

COVID-19 CADTH HEALTH TECHNOLOGY REVIEW

# Synopsis of the Evidence on Best Practices for Supporting Staff and Mitigating Concerns During the Reopening of Long-Term Care Homes

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To produce this report, CADTH used a modified approach to the selection, appraisal, and synthesis of the evidence to meet decision-making needs during the COVID-19 pandemic. Care has been taken to ensure the information is accurate and complete, but it should be noted that international scientific evidence about COVID-19 is changing and growing rapidly.

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## What are the best practices for supporting staff in reopening processes and mitigating staff concerns during the COVID-19 pandemic?

### Purpose and Context

Long-term care (LTC) homes have been disproportionately affected by the coronavirus pandemic, with high rates of mortality among residents and high rates of infection among LTC workers. As of May 25th, 2020, more than 80% of COVID-19–related deaths in Canada were of LTC residents and more than 10% of cases were of LTC staff.<sup>1</sup> Infections may enter LTC facilities through visitors, family members, employees, and new residents, potentially causing an outbreak given the close contact nature of care in these settings.<sup>2</sup> For this reason, many countries, including Canada, implemented strict no-visitor policies to reduce the risk of introducing COVID-19 into LTC homes.<sup>3</sup> This included restrictions on visitors (including family members) and volunteers, as well as restrictions on physical and social activities.<sup>4</sup> Although these measures have been effective, there has been growing concerns for the potential negative impact of social isolation and distancing on the mental health and well-being of LTC residents.<sup>3,4</sup> This has led some jurisdictions to considering reopening LTC homes to family caregivers and relaxing visitation policies, leaving residents and staff once again susceptible to a greater risk of infection.<sup>3</sup>

High rates of infection among health care workers have further exacerbated staff shortages and absenteeism in LTC during the pandemic.<sup>1</sup> Low staff-to-patient ratios have been linked to worse COVID-19–related outcomes within LTC facilities.<sup>5,6</sup> Furthermore, worries about the residents' health and constant fear of infection have led to high levels of anxiety among staff.<sup>2</sup> In order to support the vitality and safety of LTC staff, who ultimately play an essential role in the quality of care and infection control in these facilities, it is necessary to implement measures to support staff and mitigate their concerns during LTC reopening processes. Countries that have been successful in limiting the number of COVID-19 cases in LTC, such as Australia and Hungary, have provided additional supports for LTC workers such as surge staffing, specialized teams, and personal protective equipment (PPE) early on in the pandemic.<sup>1</sup>

The purpose of this report is to provide a summary of information related to best practices to support staff and mitigate concerns during the reopening of LTC homes despite the ongoing COVID-19 pandemic. Due to the evolving landscape of COVID-19, the information collected is reflective of broader information and guidance on best practices to support LTC staff throughout the pandemic and not solely during the reopening of LTC homes to family and essential visitors.

## Process

A limited literature search was conducted by an information specialist on key resources including MEDLINE via OVID, PubMed, the Cochrane Library, the University of York Centre for Reviews and Dissemination (CRD) databases, the websites of Canadian and major international health technology agencies, as well as a focused internet search. The search strategy comprised both controlled vocabulary, such as the National Library of Medicine's MeSH (Medical Subject Headings), and keywords. The main search concepts were staff concerns and long-term care. No filters were applied to limit the retrieval by study type. Where possible, retrieval was limited to the human population. The search was also limited to English-language documents published between January 1, 2014 and July 31, 2020. Recent documents from Canadian or comparable health systems related to COVID-19 were prioritized.

Key sources of evidence were identified by the Research Information Specialist (RIS) team. Members of CADTH's Implementation Support and Knowledge Mobilization (ISKM) team screened the identified literature for inclusion. After reviewing titles and abstracts, resources deemed relevant to the question of interest were selected for full-text review, data extraction, and inclusion. Two ISKM members reviewed the final selection of resources and extracted data, which was subsequently further reviewed by another ISKM member responsible for the summary of evidence. Resources were included if they:

- described infection prevention measures specific to supporting LTC staff within the context of COVID-19
- described the perceptions or concerns for the safety and psychological well-being of LTC staff in response to infectious outbreaks.

