



ST. JOSEPH'S CARE GROUP

# COVID-19 IMS Operating Policies & Procedures

<b>Title:</b> IMS-03-018 – Visitation for St. Joseph’s Hospital, Supportive Housing and Residential Programs	<b>Effective Date:</b> December 23, 2021
<b>Approved By:</b> COVID-19 IMS Steering Committee	<b>Revised Date:</b> April 21, 2022

## Applicable Sites:

<input checked="" type="checkbox"/> St. Joseph’s Hospital <input checked="" type="checkbox"/> North/South <input checked="" type="checkbox"/> East <input checked="" type="checkbox"/> SJCG Administration <input type="checkbox"/> Hogarth Riverview Manor <input type="checkbox"/> Sister Leila Greco Apartments <input type="checkbox"/> The Link / Corporate Tenants	<input type="checkbox"/> St. Joseph’s Heritage <input type="checkbox"/> Bethammi Nursing Home <input type="checkbox"/> PR Cook Apartments <input type="checkbox"/> Corporate Tenants <input type="checkbox"/> The Manor House <input checked="" type="checkbox"/> Medium Support Housing <input checked="" type="checkbox"/> High Support Housing	<input checked="" type="checkbox"/> St. Joseph’s Health Centre <input checked="" type="checkbox"/> Sister Margaret Smith Centre <input checked="" type="checkbox"/> Balmoral Centre <input checked="" type="checkbox"/> Lodge on Dawson <input type="checkbox"/> <b>All St. Joseph’s Care Group Sites</b>
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## 1. PURPOSE

Direction for family presence and general visits is in place to protect the health and safety of clients, staff, essential visitors and; visitors, while supporting clients in receiving the care they need and maintaining their emotional wellbeing. This policy guides the Incident Management Steering Committee in setting the appropriate level of restrictions for essential visitor and visitors necessary to mitigate transmission of COVID-19 within the hospital and high support housing sectors.

## 2. POLICY STATEMENT

St. Joseph’s Care Group recognizes the importance of essential and general visitors . Essential Visitors (EV) are an integral and essential part of care provision. EVs directly impact the physical, emotional, and psychological well-being and safety of clients, while general visitors provide social connectedness to their community. Evidence shows that EV presence improves client safety, reduces harm, and improves quality of care, client outcomes and client care experience.

In an effort to balance the risk of COVID-19 transmission, while keeping with principles of client and family-centred care, family presence and visitation will be managed and adapted in response to the local COVID-19 situation, and be guided by the current provincial direction. Any one of the following considerations could be used to determine when the visitation practices will change:

- Incidence of COVID-19 in the community;
- Vaccination rates in the community;
- The provincial Three-Step Roadmap to Reopening Ontario (A Flexible Response to COVID-19) Act, 2020;
- Incidence of COVID-19 in facility;
- Number of people in the facility / housing at any given time; and/or
- Changes that impact the supply of personal protective equipment.

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**All essential visitors and visitors will be fully vaccinated or provide proof of medical exemption.**

The Incident Management Steering Committee will regularly review the above considerations against current visitation levels.

**3. SCOPE**

St. Joseph's Hospital, Medium / High Support and Residential Housing within St. Joseph's Care Group.

**4. RISK ASSESSMENT**

The organization will assess the need for limits on essential care partner or visitor access based on current factual evidence through a risk and benefit analysis. The factors considered in the risk analysis are the burden of COVID-19 in facility and community compounded by the expected changes in total volume of people entering and the number of people allowed into the fixed/closed space of the hospital or high support housing setting. The risk can be mitigated in the following ways:

- Controlling the volume of people allowed into the facility;
- Screening those entering the facility;
- Ensuring those entering are provided with appropriate personal protective equipment (PPE) instruction;
- Supporting an environment that maximizes ability to physical distance; and,
- Assessing client or EV/visitor ability to follow safety measures

Risk analysis will consider the above, in addition to any provincial directive or guidelines in place, when determining the level of visitation within the facility.

**5. DEFINITIONS**

**Essential Visitor (EV):** the person defined by the client or substitute decision maker (SDM) to provide essential supports to the client. Essential Visitors may be substituted to another individual by the client or SDM in consultation with the manager.

**Other Visitor:** is a person or persons requested by the client or SDM as described below:

- 1) Cultural, spiritual, or religious providers to visit and/or participate in cultural, traditional, religious ceremonies and practices for clients receiving end-of-life care or episodically. This may include support organizations, such as Hospice Northwest or Spinal Cord Injury Ontario.
- 2) A paid support worker who provides direct care for support, feeding, mobility, hygiene, cognitive stimulation. Such visits will be prioritized and facilitated where possible.

