COVID-19 IMS Operating Policies & Procedures

Title: IMS-03-018 Care Partner, Family and Visitor Presence for St. Joseph's Hospital, Supportive Housing and Residential Programs	**Effective Date:** December, 2022
Approved By: COVID-19 IMS Steering Committee	**Revised Date:** November 16, 2022

Applicable Sites:

☒ St. Joseph's Hospital ☒ North/South ☒ East ☒SJCG Administration ☐ Hogarth Riverview Manor ☐ Sister Leila Greco Apartments ☐ The Link / Corporate Tenants	☐ St. Joseph's Heritage ☐ Bethammi Nursing Home ☐ PR Cook Apartments ☐ Corporate Tenants ☐ The Manor House ☒ Medium Support Housing ☒ High Support Housing	☐ St. Joseph's Health Centre ☒ Sister Margaret Smith Centre ☒ Balmoral Centre ☒ Lodge on Dawson ☐ **All St. Joseph's Care Group Sites**

1. PURPOSE

St. Joseph's Care Group recognizes the importance of Care Partners, family, and visitor presence. St. Joseph's Care Group views clients, Care Partners, and families as full partners in care and recognizes the integral role Care Partners and families have in the well-being and quality of life of our clients. Care Partners and families directly impact the physical, emotional, and psychological well-being and safety of clients, while general visitors provide social connectedness to their community

2. GUIDING PRINCIPLES

Over the course of the pandemic, St. Joseph's Care Group has followed and upheld government infection prevention and control practices to help keep our clients and staff safe.

In an effort to balance the risk of pandemic and acute respiratory illness transmission, and keeping with principles of client and family-centred care, the level of Care Partner, family and visitor presence may need to be managed and adapted in response to pandemic and other respiratory illness. The following are guiding principles used to apply the Care Partner, Family and Visitor Presence Policy:

- Clients will be assured that their family will be welcomed at their side
- Client privacy is respected
- Staff can provide information to a Care Partner, who is not the Substitute Decision Maker, or a family member with permission from the client
- Individuals will be respectful and courteous in interactions
- Respect will be upheld for client, Care Partner and family cultural diversity and support of unique cultural traditions and norms as it relates to client care needs

- There is an awareness of the need for quiet for the well-being of all clients receiving care
- Care Partner may be asked to take breaks when needed for self-care and to allow staff to fulfill their duties
- Care Partners, family and visitors will respect the vulnerability of our clients and wellness of our staff and refrain from visiting when feeling unwell or during a period of illness
- St. Joseph's Care Group strongly encourages vaccination for Care Partners, family and visitors to maintain the safety and wellbeing of our vulnerable clients.

The following considerations could be used to determine when the visitation practices will change:

- Incidence of COVID-19 or respiratory illness in the facility;
- Guidance from the provincial government and/or Ontario's Chief Medical Officer of Health;
- Number of people in the facility / housing at any given time; and/or
- Changes that impact the supply of personal protective equipment.

3. SCOPE

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

4. DEFINITIONS

Care Partner: Care Partners are designated by the client to partner in their care. This may include physical, psychological and emotional support, as deemed important by the client. This care can include support in decision making, care coordination/planning and continuity of care. Care Partners can include family members, close friends or other caregivers and are identified by the client or substitute decision maker

Support Worker: A paid support worker who provides direct care for support, feeding, mobility, hygiene, cognitive stimulation or community integration. Support visits also include those provided by organizations such as Hospice Northwest or Spinal Cord Injury Ontario. Such visits will be prioritized and facilitated where possible.

Cultural Spiritual Religious Providers (CSRP): 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.

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 visiting:

a) To provide non-essential services, who may or may not be hired by the client and/or their Substitute Decision Maker (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.

See Appendix 3: Visual Representation of Care Partner, Family and Visitor Terms.

Visiting Time: Visiting hours are 1100-1900. Clients and staff may identify a Care Partner to visit outside regular visiting hours to support care needs. Certain additional steps may still be required to enter the facility after hours. After hours Care Partners may need to enter a designated entrance for the purpose of the safety and security of client's families and staff. Care Partners and Families visiting clients at end-of-life are able to visit outside of regular visiting hours.

Children: Children under the age of 16 are accompanied and supervised by the visitor they are accompanying at all times, and abide by the expectations set out for visitors in the Care Partner, Family and Visitor Presence policy

5. PROCEDURE

For All Visitors:

1.	Clients or their SDM, in consultation with manager and care team, will identify their Care Partner and designated substitute when necessary, as well as General Visitors when known.
2.	Care Partner, family and general visitors will adhere to required infection prevention and control practices
3	Care Partner, family and general visitors will screen for symptoms and exposure to COVID-19 and acute respiratory illness and refrain from visiting if they are ill.
4.	Care Partner, family 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.

