
VISITING DURING COVID-19 PANDEMIC

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At LACGH, it is critical that we keep our patients, staff and hospital environment safe. We must all do our part to stop the spread of COVID-19. We are taking additional precautions to keep patients, families, and staff safe including temporary changes to our Visitor Policy. We recognize the importance of family/caregiver support when patients are in hospital and will make every effort to ensure that the needs of patients and families are met while these temporary measures including the use virtual technology to support connecting patients to their loved ones whenever possible.

On May 26th, 2020 the Ministry of Health provided direction to Health Care Providers (Regulated Health Professionals who operate a Group Practice of Regulated Health Professionals) as part of the evolving response to the COVID-19 pandemic. The document provides operational details and requirements as referenced in Directive #2

While this document aims to provide clarity for visitation and family/support presence during COVID-19, decisions related to application of this guidance in specific circumstances rest with the clinical leadership

Policy

Patients may have **ONE** essential visitor visit once per day. A maximum of 2 essential visitors may be chosen by the patient to rotate over the patients stay, however **only one of the essential visitors may visit each day**. Visitation will not be allowed if there is not sufficient supply of PPE. Essential visitors must screen negative for COVID-19 screening protocol at the main entrance to the hospital and essential visitors who screen positive will not be allowed to visit.

Essential Visitors Include those

- Visitors for patient's at end-of-life
- Designated Care Partners (DCP) paramount to an at-risk patient's physical care and mental well-being.
 - o Definition: A DCP is any person that the patient and/or substitute decision-maker (SDM) identifies. "Care Partners are distinct from casual "visitors." Because they know their loved one best, they are uniquely attuned to subtle changes in their behaviour or status. This makes the presence of Care Partners an important strategy or reducing the risk of preventable harm."

Visitor Restriction Protocols:

Visitation is not allowed for patients, unless at the discretion of the care team, the patient is deemed end of life or if the patient is identified to be at risk for their well-being or safety without a personal caregiver.

Visitation Protocols for End of Life Patients:

- The team will inform the patient's primary contact, as per the Kardex, when this exception to the policy applies.



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- Visitation will be one person at a time in all cases, with the exception of a Minor (under age 16) and Medical Assistance in Dying (MAID), which will be addressed on a case by case basis with the care team. Hand hygiene and physical distancing will be emphasized and appropriate masks (see below) are to be worn by the visitor.
- A Minor (under age 16) may be accompanied by one adult if it is deemed necessary by the patient or their primary contact for the child to visit at end of life.
- Additional family members wishing to take their turn to visit must wait outside the hospital, maintaining appropriate physical distancing in groups of 5 or less and be screened at the entrance. Visitors are asked to visit only once per day.
- Risk Mitigation Procedures will be followed for visitation of End-of-Life Patients
 - For COVID-19 positive end of life patients, essential visitors will be advised to follow hand hygiene and physical distancing guidelines and will be provided droplet precaution PPE to wear while they visit, as long as sufficient supplies of PPE exist. This will be reviewed regularly with the care team.
 - For COVID-19 negative end of life patients, essential visitors will be advised to follow hand hygiene and physical distancing guidelines and will be provided a procedure type mask, as long as sufficient supplies of PPE exist.

Visitation Protocols for At-risk Patients:

- It is recognized that some patients may require a Designated Care Partner for their safety and/or well-being.
- Patients who require DCP at LACGH have been identified as:
 - a. Those who are planning for discharge whereby a DCP is required for health teaching,
 - b. Patients who have language barriers; patients who are non-verbal; patients with cognitive, emotional and/or physical disabilities as these patients may have the inability to understand the pandemic and the reason why visitation is limited.
 - Those who can require assistance with feeding, mobility, personal care; communication, emotional support; and/or supported decision making.
- Patients should be the one to determine who they would like to designate as their care partners. This can include a loved one, friend, religious/spiritual care provider, paid caregiver, or other support person of the patient’s choosing. A patient who has a substitute decision maker (SDM) may designate someone other than their SDM as a care partner. In the absence of the patient’s ability to assign a DCP, reference will be made to the Hierarchy of SDMs in the Health Care Consent Act, s.21.3.in consultation with the inpatient care team.
- The patient and DCP work with the health care team to define how they will be involved in care, care planning, and decision-making.
- Risk Mitigation Procedures will be followed for DCP presence
 - Regional screening recommendations on entry including pre-screening will be followed. Information about visitors is logged and centralized to support tracking as needed.

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- A Caregiver ID badge (or sticker) will be provided to support visual management and indication of passed screening. The DCP must present their card at each visit.
- DCPs will bring their own mask and trained on its use in addition to appropriate hand hygiene techniques. Should cloths masks be available at the Hospital and a DCP does not have one, the DCP will be gifted a cloth mask.
- Designated paths will be used to limit movement within the hospital and should be kept to only the patient's room or designated visiting space where physical distancing is possible.
- If care partners explicitly ignore or defy the public health requirements during their time at the hospital, they should be asked to leave. This will be at the discretion of the healthcare provider and/or healthcare leader.

Virtual Visiting/Staying Connected

Virtual care and virtual care partner connection will be offered to all patients and 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.

Virtual Visits

Virtual visits will be encouraged using either the patients' own technology device or via a tablet provided by the hospital. (Care team staff: please refer to the IT department for these patients who are identified to have this need).

Patients can connect to the free **LAC Public Wi-Fi** and use video apps such as FaceTime, Messenger and Zoom without using up their data plan. If a patient does not have a device, we are happy to arrange a Virtual Visit (video chat). These can be facilitated by either requesting a Virtual Visit appointment via email: VirtualVisits@lacgh.napanee.on.ca or **speaking with the care team staff**.

Send an E- Postcard Message

If a patient doesn't have their own email account and family/friends would like to send them a message, they can send an 'e-postcard' to us though the Hospital's website and we will deliver it.

Reference Documents:

<https://www.oha.com/Documents/Care%20Partner%20Presence%20Policies%20During%20COVID-19.pdf>

<https://change.foundation.ca/caregiver-id/>