**General Visitors:** A General Visitor is a person (children under 2 years of age are not counted in the number of general visitors) who is not an Essential Visitor and is visiting:

- a) To provide non-essential services, who may or may not be hired by the client and/or their SDM; and/or
- b) For social reasons (i.e. family members or friends) that the client and/or their SDM access as different from direct care.

**Visiting Time:** Visiting hours are 1100-1900. Clients and staff may identify an Essential Visitor to visit outside regular visiting hours to support care needs.

Essential Visitors and Other Visitors visiting clients at end-of-life are able to visit outside of regular visiting hours.

**Travel Restrictions:** Visitors are expected to follow the travel restrictions, if any, as directed by Thunder Bay District Health Unit (TBDHU). See TBDHU website.

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**Vaccination:** Full vaccination occurs 14 days past the final dose of a Health Canada-approved vaccine has been administered.

**COVID-19 Vaccination Medical Exemption:** Medical exemption documents must be completed by a physician or nurse practitioner and include:

- Name and contact information of the physician or nurse practitioner providing the note;
- Practice logo or letterhead identifying the physician or nurse practitioner;
- A statement that clearly indicates the medical reason for exemption of being fully vaccinated against COVID-19; and
- The time-period for the medical exemption.

If you are unable to be fully vaccinated for a medical reason, an appointment must be made with the Inpatient Director of Rehabilitative Care or Mental Health Rehabilitation to review your medical exemption documentation.

**Children:** Children under the age of 16 must be accompanied by an adult and must follow all applicable public health measures when visiting clients at end-of-life

- Infants under one (1) year of age are not considered visitors and may accompany a vaccinated individual without being subject to surveillance testing.
- Children ages 1-5 years of age are not permitted entry at this time

## 6. PROCEDURE

### For All Visitors:

1.	Clients, in consultation with manager and care team, will identify their Essential Visitor and designated substitute when necessary, as well as General Visitors, when entry permitted for indoor visits.
2.	<b>All EV and visitors must provide proof of full immunization (14 days past final dose of a Health Canada-approved vaccine) or provide proof of medical exemption, with exceptions made for visiting clients receiving end-of-life care.</b>
3	EV and visitors will be actively screened for symptoms and exposure to COVID-19 will not be permitted to visit if they do not pass the screening.
4.	EV, Other Visitor, and general visitors must follow infection prevention and control practices. This includes hand hygiene when entering and leaving the facility, entering or leaving a client's room, entering or leaving common spaces and after touching common surfaces. EV and visitors will wear a surgical mask at all times when inside the hospital, and remain two metres away from client when able and during the outdoor visit.  If these practices are not followed it can result in a discontinuation of visiting.
5	EV and general visitors are to go directly to the designated space or client room to visit the client. Within St. Joseph's Hospital Mental Health Rehabilitation, High or Medium Support Housing and Residential Treatment programs, a common space will be provided for visits.
6.	Individuals who are not fully vaccinated or have valid medical exemption are not permitted to enter SJCG sites for 14 days following return from international travel.

### For Essential Visitors:

1.	<b>All EV must provide proof of full immunization (14 days past final dose of a Health Canada-approved vaccine) or provide proof of medical exemption, except when visiting clients receiving end-of-life care.</b>
2.	The manager will consult the most responsible physician to identify clients who are at end-of-life and palliative.
3.	Clients will be provided alternatives to in person visits including telephone and virtual visits, especially when clients are isolated, or are located on an outbreak or cohort unit.

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4. The client, independently or with an essential care partner, will notify staff of desire to leave unit to access common spaces within the facility or to visit outdoors.
5. Clients under surveillance or suspected high probable for COVID-19 and isolated with Enhanced Additional Droplet Precautions (EADP) may have an Essential Care Partner visit. Essential visitors are required to put on a gown, gloves, mask and goggles to enter a room with EADP precautions. Staff will instruct the essential care partners on how to put on and remove the protective equipment.
6. Clients under surveillance or suspected high probable for COVID-19, isolated with HP-EADP and located on an 'outbreak' unit may have an EV visit. In-person visits may be paused temporarily at the onset of an outbreak to allow the unit to organize outbreak protocols. The manager or designate will notify the EV of the outbreak and when it is safe to visit.
7. Clients positive for COVID-19, isolated with HP-EADP and located on a designated 'cohort' unit for clients with COVID-19 (when established) may only have two essential care partners at end-of-life.
8. Any number of paid caregivers, as support caregivers, may visit.
9. An essential care partner may not visit any other client or facility for 14 days after visiting another client who is self-isolating and/or a facility in a COVID-19 outbreak where the essential care partner was in a portion of the facility affected by the outbreak.