For Care Partners:

1. 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 unit.
2. The client, independently or with a Care Partner, will notify staff of desire to leave unit to access common spaces within the facility or to visit outdoors.
3. Clients positive for COVID-19 or other acute respiratory illnesses isolated with Enhanced Additional Droplet Precautions (EADP) may have a Care Partner visit. Care Partners are required to put on a gown, gloves, mask and goggles to enter a room with EADP precautions. Staff will instruct the Care Partner on how to put on and remove the personal protective equipment.
4. Clients under surveillance or suspected high probable for COVID-19 or acute respiratory illness, isolated with EADP and located on an 'outbreak' unit may have Care Partners visit with same precautions procedure described in #3. 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 Care Partner of the outbreak and when it is safe to visit.
5. The number of Care Partners that may visit guided by the Care Partner, Family and Visitor Framework. See Appendix 1.
6. For Care Partners or Families of a client at end-of-life (EOL) who are COVID-19 positive, the following additional safety measures will be followed:
    - Security calls manager/Clinical Resource Coordinator notify of Care Partner failing screen
    - Manager/CRC documents name of the Care Partner, name of the client, date of the visit and report to IPAC and TBDHU by email.
    - Only one (1) Care Partner in the client room at a time (client needs to be in a private room)
    - Security calls appropriate client floor and notifies nursing that the Care Partner will be arriving.
    - Security will provide the visitor with a surgical mask, ensuring a minimum of 2 metres physical distance is maintained at all times if visitor is without a mask
    - Security escorts Care Partner to main floor elevator.
    - Care Partner rides the elevator alone.
    - Nursing receives Care Partner at elevator, wearing facial protection (surgical mask and goggles/ face shield) and nursing/housekeeping cleans elevator upon Care Partner leaving the elevator, focusing on high touch surfaces (i.e., railings, buttons)
    - The client is to be provided with a surgical mask for the duration of the visit.
    - The Care Partner is to remain in the client room for the duration of the visit, maintaining 2 metres physical distancing when possible. Nursing to educate client on appropriate hand hygiene, application of gown, gloves, eye protection and that their surgical mask is to remain in place at all times during the visit.

- Staff notify security when the Care Partner is about to leave.
- Nurse will put on facial protection (surgical mask and goggles/face shield) to escort the CFP down the elevator (visitor to ride elevator alone). Nurse will encourage Care Partner to perform hand hygiene upon leaving unit.
- Security will meet the Care Partner at the elevator and escort to the exit.
- Elevator is wiped down by nurse/designated staff, focusing on high touch surfaces (i.e. railings, buttons).

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: Care Partner, Family and Visitor Framework
Appendix 2: Visual Representation of Care Partner, Family and Visitor Terms
Appendix 3: Reconsiderations – Urgent and Non-Urgent

9. REFERENCES

OHA, Principles for Family Presence Policies, May 2019

Ontario Health COVID-19 Directive #3 for Health Care Providers (Regulated Health Professionals or Persons who operate a Group Practice of Regulated Health Professionals)

Ministry of Long-Term Care Covid-19 guidance document for long-term care homes in Ontario. Oct 6, 2022

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.

Policy Guidance For the Reintegration of Caregivers As Essential Care Partners: Executive Summary and Report. November 2020

Appendix 1: Risk Assessment

The organization will assess the need for limits on Care Partner, family 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 and acute respiratory illness 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 Care Partner/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.

The visitation levels described below guide the gradual expansion and contraction of visitor access during the pandemic or respiratory illness. The visitation levels are determined with organizational risk assessment which assess the aforementioned considerations related to the pandemic and other related risk factors.