References that did not mention COVID-19 were excluded. The majority of information came from grey literature sources. Relevant information from each of these sources is summarized in the tables within this document and accompanied by key messages to assist the reader with interpreting the information. The first table contains statements on measures to assist infection prevention and control (IPC) for staff, including education and training, staffing levels, PPE, and resources; the second table contains statements about the perception of safety and challenges faced. Information in the tables are arranged by Canadian literature first, in chronological order, followed by relevant international literature in chronological order.

## Evidence-To-Date

A total of 31 sources of information were retrieved through the literature search. After the initial screening of titles and abstracts, 25 potentially relevant documents were identified for full-text review. Of these potentially relevant documents, 14 included information relevant to the question. A full list of all 31 sources is available for review in Excel-based extraction charts (as a separate attachment).

## Key Messages

According to the evidence identified, a number of measures should be implemented to ensure the safety of staff, as well as residents, during the COVID-19 pandemic.<sup>7-14</sup> General measures include:

- education and training programs for staff
- adequate PPE and resources for staff
- active screening and surveillance of all staff, residents, and visitors for COVID-19
- active testing when symptoms are exhibited or in the case of an outbreak
- mandating the use of appropriate PPE and strict hand hygiene measures among staff, residents, and/or visitors
- mandating droplet precautions when treating residents with suspected or confirmed COVID-19
- adequate staff-to-patient ratios
- staff and resident cohorting (e.g., designating staff to only work with specific cohorts of residents based on their COVID-19 status in the event of suspect or confirmed outbreaks)
- better coordination and consultation with primary care professionals for early recognition and management of COVID-19 cases
- access to a knowledgeable infection prevention and control (IPC) specialist or outbreak response team to assist with COVID-19 questions before, as well as during, an infectious outbreak
- promoting and enforcing sick leave with adequate compensation for staff with suspected or confirmed COVID-19
- limiting staff work locations to prevent movement within and between LTC facilities by potentially providing adequate compensation and full-time work opportunities
- transparent communication between the LTC home, staff, local health authorities, and family caregivers regarding COVID-19 updates.

One of the identified studies found that lifting visitor restrictions led to a unanimous positive response from residents, staff, and family caregivers.<sup>15</sup> However, there was still the worry of infection among staff and residents, and a significantly increased workload for staff to ensure proper IPC measures were followed during visits (e.g., planning the visit, registering and screening the visitor, and monitoring IPC protocol throughout). Two documents called for an increased use of electronic devices and technologies to streamline care and reduce the lengthy administrative work and organizational processes associated with cautious visitation guidelines.<sup>15,16</sup>

Much of the literature emphasized that having adequate levels of PPE, adequate staffing ratios, as well as training for staff on IPC protocols, were key factors in preventing infectious outbreaks in LTC. Hence, these key factors will be highlighted.

### Staffing Levels and PPE

- A recently published study found that LTC homes with lower levels of nurse staffing had higher levels of COVID-19 infection rates.<sup>5</sup>

- Multiple literature sources recommend having adequate staffing and PPE to allow for regular screening and testing for COVID-19, as well as to mitigate concerns about safety and staff burnout.<sup>5,7,8,10,11,16,17</sup>
- A report on nurse staffing levels found that the recommended minimum staffing level is approximately four hours of direct nursing and personal support care per day, per resident.<sup>5,11</sup>
- Potential strategies to prevent staff shortages due to turnover and absenteeism include providing opportunities for growth, adequate compensation, proper education and training of IPC protocols, and adequate staffing and resources to carry out duties.<sup>10,12,16</sup>

## Education and Training

- Lack of information, understanding, and education of LTC staff was related to increased stress, fear, concerns, and lack of proper adherence to infection control measures.<sup>18</sup>
- Adequate education, thorough training, and continuous updates throughout an infectious outbreak are important to support the physical and psychological well-being of LTC staff and the quality care of residents.<sup>7-14,18-20</sup>
- In addition to education and training, having an IPC specialist or outbreak team onsite before, as well as during, a pandemic was considered important to allow for questions, educational refreshers, and the regular monitoring of IPC techniques.<sup>9,12,18,19</sup>