## 7. RECONSIDERATIONS – URGENT AND NON-URGENT

Also called an Appeals Process, the Reconsideration process provides a timely mechanism for Urgent and Non-Urgent requests from clients and their families. Reconsiderations may take into account factors that are out of the ordinary.

- **Urgent Reconsiderations:** require a **same day response, including weekends**, when end-of-life may be imminent or there is an extenuating circumstance where a delayed response will create risk.
- **Non-Urgent Reconsiderations:** where a response within **two business days** would be acceptable.

Appendix 3 provides St. Joseph's Care Group's reconsideration process in detail.

## 8. APPENDICES:

Appendix 1: Essential Visitor/Visitor Framework

Appendix 2: Visual Representation of Visitor Terms Used Within the Visitation Policy

Appendix 3: Reconsiderations – Urgent and Non-Urgent

## 9. REFERENCES:

Province of Ontario's Three-Step Roadmap to Safely Reopen the Province, June 2021.

Ontario Health COVID-19 Directive #2 for Health Care Providers (Regulated Health Professionals or Persons who operate a Group Practice of Regulated Health Professionals)

Addendum Access to Hospitals for Visitors (Essential Care Partners): Guidance for Toronto Region Hospitals (Acute, Rehab, CCC) During the COVID-19 Pandemic. August 4, 2020.

TBRHSC, Care Partner/Essential Care Partner (ECP) Guidelines.

SJCG, Visiting in Long-Term Care / Ministry of Long-Term Care Directive #3.

OHA, Care Partner Presence Policies during COVID-19. June 2020.

Hospital Diversion and Community Capacity Pandemic Response Table-Grief and Family/Caregiver Presence during the COVID-19 Pandemic: Issues and Recommendations. Draft Document.

**Appendix 1: Essential Visitor/Visitor Framework:**

The visitation levels described below guide the gradual expansion and contraction of visitor access during the pandemic. The visitation levels are determined by the Three-Step Roadmap to Reopen Ontario with organizational risk assessment which assess the aforementioned considerations related to the pandemic and other related risk factors.

The framework outlines a compassionate, safe, and evidence-informed approach to enabling in-person visits within the Hospital, Supportive Housing and Residential Programs. This framework is not intended to limit decisions to meet an individual client’s needs but to provide a standard framework for reference for leaders and staff. Managers are responsible for EV process in their care area and can make decisions to accommodate individual client needs outside the scope of this framework. Managers must also balance client needs with infection control, staffing and public health practices.

