



Guideline for Personal Care Home / Transitional Care Centres Operations during Enhanced Visitor Restrictions

Visitor restrictions are aimed to reduce the number of individuals that are required to enter the facility in order to limit the risk of exposure to COVID-19 to our residents/patients. However, it is understood based on evaluation of risk, operational and clinical judgement exceptions to Visitor Restrictions may need to be made.

Definition:

Essential visits or visits for compassionate reasons:

- These would be classified as exceptions to the outlined Visitation restrictions and should be determined on a case-by-case basis only.
- Essential visits for compassionate reasons would be considered for a **resident/patient who** is dying or very ill in a personal care home/transitional care centre (PCH/TCC) setting.
- Essential visitors may also be individuals who provide care and supports to the individual and are an important component of the resident/patient's care plan, for which the facility is unable to determine an alternative method to fulfill the resident/patient's care and support needs. This would be determined by the facility's Health Care Team based on clinical judgement.

Guiding Principles:

Any individual that will be allowed entry must be screened prior to entry to the facility and must follow appropriate Public Health recommendations including hand washing, infection prevention and control practices (IP&C) and social distancing

- Healthcare professionals who are required to provide **essential visits, care and/or supports** to residents/patient (ex: foot care nurse OT/PT, SLP, pharmacist) can attend the site. Please limit to those that are considered necessary for safe care provision;
- Private Companions, Private Care Providers, family members, Spiritual Care Providers external to the site and Volunteers who are required to provide **essential visits, care and/or supports** can attend the site. Please limit to those that are considered necessary for safe care provision;

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- Families/caregivers may continue to do personal laundry however processes need to be developed for the delivery and drop off of such items that does not require entry to resident/patient care and service areas;
- For residents/patients that have passed away, it is suggested that the facility develop a process for the packing of resident/patient personal items and arranging with family for pick up that does not require access to resident/patient care and service areas;
- For funeral home access, it is suggest that facilities make phone contact with the funeral home post the passing of a resident/patient but prior to the funeral home attending onsite, to screen funeral home staff and request information on the cleaning of applicable equipment (stretcher) that will be used onsite. Cleaning of equipment (stretcher) may need to occur onsite at the facility, outside of resident care/service areas, if cleaning steps of equipment outlined by funeral home are not satisfactory;
- All doors to the PCH/TCC of juxtaposed (attached) sites (housing and hospitals) should remain closed to all visitors and limit access to essential staff only;
- Outside contractors should be limited during the duration of visitor restrictions, however if building access is required for essential operations, contractors must attend during business hours and must be screened prior to entry. If contractors withdraw service, internal site operations should be modified to address any essential operations;
- Hairdresser services are generally not considered essential and as such should be suspended. However, discretion of the facility can be utilized on a case by case basis. Recommendations of public health and IP&C must be followed.
- Social leave or resident/patient passes - The Care team must determine if this is a safe option for the resident/patient that will not place additional pressures on other sectors such as home care. Processes need to be developed for the handover of medications to families/caregivers during longer periods of social leave that do not require entry to resident/patient care and service areas. The bed must be held and residential charges will continue during social leave.
- However, short and/or frequent client leave of absence/social leave from the facility should be minimized or eliminated given the increase risk of exposure to residents/patients that leave and return to the facility frequently. Essential Visits should be considered on a case-by-case basis using operational and clinical judgement.

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- Admissions to PCH/TCC facilities must continue and follow the existing handover of care processes for admissions from community, hospital or another facility. A family member (limit to 1) can attend with the new resident/patient at time of admission, based on discretion of the facility. However appropriate screening of the family member must occur.

Operational Considerations:

- **Determining if a visit is essential or if an exception to visitation can be made:**
 - Review of the resident/patient's care should occur when visitors are an important component of the care plan.
 - The facility must review internal resources to accommodate the resident/patient's care and support needs as an initial step.
 - If unable to fulfill the resident/patient's care plan with internal resources/alternate methods an exception to visitation may be considered
 - The healthcare team will assess residents/patients on an ongoing basis and determine how/when an exception to visitation process should be made
- **Supporting Contact with families and Caregivers:**
 - Options should be developed by the facility to ensure contact and communication between visitor and resident/patients still occurs.
 - Facilities should make every effort to facilitate contact and communication by telephone or other means (e.g. Skype, Facetime, Snapchat, etc.);
- **Health Status of Residents/Patient:**
 - A process should be developed that will ensure that families remain informed on the status of the resident/patient.
 - In the event a resident/patient is near the end of life, it is important for family and/or friends to be informed about the resident/patient's condition and care immediately.
 - The facility should ensure strategies are in place to make sure families are aware and able to participate as required in final arrangements upon the death of a resident/patient;
- **Monitoring of Resident/Patient's Emotional Wellbeing:**
 - Residents/Patients may not understand or be able to comprehend why family and friends have stopped visiting.
 - This may result in an increase of emotions including depression, confusion, anger, suicidal ideation and/or responsive behaviors.
 - Staff should monitor resident/patient's emotional wellbeing, following and adjusting the resident/patient's care plan and implementing additional interventions as needed.
- **Recreation Programming:**

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- Recreation programming should be adapted to assist with addressing the social isolation that may occur; while incorporating recommendations on smaller gatherings and social distancing between residents/patients;
- **Client Relation and Complaints:**
 - The facility should continue to follow the existing site specific client complaints/client relations process to ensure that family/caregiver concerns are addressed promptly.
 - Letter to families as well as this document can be utilized as key messages for staff and family discussions.

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