## Staff Perceptions and Safety Concerns

- Psychological impacts, such as anxiety and fear, are common among LTC staff during infectious outbreaks.<sup>18</sup>
- Safety concerns of many LTC staff were related to the proximity of residents during an infectious outbreak.<sup>18,19</sup>
- Additional concerns were related to the lack of pandemic preparedness, the shortage of PPE and staff, delays in testing, evolving PPE guidance, and challenges in enforcing and fulfilling social distancing and IPC responsibilities.<sup>17-19</sup>
- Directors, managers, and policy-makers are encouraged to pay attention to the impact of outbreak infections on the psychological well-being of health care staff and to have transparent communication regarding updates of the pandemic.<sup>18-20</sup>

Please note that a critical appraisal of these sources was not conducted.

### Bottom Line:

Multiple measures are essential to support staff during the COVID-19 pandemic. The most prominently recommended measures included adequate PPE and resources, adequate staffing levels, adequate training of IPC protocols, access to onsite IPC specialty teams, access to relevant medical staff, appropriate screening protocols, and policies and incentives to limit work between facilities and enforce appropriate sick leave. In addition to these strategies, transparent communication and the regular monitoring of staff well-being supports LTC workers in continuing their roles in meaningful ways, even as visitor restrictions are relaxed. Potential options to improve LTC environments include investing in electronic devices to streamline visitation protocols and investing in infrastructure to support outbreak preparedness.

**Table 1: Information from Canadian and International Literature on Best Practices to Support Long-Term Staff During the COVID-19 Pandemic**

Author (year)	Title of document	Key messages	Type of document (jurisdiction)
<b>Measures to support LTC staff during the reopening of LTC facilities</b>			
<b>Verbeek et al. (2020)<sup>15</sup></b>	Allowing Visitors Back in the Nursing Home During the COVID-19 Crisis: A Dutch National Study into First Experiences and Impact on Well-Being	<p>A mixed methods cross-sectional study was conducted to assess the impact of reopening 26 Dutch nursing homes following a national guideline. This included assessing how the guideline was applied in the local context, adherence to local protocols; and the impact on well-being of residents, their family caregivers, and staff.</p> <p>Despite variation in supervision and certain IPC measures, all groups were generally compliant with local health authority guidelines. Allowing visitors into the nursing home was unanimously positive for all, with no new COVID-19 infections reported within three weeks of reopening.</p> <p>However, staff workloads had significantly increased given the preparation required to plan visits, register visitors, and supervise meetings. Several nursing homes had designated staff, a coordinator, or mobile hosts responsible for the organization of visits, screening visitors, communicating risks to the resident, and documenting all information in the patient file. Respondents reported that the protocol for visits was at times stressful. Both visitors and staff were worried about the risk of infection. Some staff expressed worries about their own health or the health of their spouse.</p> <p>Digital solutions are warranted to streamline planning and administration processes when organizing visits and make the process more efficient.</p>	Journal article — Observational Study (Netherlands)
<b>Centers for Medicare &amp; Medicaid Services (2020)<sup>7</sup></b>	Nursing Home Reopening Recommendations for State and Local Officials	<p>This guideline provides recommendations for the phased reopening of LTC homes in the US. This guideline states that there are multiple factors that need to be considered prior to lifting visitor restrictions. These factors include COVID-19 prevalence within and outside of the LTC home, adequate staffing, adequate testing (e.g., the facility should have capacity for all nursing home staff to receive a single baseline COVID-19 test, with re-testing of all staff continuing every week), adequate PPE, and capacity at local hospitals for potential transfers. See the report for more details on the recommendations.</p>	Guidance document (US)

