidance, while the vaccine is bringing much needed hope and protection, until more is known about its impact on transmission, residents and visitors should continue to adhere to all the infection control measures that are currently in place**.** o It is not a condition of visiting that the visitor or the resident should have been vaccinated. However, it is strongly recommended that all visitors and residents take up the opportunity to be vaccinated when they are invited to do so through the national program. o When the data show it is safe, the government aims to go further and allow more visitors. At step two of the roadmap (no earlier than 12 April) the government will look carefully at the effectiveness of the vaccine for people living in care homes (and for the clinically extremely vulnerable generally), as well as levels of infection in the local community, especially of any new variants. The government will take a decision at that point on extending the number of visitors to two per resident, which was the approach in December prior to the national 'stay at home' restrictions coming into force, and set out a plan for the next phase of visits for people in residential care. o These visitors must use the same PPE as members of the care home staff, and must follow appropriate guidance for using it after being shown how to correctly don and doff on a video or by a staff member. It is also sensible for the visitor to be observed by an experienced member of staff as they don and doff the PPE on the first few visits, to ensure they are doing so correctly. This remains the case regardless of whether the resident and/or the visitor have received a vaccine. If the resident being visited is believed to have COVID-19, or is coughing, and the visitor will be within two metres of them, this should include eye protection such as goggles or a visor. o Visitors should be supported to ensure that the appropriate PPE is always worn and used correctly, and they follow good hand hygiene. They should follow the guidance on how to work safely in domiciliary care in England to identify the PPE required for their visiting situation. **This**

Source (Date of Guidance)	Recommendations (Allowances of Visitors, Congregate Dining And Social Activities, Absences From The Home, Other Relevant Recommendations)
	remains the case even if both resident and visitor have received a COVID-19 vaccine. Care homes are being provided with PPE to meet these requirements.[5]
Government of the United Kingdom **(March 30, 2021)**	• **COVID-19 Guidance for Supported Living**: This guidance is intended for supported living settings (this is the person's own home, homes may be shared between several people and have communal space or consist of separate units of self-contained accommodation – with or without communal space – but which may be located shared buildings), but many of the principles are applicable to extra care housing for older people. It may also be a useful resource for the wider supported housing sector, such as retirement or sheltered housing. • **Recommendations on Allowance of Visitors and Absences from the Home**: Maintaining opportunities for visiting and spending time together is critical for the health and wellbeing of people being supported, and their relationships with friends and family. In addition, for many people, there are important reasons for having in-person visits, as not doing so may be difficult to understand and lead to distress. There are risks that need to be considered – even where people are vaccinated – but these are risks that can be appropriately managed. The approach described below for developing a policy and mitigating the risks of visits (both into and out of the home) has three key elements: o People living in supported living settings live in their own homes and should be treated as such. This means they, and their visitors, need to follow the same national restrictions as other members of the public, including following each step in the government's roadmap around social contact. The roadmap and associated regulations provide some flexibilities which may apply to people in certain supported living settings (such as exemptions for some indoor gathering and in relation to forming support bubbles). o Supported living managers should seek to support and facilitate these opportunities wherever it is safe to do. They should develop policies for visits into and out of the setting, that are based on a dynamic risk assessment, and include consideration of the individual needs of the people who live there. These risk assessments should be developed in consultation with them. o Supported living managers should also work with the people being supported to identify what further steps they can take in order to manage and mitigate risks that arise from visiting. o The default position set out in this guidance is that visits should be supported and enabled wherever it is safe to do so. • **Following National Restrictions**: Some of the rules on what can and cannot be done changed on 29 March. However, many restrictions remain in place. People in supported living and extra care settings, and those wishing to participate in visits with them, must follow any national restrictions in effect at the time of the visiting, just like any other member of the public. The specific circumstances of the setting, and the people who live there, will also be relevant. Some people will be living as single person households, some as multiple person households where they share facilities such as kitchens, communal indoor areas and so on. Together, these factors will largely define the range of visiting that is possible – both into and out of the setting. In most circumstances people living in supported living settings and extra care should be encouraged to take the opportunities presented by the lifting of restrictions to meet their friends and family – for example: o From 8 March people can meet outdoors, for exercise or recreation outdoors (but only with their own household, support or childcare bubble, or with one other person from another household). This would enable someone to visit an outdoor space outside of the setting with one other person who is not already in their support bubble.

Source (Date of Guidance)	Recommendations (Allowances of Visitors, Congregate Dining And Social Activities, Absences From The Home, Other Relevant Recommendations)
	○ From 29 March people can meet outdoors (including in private gardens) with up to six people who are not in their household or support bubble, or more if limited to two households. This would enable someone to meet with others in a communal garden or outdoor space in the supported living or extra care setting, or equally an outdoor public space outside of the setting. ○ Many people living in a supported living setting will be able to form a support bubble. For example, a single person household could form a bubble with another household (for example parents or family) and therefore receive visitors indoors at the setting, or for example make a visit to the family home.[16]
Scottish Government **(March 2021)**	• **COVID-19: Adult Care Homes Guidance**: The guidance "Open with Care: Supporting Meaningful Contact in Care Homes", supports meaningful contact to resume between care home residents and their family/friends, from early March 2021. The guidance recommends that care homes can now resume indoor visiting for up to two visits per resident per week (and up to two designated visitors). One person should visit at a time. Care homes will first need to make arrangements to do this and meet a set of safety conditions. This guidance sets out how indoor contact in care homes will gradually increase while minimizing COVID-19 risks to residents, staff and visitors. It has been developed with input from relatives of care home residents, care home providers and others. This is now possible as there are multiple levels of protection in place, including: ○ Testing policy prior to hospital discharge; ○ Testing policy for community admission; ○ Community transmission levels; ○ Effective IPC; ○ PPE (adequate, available and proper used); ○ Testing (all staff, others, designated visitors); and ○ The vaccine. ○ For all care homes, regardless of outbreak status, essential visits should be generously supported where possible to do so safely, without a defined time limit. ○ Additional information on "Open with Care and COVID-19" for residents, family and friends can be found on NHS Inform. • **Indoor and Outdoor Visiting – Reconnecting Residents**: Care homes have a range of protections against coronavirus including: ○ Infection prevention and control; ○ Testing; and ○ Vaccination. ▪ These protections mean care home residents and their loved ones can now begin having more regular time together. Meaningful contact between residents and loved ones will be more common, as care homes now Open with Care. Continuing with the range of protections will help keep everyone safe. This new approach should become the usual practice in care homes in all but exceptional circumstances. ▪ This guidance is based on the best available advice from a wide range of clinical and professional experts. Family and friends of care home residents have also contributed to the guidance.

