

COVID-19 Caregiver and Visitor Policy

POLICY:

At the Pembroke Regional Hospital (PRH) the safety of our patients and our staff is paramount. As Ontario begins to re-open PRH welcomes family caregivers/care partners back into our hospital and will be continually assessing the impact of these restrictions. Family caregivers and visitors must continue to be screened, **and may be denied access based on symptoms, exposure, vaccination status and/or travel history.**

At this time, general visitors are limited in PRH as an important measure to ensure everyone's health and safety.

DEFINITION:

Family caregivers - can include a loved one, friend, religious/spiritual care provider, or other support person of the patient's choosing. This will be determined by the patient.

SCOPE:

This policy applies to all visitors, staff and physicians.

GUIDING PRINCIPLES:

- 1. Compassion:** PRH vision is "Delivering the safest and highest quality of care to every person, every encounter, and every day." This applies even during the COVID 19 pandemic. We should aim to be as compassionate as possible.
- 2. Proportionality:** The policy for visitors should be proportionate to the level of risk. As we follow public health directives, we respond to changing levels of risk appropriately.
- 3. Equity:** Following Catholic tradition, we will meet the physical, emotional, and spiritual needs of all. Patients with similar needs should be viewed and managed similarly.
- 4. Transparency:** The policy should be clearly communicated to patients, staff and visitors, with a clear message that the organization will revise as necessary and will always focus on compassion.

Family Caregivers include but not limited to:

Those with critical illness, palliative care, end of life care needs

Presence is paramount to the patient's physical care and mental well being, including:

- Assistance with meals, mobility, and personal care
- Communication assistance for person with hearing, visual, speech, cognitive, intellectual or memory impairments
- Assistance by designated representative for person with disabilities
- Provision of emotional support
- Supported decision making and
- Pediatric care

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For the safety of patients and staff, each Caregiver/visitor will be required to sign in at the patient's Nursing Station before the visit can take place. One Caregiver is permitted at a time. In addition to the above one visitor per day may visit between 1130 – 2030. Patients may have a visit from their clergy/faith leader if the request for this visit has been approved by the Spiritual Care Coordinator and they have passed the screening at the hospital entrance.

Requirements of caregiver and general visitors

Patients or Substitute Decision Makers should be the ones to determine who they would like to designate as family caregiver.

Caregivers/visitors must:

- Pass the screening before entering the hospital,
- Perform hand hygiene when entering and leaving the hospital and when entering and leaving the patient's room and
- Wear face masks while inside the hospital. In some circumstances, additional personal protective equipment may also be required.

Caregivers and general visitors must minimize movement in and out of the building, and must restrict their presence to the patient's bedside

If there is an outbreak in the hospital or the community, guidelines for family caregiver and general visitor presence may be changed, in accordance with the infection control policies for PRH.

If caregivers/ care partners and general visitors explicitly ignore or defy the public health requirements during their time at the hospital, they will be asked to leave. This will be at the discretion of the healthcare provider and/or healthcare leader.

Facilitating Other Ways to Connect Caregivers and Patients

Virtual care connection should be offered to all patients and caregivers/care partners, regardless of whether care partners are at the bedside, or accompanying a family member. The option to have additional family members connected virtually should still be offered.

The Visitor Committee will review objectively essential family caregiver eligibility at PRH during the COVID pandemic should there be any questions or concerns brought forward. The Committee will consist of PRH Ethicist, Spiritual Care Coordinator, Patient Relations Delegate, Clinical Manager of unit involved and Director of Rehab/Medical/Environmental Services. Decisions will be made on a consensus basis.

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1. PATIENTS WHO ARE APPROACHING END OF LIFE (Expected to die in coming weeks or short months)

Patients who are actively dying should be viewed as a priority with respect to allowing caregivers and visitors access.

The usual screening requirements apply.

If these patients are dying, screened caregivers and visitors should be allowed with the following considerations in mind:

- Given the risk of exposure, family caregivers should be informed of relevant public health measures that may apply after they have visited (i.e. self-isolation)
- Family caregivers and visitors will be permitted to visit at the same time. Considerations to the number of caregivers/visitors presenting at the same time will be made only if the space is limited.
- For patients who are probable or positive for COVID- caregivers/visitors will require PPE, as well as basic education on how to use PPE effectively.

2. MATERNAL AND NEWBORN CARE

Care team should allow family caregivers/care partners under the following circumstances:

Patients without COVID-19 in Labor and Delivery & Post Partum:

- Strong consideration should be given if the delivery is considered high risk
- The designated family caregiver must be healthy, and pass screening. If the designated family caregiver/care partner does not pass the screening then the mother can request another support person to be the designated family caregiver/care partner. The designated family caregiver are able to leave and return to the hospital through the labour process. This includes after delivery and for the recovery period.

Patients with suspected or confirmed COVID-19 in Labor and Delivery and/or Post Partum:

- The Well Baby Doctor / Most Responsible Physician (MRP) will decide with the care team on a case by case basis
- Given the risk of exposure, these visitors will be informed of the risks and relevant public health measures that may apply after they have visited (i.e. self-isolation)

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3. Emergency Department (ED)

Patients in the ED present unique challenges with respect to family caregivers/care partner as many patients are accompanied to the ED and some of these patients may be at significant risk or dying.

a) Patients at risk of Dying

- If loss of life is a concern, family caregiver and visitors should be permitted as per the guidance in section 1.
- An appropriate number of family caregivers will be determined by the care team, considering space, distancing requirements and availability of PPE.

b) All other patients in ED

- Once screened at entry, one family caregiver may accompany a patient to triage.
- The triage nurse will determine if the patient needs a family caregiver to provide safe care. If permitted, the family caregiver will need to restrict movement to the bedside.
- Given that large numbers of patients are discharged from the ED, staff will work with families to maintain communication for the patient to be picked up and supported.