**Considerations:**

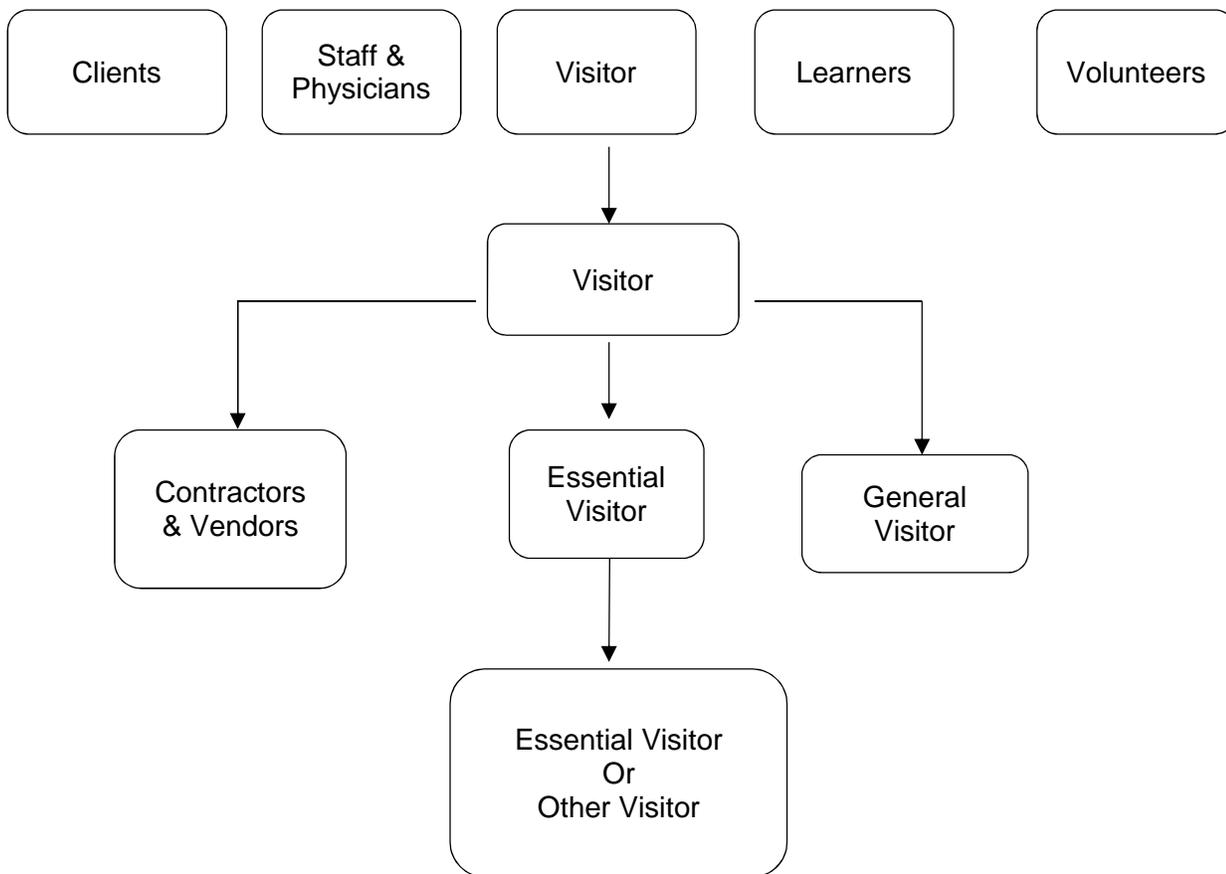
1. EV/Visitor access may change at any time based on circumstances including compliance with the client’s plan of care and the current risk level as determined by IMS Steering Committee.
2. Indoor/Outdoor visits are dependent on EV/visitor ability to pass Active Screening for COVID-19, with compassionate consideration at end-of-life.
3. Outdoor and common space visits restrict the number of EV/visitors based the ability to meet precautions within available space.
4. All visits require surgical mask and physical distancing, where possible.
5. EVs who become COVID-19 positive, experience COVID-19 symptoms or who have had a household contact are required to postpone visits until safe to do so according to TBDHU guidelines.

Category	Type/ Visitor	Step 1	Step 2	Step 3
<b>End of Life – high risk of dying in next 24 hours to 14 days</b>	Essential Visitor /Other Visitor	8 designated Essential Care Partner, 2 EV at a time, plus 1 OV, any time	8 designated Essential Visitor, 2 EV at a time, plus 1 OV any time	No limit to number of Essential Visitors, 2 EV/OV at any time
<b>Palliative Care – risk of dying within next 2-3 months</b>	Essential Visitor/ OV	2 EV one at a time; 1 EV at any time; and 1 EV during regular visiting hours; plus 1 OV	2 EV at a time during regular visiting hours; 1 of the 2 EV at any time; plus 1 OV	No limit to number of EV; 2 visitors at a time during regular visiting hours; 1 of the 2 EV at any time; plus 1 OV
<b>Indoor – Client Room &amp; Common Spaces</b>	Essential Visitor/	2 EV one at a time, plus 1 OC	2 EV at a time, plus 1 OV; 1 EV at a time in Common Space	No limit to number of EV, 2 visitors at a time 1 EV at a time in Common Space
	Support Caregiver	1	1	1
	General Visitor	Not Permitted	Not Permitted	Up to 2 General Visitors, 1 at a time, coordinated with Essential Visitor with at total of 2 at a time.
<b>Outdoor Visits –</b>	Essential Visitor	Up to 2 EVs at a time	Up to 2 EVs at a time	Up to 2 EVs at a time
	General Visitor	Not Permitted	Plus up to 2 additional	Plus up to 4 additional

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			For Special occasion with desire for more than 2, submit request to manager.	For Special occasion with desire for more than 4, submit request to manager.
<b>Outbreak Investigation</b>	Essential Visitor/ Other Visitor	Pause visiting for initial investigation	Pause visiting for initial investigation	Pause visiting for initial investigation
<b>Outbreak Declared</b>	Essential Visitor	1 EV post- initial investigation	1 EV post- initial investigation	1 EV post- initial investigation
<b>Pets</b>		Allowed per AD 6-11	Allowed per AD 6-11	Allowed per AD 6-11
<b>Outpatients</b>	Essential Visitor/Other Visitor	1	1 for all clinics, except up to 2 EV for Palliative Care Clinic	1 for all clinics, except up to 2 EV for Palliative Care Clinic

**Appendix 2: Visual Representation of Visitor Terms Used Within the Visitation Policy**



**Appendix 3 – Reconsiderations**

In alignment with St. Joseph’s Care Group’s Client Relations process.