Source (Date of Guidance)	Recommendations (Allowances of Visitors, Congregate Dining And Social Activities, Absences From The Home, Other Relevant Recommendations)
	• **How Care Homes can put the New Guidance in Place**: It is recommended that care homes incrementally resume meaningful contact. There will be a gradual increase in how often and for how long you can visit care home residents, as long as it is safe to do so. There will be a short period of time for care homes to plan and put in place arrangements to do this. Care homes can take advice from local oversight arrangements. This will ensure that conditions locally and in the care homes are suitable and safe. • **Visiting loved ones in care homes for longer and more often** o **Seeing loved ones indoors:** Broadly, care homes will be working towards increasing time together. Initially, up to two designated visitors will be able to visit weekly (one person at a time, and up to two visits per week per resident). Then, indoor visiting will increase gradually to daily visits with two or more designated visitors if desired (and still one person at a time). In time, multiple loved ones will be able to visit residents at once. The number of visitors will be in line with wider coronavirus restrictions. o **Seeing loved ones outdoors:** Time together outdoors should also increase gradually when it is safe to do so. Garden and window visits might continue, depending on each individual resident's wishes. Initially, having meaningful contact with loved ones outdoors may include: ▪ Going for walks. ▪ Outings using a wheelchair. o The group size would follow wider coronavirus restrictions. In time, residents and one designated visitor can take trips out in the car as long as they: ▪ Avoid public indoor spaces. ▪ Adopt infection prevention and control measures. ▪ Follow safety measures. o Then, visits can progress to overnight stays in the resident's own home or designated visitor's home. This would be risk assessed and discussed with oversight arrangements. o The frequency and duration of contact should increase gradually. The advice is illustrative rather than firm, so care homes can be flexible. o Visits may take place in a resident's own room or a dedicated visiting space. Care homes may ask that this is in a designated visiting space when they first resume visits. • **COVID-19 Vaccinations**: Coronavirus vaccines are safe and effective. They are being offered to care home staff and residents as a priority. It is important to maintain physical distancing even if a resident or loved one is vaccinated, since research on the COVID-19 vaccine is still ongoing.[6]
Wales	• No specific guidance identified regarding infection control and public health measures in LTC and RHs following COVID-19 vaccination of residents.
Northern Ireland	• No specific guidance identified regarding infection control and public health measures in LTC and RHs following COVID-19 vaccination of residents.

Source (Date of Guidance)	Recommendations (Allowances of Visitors, Congregate Dining And Social Activities, Absences From The Home, Other Relevant Recommendations)
Republic of Ireland	
Health Protection Surveillance Centre **(March 11, 2021)**	• Vaccination of residents and staff of LTCH is very well advanced. Vaccination does not confer immediate protection therefore it is important that residents, their families and friends and staff understand that precautions to prevent introduction and spread of the virus cannot be reduced immediately after vaccination. This guidance takes the approach that the full effect of vaccine associated protection with mRNA vaccines should not be expected to apply until an interval of two weeks after completion of the vaccination schedule. • Although there is uncertainty regarding the impact of the vaccine on transmission there is clear evidence of reduction of harm and given the burden of visiting restrictions on residents it is appropriate to begin cautiously to ease restrictions on visiting in the context of a high level of completion of vaccination in a LTCH. As set out below, in the first instance, it is appropriate to increase the frequency and duration of visiting on compassionate grounds in line with Government policy**.** Existing infection prevention and control measures to visitors should continue to apply in general although there is less need to emphasise avoidance of contact between visitor and the resident they have come to see when both have completed vaccination. • Where limits on the duration of visits are required the time limit should not be less than one hour. The needs of a spouse or other person who plays a key role in providing practical and emotional support for the resident needs particular consideration. If the resident and visitor are both vaccinated greater flexibility in relation to duration of visits is appropriate. • In the absence of high level of vaccination of residents and staff the number of people participating in each visit should normally be one unless there are specific circumstances that require that the visitor is supported by an additional person. • When a high proportion of residents and staff in a LTCH have completed vaccination there is no requirement to reduce the number of people participating in each visit to one person at framework level two. • Those who have not completed vaccination should be advised against individual outings for a social drive with a visitor**.** Those who have completed vaccination need not be advised against such outings at framework level two subject to measures to minimise risk as outlined in the previous section. Those who have COVID-19 diagnosed in the previous six months but are no longer infectious are at similar risk to those who have completed vaccination. • In the context of a LTCH with a high level of completed vaccination for residents and staff and where the resident has been away for more than 12 hours (typically an overnight stay), the resident need not be asked to restrict movement to their room on their return from an overnight stay unless (a) they are known to have been in contact with a person who has travelled outside of Ireland in the 14 days prior to the contact (b) are known to have been in contact with a person suspected or known to have symptoms of COVID-19.[7]

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