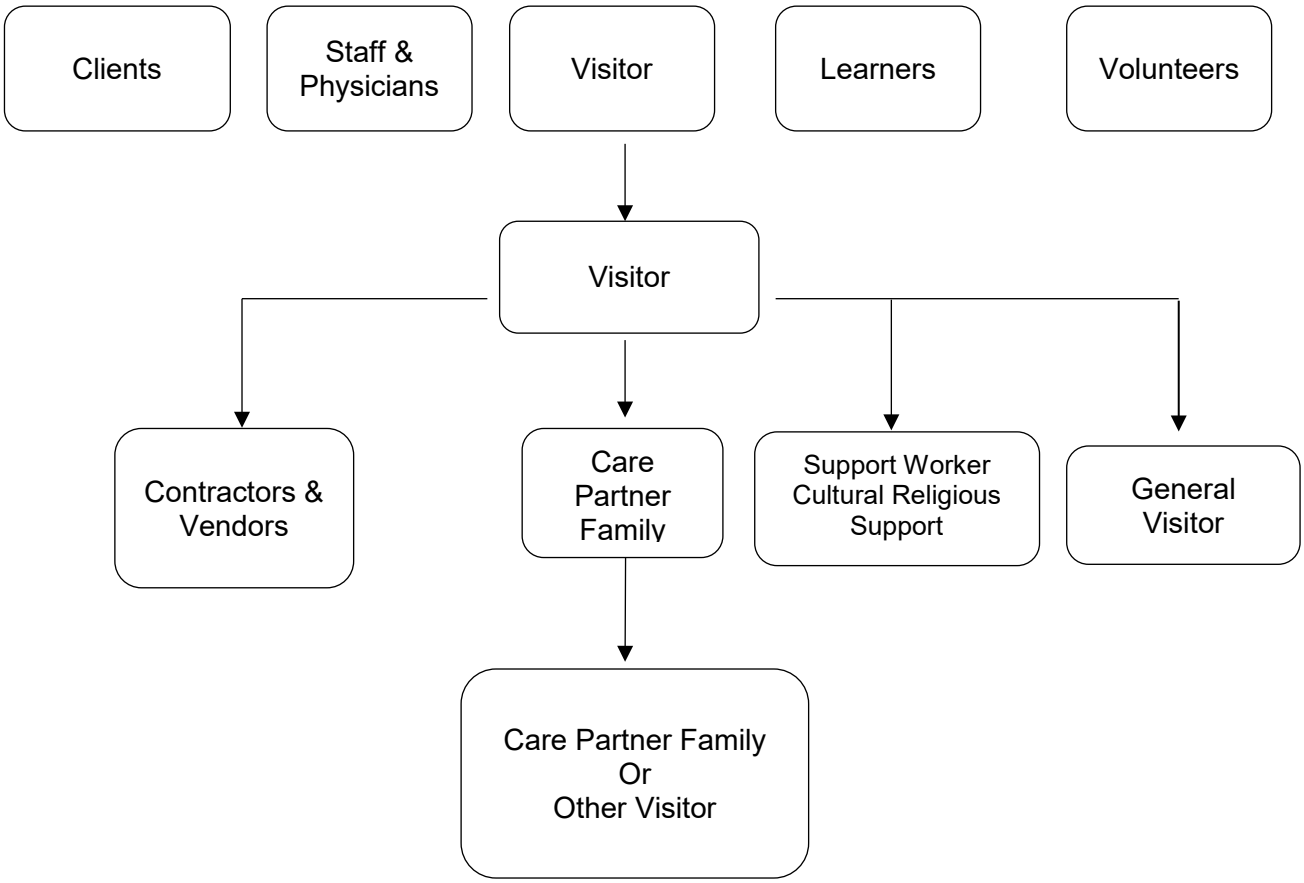
Care Partner, Family and Visitor Framework:
The framework outlines a compassionate, safe, and evidence-informed approach to enabling in-person visits within the Hospital, Supportive Housing and Residential Programs. This framework is not intended to limit decisions to meet an individual client's needs but to provide a standard framework for reference for leaders and staff. Managers are responsible for managing the Care Partner 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. Care Partner/Visitor access may change at any time based on circumstances including compliance with the client's plan of care and the current risk level.
2. Indoor/Outdoor visits are dependent on Care Partner/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 Care Partner/visitors based on the ability to meet precautions within available space.
4. All visits require surgical mask and physical distancing, where possible.
5. Care Partners/Visitors are not to eat/drink while visiting in client's room.
6. Care Partners 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 Thunder Bay District Health Unit guidelines.

Category	Type/ Visitor	Step 1	Step 2	Step 3
End of Life – high risk of dying in next 24 hours to 14 days	Care Partner /support worker/ Cultural Spiritual Religious Providers(CSRP)	8 designated Care Partner/Family, 2 Care Partner/Family at a time, plus 1 CSRP, any time	8 designated Care Partner/ Family, 2 Care Partner/Family at a time, plus 1 CSRP any time	No limit to number of Care Partner/Family, 2 Care Partner/family/CSRP at any time

