

Preventing respiratory illness in older adults aged 60 years and above living in long-term care

Summary

This review examined the current guidelines for the control and prevention of coronavirus disease-19 (COVID-19), Middle East respiratory syndrome (MERS), and severe acute respiratory syndrome (SARS) in adults 60 years or older living in long-term care facilities.

A comprehensive literature search of electronic databases and grey literature sources resulted in 9 included clinical practice guidelines. The most common recommendations in clinical practice guidelines establishing surveillance, monitoring, and evaluation of symptoms/illness among staff and residents.

Implications

Current evidence suggests robust surveillance and monitoring along with support for IPAC initiatives are key to preventing the spread of COVID-19 in LTCF. However, there are significant gaps in the current recommendations especially with regard to the movement of staff between LTCF and their role as possible transmission vectors.

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What is the objective?

- The overall objective of this rapid review was to examine the current guidelines for infection prevention and control (IPAC) of coronavirus disease-19 (COVID-19) or other coronaviruses in adults 60 years or older living in long-term care facilities (LTCF)

How was the review conducted?

- MEDLINE, EMBASE, the Cochrane Library, and biorxiv.org/medrxiv.org databases, and relevant grey literature sites (e.g., EPPI Mapper, COVID-END, clinicaltrials.gov, clinical practice guideline repositories) were searched until July 2020
- Single reviewers screened titles/abstracts and full-text articles, completed data abstraction, and quality appraisal (AMSTAR 2 and AGREE Checklist); all screening was verified by a second reviewer

What did the review find?

- 9 clinical practice guidelines (CPGs) were included, 6 were newly included and 3 were from a prior review
- The included guidelines were produced by organizations in the USA (n=5), South Africa (n=1), Canada (n=1), and the UK (n=1)
- 8 out of 9 CPGs recommended establishing surveillance, monitoring, and evaluation of symptoms/illness among staff and residents
- The next most frequent recommendations, included in 5 or more CPGs, recommended the following measures: mandating the use of personal protective equipment (PPE), employing physical distancing/isolation among residents of a facility, disinfecting surfaces, promoting hand hygiene, promoting respiratory hygiene/cough etiquette, implementing policies regarding staff sick leave or restricting staff movement, establishing clear communication means and consulting with or notifying relevant healthcare authorities and ensuring appropriate action is taken, educating staff and/or residents on infection control and hygiene, ensuring adequate supplies for facilities, mandating droplet precautions, and enacting policies restricting visitors to long-term care
- Further investigation is necessary due to the evidence gaps in the literature regarding the movement of long-term care facility staff and their roles as vectors in the spread of COVID-19, as well as the rapid timeline requested in the conduct of the review