Children and Youth

Given elevated concerns about risk of transmission and variability between age groups, **children and youth**, will only be permitted subject to the following requirements:

- a. The child must be able to follow and comply with instructions regarding hand hygiene, the need to restrict movement to the bedside, and other recommendations provided by staff.
- b. Any child or youth must be adequately supervised by an adult companion.
- c. If the staff determines that a child or youth is unable to comply with these requirements, they may request that person to leave the facility.
- d. If the patient is positive for COVID 19, children and youth will not be allowed unless they can effectively use Personal Protective Equipment (PPE).

Where the situation is not defined in the above criteria the program manager will escalate to the Visitor Committee. If urgent need after hours clinical resource will contact the Designate on Call.

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4. LEGAL COUNCIL

If a legal representative is required to attend at the hospital, they need to schedule an appointment through the Manager/Delegate for the clinical unit. Every effort will be made to support this process. In addition PRH will assist lawyers to support their clients with the execution of wills or power of attorney virtually as outlined below.

Wills

1. For the duration of the emergency, a requirement under the Succession Law Reform Act that a testator or witnesses be present or in each other's presence for the making or acknowledgement of a signature on a will or for the subscribing of a will may be satisfied by means of audio-visual communication technology provided that at least one person who is providing services as a witness is a licensee within the meaning of the Law Society Act at the time of the making, acknowledgement or subscribing.

Power of Attorney

2. For the duration of the emergency, a requirement under the Substitute Decisions Act, 1992 that witnesses be present for the execution of a power of attorney may be satisfied by means of audio-visual communication technology provided that at least one person who is providing services as a witness is a licensee within the meaning of the Law Society Act at the time of the execution.

6. CONFLICT RESOLUTION AND ISSUES MANAGEMENT

For conflict resolution and issues continue to follow the existing Patient Relations Process as outlined on the PRH website:

If a patient or caregiver has a concern during their stay, assure them that raising a concern or issue will not negatively affect their care in any way:

1. Encourage them to speak with any member of the care team. Try to address the concerns using the resources of the care team.
2. Refer the patient or caregiver to the Manager and/or Director for the clinical unit if they feel concerns have not been addressed by the care team.
3. After regular business hours, please refer the patient or caregiver to the Clinical Resource Nurse, ext. 6820.
4. If resolution is not found escalate to the Visitor Committee.

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COVID-19 Immunization Requirements for Visitors/ Caregivers:

On August 17, 2021, the Ontario Government released a vaccination directive requiring hospitals in Ontario to have COVID-19 vaccination policies in place. As a result, PRH has established a Universal COVID-19 Vaccination policy – **effective October 15, 2021.**

Note: For the purpose of this policy, Clergy will be considered as visitor/caregiver.

- **Criteria for Caregivers and Visitors to attend PRH, effective October 15th, 2021:**
 - Complete the entrance screen and screen negative
 - Compliant with universal masking (be able to wear masks at all times) and hand hygiene
 - Visitors and essential caregivers must adhere to all PRH policies and processes
 - Visitors must be fully vaccinated [**individual is considered fully vaccinated greater than 14 days after receiving their second dose of a two dose COVID-19 vaccine series or their first dose of a one-dose COVID-19 vaccine series (i.e. Johnson and Johnson)**]
 - In exceptional circumstances, a visitor may be allowed in that is unvaccinated
 - In urgent situations, a visitor may be allowed in that is unvaccinated

Note: Visitors who do not meet the criteria above will require an exception to visit.

- The entrance screen is performed by the screener
 - As of October 15, 2021, during entrance screening, caregivers and visitors will be asked to attest that they are fully vaccinated [individual is considered fully vaccinated greater than 14 days after receiving their second dose of a two dose COVID-19 vaccine series or their first dose of a one-dose COVID-19 vaccine series (i.e. Johnson and Johnson)].
 - a. If the visitor indicates that they are not fully vaccinated and do not have a negative COVID-19 test within 48 hours of the visit, this will result in a positive screen (denied attendance to PRH)
 - If the visitor is requesting an exception to enter, the screening team will contact the clinical area to determine if an exception should be granted for the visit. In the off hours, the Clinical Resource/Hospital Charge Nurse will be called to assess as required.
- There should be clear exceptions to the vaccination requirement. While there should be strong encouragement of vaccinations, exceptions include:
 - Individuals under 12
 - Individuals who have a documented medical exemption
 - Individuals visiting patients at end-of-life
 - Parents of children under 16 who are receiving care
 - Emergency Department (1 support person per patient)
 - Individuals who are essential to accompany patients to appointments or participate in care planning discussions
 - Labour and Delivery (essential caregiver can be unvaccinated. All other visitors must be vaccinated).
 - Other critical or urgent circumstances requiring family presence.

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REFERENCES:

Directive for EOC, Framework: Exceptions and Ethical Considerations for Visitors during COVID 19, March 19, 2020

Directive for EOC, Framework: Recommended Approach for Visits at End-of-Life for Palliative Patients, December 3, 2020

Bruyere Hospital, Essential Visitor committee and COVID 19 End of Life (EOL) Visitors Restrictions and Definitions Policy, April 2nd, 2020

Law Society of Ontario, COVID 19 Response: Emergency Regulations regarding WILLS and POA's, April 7, 2020

Ontario Hospital Association, Care Partner Presence Policies During COVID-19, June 2020