Author (year)	Title of document	Key messages	Type of document (jurisdiction)
<b>Measures to support LTC staff during the COVID-19 pandemic in general</b>			
<b>Ontario Ministry of Health and Long-Term Care (2020)</b> <sup>8</sup>	Directive #3 for Long-Term Care Homes under the <i>Long-Term Care Homes Act, 2007</i>	This directive outlines a number of precautions and procedures that should be implemented by LTC homes in Ontario during the COVID-19 pandemic. Measures include screening and assessment, adequate PPE, limiting work locations, cohorting, outbreak preparedness, diagnostic testing, and guidance on new admissions, re-admissions, resident absences, food and product deliveries, case management, and isolation procedures.	Government document (Ontario, Canada)
<b>Alberta Health Services (2020)</b> <sup>20</sup>	Coronavirus disease (COVID-19) and people living with dementia: A guide for those looking after residents in Long-Term Care, Designated and Supportive Living (see: Supporting Staff, page 9)	Alberta Health Services recommends regularly monitoring staff for well-being and ensuring timely, transparent communication of COVID-19 updates. Recommends infection prevention measures to ensure the safety of staff.	Guidance document (Alberta, Canada)
<b>Canadian Press (2020)</b> <sup>9</sup>	How one Montreal long-term care home managed to keep COVID-19 away	This newspaper article by the Canadian Press describes the success story of a Montreal LTC home that managed to keep COVID-19 from entering the facility, despite the high infection rate in Quebec. The LTC facility followed basic IPC protocols and had three advantages that others did not: <ul style="list-style-type: none"> <li>• a skilled onsite infection control team</li> <li>• access to epidemiologists and specialists for questions</li> <li>• full-time staff positions to limit staff from working in multiple facilities, which avoided staff shortages and prevented transmission between facilities.</li> </ul>	Newspaper article (Quebec, Canada)
<b>Government of Canada (2020)</b> <sup>10</sup>	Interim guidance: Care of residents in long term care homes during the COVID-19 pandemic	Provides recommendations relative to LTC homes, including supporting LTC staff by providing training, IPC education, PPE, onsite IPC specialists and leaders, adequate staffing, and transparency regarding the chain of accountability. Recommends that consideration be given to increasing the number of full-time positions to avoid staff incentives to work in multiple facilities, which may leave them vulnerable and at risk for transmitting COVID-19 between facilities.	Government document (Canada)
<b>Harrington (2020)</b> <sup>11</sup>	Staffing Standards for Nova Scotia Nursing Homes	This document focuses on the need for evidence-based staffing levels in LTC facilities, especially during the pandemic. Identifies and	Special report (Nova Scotia, Canada)



Author (year)	Title of document	Key messages	Type of document (jurisdiction)
		recommends minimum nurse staffing to resident ratio based on best available evidence. (See: Table 2, Nursing Home Minimum Nurse Staffing Ratios and Hours Per Resident Day, page 26.)	
<b>Rios et al. (2020)<sup>12</sup></b>	Preventing the transmission of Coronavirus (COVID-19) in older adults aged 60 years and above living in long term care (see: pages 6 to 9)	<p>This rapid review examined ways to control and manage COVID-19, SARS, or MERS in adults 60 years or older living in LTC facilities. It identified seven pieces of evidence (one ongoing trial, one observational study, two policy guidelines, and three clinical practice guidelines). The primary study found that the first line of defence is prevention of virus entry into the facility; if this fails, immediate response measures should be taken.</p> <p>The identified guidelines recommended multiple measures to prevent the spread of infection during the pandemic including:</p> <ul style="list-style-type: none"> <li>• surveillance and assessment</li> <li>• promoting and enforcing infection control measures (i.e., hand hygiene, masks)</li> <li>• staff training and education</li> <li>• safe staffing ratios and levels</li> <li>• enforcing sick leave and adequate compensation</li> <li>• policies to prevent movement within and between LTC facilities. (see page 7 for more).</li> </ul>	Rapid Review (Ontario, Canada)
<b>Weller and Dunn (2020)<sup>13</sup></b>	<b>Lessons learned through a COVID-19 nursing home outbreak</b>	This report from the Registered Nurses' Association of Ontario provides insight into nurses' personal experiences working in LTC facilities during the COVID-19 pandemic. It emphasizes the importance of adequate staffing levels, teamwork, regular communication and updates to families (i.e., daily emails), and counselling support for mental health for nurses to feel safe returning to work. It also emphasized the importance of listening to staff concerns, education and training of staff, strict adherence to hand hygiene, regular monitoring of IPC techniques, and utilizing PPE for both staff and residents who are COVID-19–positive and/or cannot self-isolate (e.g., in the case of dementia).	Web article (Ontario, Canada)
<b>Yen et al. (2020)<sup>14</sup></b>	Recommendations for protecting against and mitigating the COVID-19 pandemic in long-term care facilities	This journal article recommends adapting enhanced traffic control bundling to LTC conditions to minimize COVID-19 transmission and outlines measures to mitigate COVID-19 entry into LTC homes. Recommendations include training for staff and residents, adequate staffing and PPE, and a designated staff leader for outbreak preparedness. See the article for more recommendations.	Journal article — Observational Study (Taiwan)

