

## Family Caregiver/Care Partner Presence during COVID 19

### **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/care partners must continue to be screened, **and may be denied access based on symptoms and/or travel history.**

At this time, general visitors will not be permitted in PRH as an important measure to ensure everyone's health and safety.

### **DEFINITION:**

Family caregivers/care partners - 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 Caregiver/Care Partners include but not limited to:**

Those with critical illness, palliative care, end of life

Presence 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

## **Family Caregiver/Care Partner Presence during COVID 19**

**For the safety of patients and staff, each patient is allowed only one of these “caregivers” per day. Each caregiver will be required to sign in at the patient’s Nursing Station before the visit can take place.**

**In addition to the above, 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 Family caregiver/care partners**

Patient should be the one to determine who they would like to designate as their family caregiver/ care partner. A patient who has a substitute decision maker (SDM) may designate someone other than their SDM as a family caregiver/care partner.

Family caregivers/care partner 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.

Family caregivers/care partner 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/ care partners presence may be changed, in accordance with the infection control policies for that specific hospital.

If family caregiver/ care partner 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 Family Caregivers/Care Partners and Patients**

Virtual care connection should be offered to all patients and family 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 caregivers/care partner 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, and Clinical Manager of unit involved and Director of Medical/Rehab/Ambulatory Care. Decisions will be made on a consensus basis.

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### 1. PATIENTS WHO ARE ACTIVELY DYING

Patients who are actively dying should be viewed as a priority with respect to allowing family caregivers/care partner.

The usual screening requirements apply for this family caregivers/care partner.

If these patients are dying, a limited number of screened family caregivers/care partner should be allowed with the following considerations in mind:

- Given the risk of exposure, family caregivers/care partner should be informed of relevant public health measures that may apply after they have visited (i.e. self-isolation)
- No more than four family caregivers/care partners will be permitted to visit at the same time.
- For patients who are probable or positive for COVID- family caregivers/care partner 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 partner 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
- No more than one designated family caregiver/care partner will be permitted
- The designated family caregivers/care partner 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/care partner is 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)

Patient 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 caregivers/care partner should be permitted as per the guidance in section 1.
- An appropriate number of family caregivers/care partners 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, on family caregivers/care partner may accompany a patient to triage.
- The triage nurse will determine if the patient needs a family caregivers/care partner to provide safe care. If permitted, the family caregivers/care partner 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 or Infection Prevention and Control (IPAC).
- 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.

### 4. LEGAL COUNCIL

If a legal representative is required to attend at the hospital, they need to schedule an appointment through the covering Manager for the clinical unit. We will make every effort to support this process.

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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.

### REFERENCES:

Directive for EOC, Framework: Exceptions and Ethical Considerations for Visitors during COVID 19, March 19, 2020, July 2<sup>nd</sup>, 2020

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