Palliative Care – risk of dying within next 2-3 months	Care Partner/support worker/CSRP	2 Care Partner one at a time; 1 Care Partner at any time; and 1 Care Partner during regular visiting hours; plus 1 CSRP	2 Care Partner at a time during regular visiting hours; I of the 2 Care Partner at any time; plus 1 CSRP	No limit to number of Care Partner; 2 visitors at a time during regular visiting hours; I of the 2 Care Partner at any time; plus 1 CSRP
Indoor – Client Room & Common Spaces	Care Partner /	2 Care Partners one at a time, plus 1 CSRP	2 Care Partners at a time, plus 1 CSRP; 1 Care Partner at a time in Common Space	No limit to number of Care Partners, 2 visitors at a time 1 Care Partner at a time in Common Space
	Support Care Partner Cultural Spiritual Religious Provider	1	1	1
	General Visitor	Not Permitted	Not Permitted	Up to 2 General Visitors, 1 at a time, coordinated with Essential Visitor with a total of 2 at a time.
Outdoor Visits –	Care Partner	Up to 2 Care Partners at a time	Up to 2 Care Partners at a time	Up to 2 Care Partners at a time
	General Visitor	Not Permitted	Plus up to 2 additional For Special occasion with desire for more than 2, submit request to manager.	Plus up to 4 additional For Special occasion with desire for more than 4, submit request to manager.
Outbreak Investigation	Care Partner / Support worker/CSRP	Pause visiting for initial investigation	Pause visiting for initial investigation	Pause visiting for initial investigation
Outbreak Declared	Care Partner	1 Care Partner post- initial investigation	1 Care Partner post- initial investigation	1 Care Partner post- initial investigation
Pets		Allowed per policy AD 6-11	Allowed per policy AD 6-11	Allowed per policy AD 6-11
Outpatients	Care Partner /support worker/CSRP	1	1 for all clinics, except up to 2 Care Partners for Palliative Care Clinic	1 for all clinics, except up to 2 Care Partners for Palliative Care Clinic

Appendix 2: Visual Representation of Care Partner, Family and Visitor Terms



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

Step	Level	Timeline for Response	Venue	Guiding Principles and Escalation Path
1	**Staff or Client/Family to Supervisor, Manager or Clinical Resource Coordinator**	Same day	Ad Hoc	Validation of current LEVEL OF VISITATION AND ADDITIONAL CONSIDERATIONS and URGENCY If the matter is URGENT, proceed to Step 2. If the matter is NON-URGENT, refer to NON-URGENT RECONSIDERATION TIMELINES & PRINCIPLES
2	**Manager or Clinical Resource Coordinator to Director or Leadership on Call**	Within one business day (whether to Daily Rounds or to Leadership On Call)	Daily Rounds On Weekends, Leadership On Call	Manager responsible for logging in the **Compliments & Concerns Database** if required. Urgent RECONSIDERATIONS are to be brought to Daily Rounds or other team mechanisms 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: • Safety, security and wellbeing of client • Unreasonable burden on healthcare team • Essential to the client or visitor's wellbeing • Client wishes • Health equity impact Manager or Clinical Resource Coordinator will contact the client/family member to advise of the decision, and will notify affected staff accordingly. If the client/family member are not satisfied, escalate to Director.
3	**Director to Vice President**	Same Day	Ad Hoc	Directors can contact the Vice President for decision support. Director contacts the complainant and updates Database. If the complainant is not satisfied, escalate to Vice President.
4	**Vice President to IMS**	Same Day	Ad Hoc	Vice President to seek decision support from appropriate subject matter experts as needed in making final decision. Vice President to contact the complainant and update Database. If the client/family member is not satisfied, escalate to CEO.

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 Clinical Resource Coordinator**	Within One Business Day	Ad Hoc	Validation of current LEVEL OF VISITATION AND ADDITIONAL CONSIDERATIONS and URGENCY If the matter is NON-URGENT, proceed to Step 2. If the mater is URGENT, refer to URGENT RECONSIDERATION TIMELINES AND PRINCIPLES.
2	**Manager or Clinical Resource Coordinator to Director (Weekdays)**	Within One Business Day	Ad Hoc	Manager responsible for logging in the **Compliments & Concerns Database**. 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: • Safety, security and wellbeing of client • Unreasonable burden on healthcare team • Essential to the client or visitor's wellbeing • Client wishes • Health equity Impact Manager or Clinical Resource Coordinator will contact the client/family member to advise of the decision, and will notify affected staff accordingly. If the client/family member are not satisfied, escalate to Director.
3	**Director to Vice President**	Same Day	Ad Hoc	Directors can contact the Vice President for decision support. Director contacts the complainant and updates Database. If the complainant is not satisfied, escalate to Vice President.
4	**Vice President to IMS**	Same Day	Ad Hoc	Vice President to seek decision support from appropriate subject matter experts as needed in making final decision. Vice President to contact the complainant and update Database. If the client/family member is not satisfied, escalate to CEO.