LTC = long-term care; IPC = infection prevention and control; MERS = Middle East respiratory syndrome; PPE = personal protective equipment; SARS = severe acute respiratory syndrome.

**Table 2: Information From Canadian and International Literature on LTC Staff Concerns and Challenges Due to the COVID-19 Pandemic**

Author (year)	Title of document	Key messages	Type of document (jurisdiction)
<b>Ontario Health Coalition (2020)</b>	<b>Long-Term Care Staffing Survey Report</b>	This summary of survey findings describes staffing levels and its impacts in Ontario LTCH during the COVID-19 pandemic. Over 90% of LTCH indicated that they were short-staffed. Staffing levels are reported for non-profit, for-profits, and public LTC homes and its impact on staff's daily activities and tasks.	Special report (Ontario, Canada)
<b>Embregts et al. (2020)<sup>18</sup></b>	Impact of Infection Outbreak on Long-Term Care Staff: A Rapid Review on Psychological Well-Being	This review provides insights about the potential impact of infection outbreaks on the psychological state of health care staff and explores suggestions to support and protect their psychological well-being. Care staff indicated they were afraid to be infected at work (e.g., through service users or visitors) or outside work, and consequently, to infect their family and children at home or other service users. Other emotional impacts included stress, tension between colleagues, confusion and anxiety due to lack of IPC and disease education and training. Staff felt that facilities lacked the infrastructure to support isolation protocols (i.e., isolation rooms, separate bathrooms), thereby contributing to concerns. Authors concluded that research into support for LTC staff during an infection outbreak is scarce; however, adequate resources and materials, adequate education and training, as well as access to an infection control nurse or specialist, was important for staff feeling supported.	Journal Article — Rapid Review (Canada)
<b>OECD (2020)<sup>16</sup></b>	Workforce and safety in long-term care during the COVID-19 pandemic	This report outlines the struggles faced by LTC workers such as insufficient and inadequate staffing, poor working conditions and infrastructure, skills mismatch, poor integration with the rest of the health system, and poorly enforced safety standards. Certain OECD countries such as Australia, Spain, and Germany have increased financial support for staffing and resources in these institutions in response to the pandemic. The document describes solutions to improve working conditions, such as increasing wages and jobs, investing in infrastructure, adequate staff-to-patient ratios, providing suitable training for LTC staff, electronic devices to automate patient data registration, and lastly, better coordination with primary care.	Web article — policy response (OECD)

Author (year)	Title of document	Key messages	Type of document (jurisdiction)
<b>Nyashanu et al. (2020)<sup>19</sup></b>	Exploring the challenges faced by frontline workers in health and social care amid the COVID-19 pandemic: experiences of frontline workers in the English Midlands region, UK	This research study included structured interviews with health care workers to understand their challenges and fears during the pandemic. The research study found that lack of pandemic preparedness, shortage of PPE and staff, delays in testing, evolving PPE guidance, and challenges in enforcing social distancing and fulfilling IPC responsibilities were a few structural challenges faced by frontline health care workers in care homes during the COVID-19 pandemic. Further psychological impacts included anxiety and fear among staff, residents, and service users. This study emphasized the importance of pandemic control and management to provide direction instead of allowing panic and fear to spread among staff when a pandemic occurs.	Journal article — Qualitative Study (UK)

LTC = long-term care; IPC = infection prevention and control; OECD = Organisation for Economic Co-operation and Development.

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