**URGENT RECONSIDERATION – TIMELINE AND PRINCIPLES**

**Timeline for Initial Complaint through Resolution is 24 Hours**

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Step	Level	Timeline for Response	Venue	Guiding Principles and Escalation Path
1	Staff or Client/Family to Manager or CRC	Same day	Ad Hoc	<p>Validation of current LEVEL OF VISITATION AND ADDITIONAL CONSIDERATIONS and URGENCY</p> <p>If the matter is URGENT, proceed to Step 2. If the matter is NON-URGENT, refer to NON-URGENT RECONSIDERATION TIMELINES &amp; PRINCIPLES</p>
2	Manager or CRC to Director or Leadership on Call	Within one business day (whether to Daily Rounds or to Leadership On Call)	<p>Daily Rounds</p> <p>On Weekends, Leadership On Call</p>	<p>Manager responsible for logging in the <b>Compliments &amp; Concerns Database</b> if required.</p> <p>Urgent RECONSIDERATIONS are to be brought to Daily Rounds for consistency and consensus in decision-making, and to involve the Care Team as required. Directors/Leadership on Call will use the following principles in guiding their decision:</p> <ul style="list-style-type: none"> <li>• Safety, security and wellbeing of client</li> <li>• Unreasonable burden on healthcare team</li> <li>• Essential to the client or visitor's wellbeing</li> <li>• Client wishes</li> <li>• Health equity Impact</li> </ul> <p>Manager or CRC will contact the client/family member to advise of the decision, and will notify affected staff accordingly.</p> <p>If the client/family member are not satisfied, escalate to Director.</p>
3	Director to Vice President	Same Day	Ad Hoc	<p>Directors can contact the Vice President for decision support.</p> <p>Director contacts the complainant and updates Database. If the complainant is not satisfied, escalate to Vice President.</p>
4	Vice President to IMS	Same Day	Ad Hoc	<p>Vice President to seek decision support from appropriate subject matter experts as needed in making final decision.</p> <p>Vice President to contact the complainant and update Database. If the client/family member is not satisfied, escalate to CEO.</p>

## NON-URGENT RECONSIDERATION – TIMELINE AND PRINCIPLES

### Response to Complainant is Within 2 Business Days

Step	Level	Timeline for Response	Venue	Guiding Principles
1	Staff or Client/Family to Manager or CRC	Within One Business Day	Ad Hoc	<p>Validation of current LEVEL OF VISITATION AND ADDITIONAL CONSIDERATIONS and URGENCY</p> <p>If the matter is NON-URGENT, proceed to Step 2. If the matter is URGENT, refer to URGENT RECONSIDERATION TIMELINES AND PRINCIPLES.</p>
2	Manager or CRC to Director (Weekdays)	Within One Business Day	Ad Hoc	<p>Manager responsible for logging in the <b>Compliments &amp; Concerns Database</b>.</p> <p>Non-urgent RECONSIDERATIONS are to be brought to Daily rounds for consistency and consensus in decision-making, and to involve the Care Team as required. Directors/Leadership on Call will use the following guiding principles in guiding their decision:</p> <ul style="list-style-type: none"> <li>• Safety, security and wellbeing of client</li> <li>• Unreasonable burden on healthcare team</li> <li>• Essential to the client or visitor’s wellbeing</li> <li>• Client wishes</li> <li>• Health equity Impact</li> </ul> <p>Manager or CRC will contact the client/family member to advise of the decision, and will notify affected staff accordingly.</p> <p>If the client/family member are not satisfied, escalate to Director.</p>
3	Director to Vice President	Same Day	Ad Hoc	<p>Directors can contact the Vice President for decision support.</p> <p>Director contacts the complainant and updates Database. If the complainant is not satisfied, escalate to Vice President.</p>
4	Vice President to IMS	Same Day	Ad Hoc	<p>Vice President to seek decision support from appropriate subject matter experts as needed in making final decision.</p> <p>Vice President to contact the complainant and update Database. If the client/family member is not satisfied, escalate to CEO.</p>