Staff Tip Sheet: Essential Care Partners Visiting UHN during COVID Pandemic

What is changing on October 22, 2021?

Starting October 22, 2021, UHN will require that all Essential Care Partners show proof of full vaccination against COVID-19.

For full details on requirements and exceptions, please see the ECP Vaccination Policy.

Current ECP Access Guidelines

- On August 4, 2021, UHN expanded Essential Care Partner (ECP) access to all sites due to a decrease in community transmission and increase of COVID-19 vaccination.
- Physical distancing and all IPAC measures including masking in alignment and compliance with provincial and municipal guidance continues to be in effect.
- Additional expansion was planned for August 30, but has been postponed due to rising case numbers. We will update this document when it is safe to make these changes.

Patient Type	ECP Guidelines (full details below)
Inpatients	Upon admission, all inpatients may have daily visits with 2 ECPs each day, 1 person at a time.
	• Inpatients who are under 18 years or have an intellectual disability are eligible for 2 ECPs to visit daily at the same time.
	 No identified visit length for all non-ICU inpatients but within the hours of 8 am – 9 pm.
	o ICU visits a maximum of 6 hours between 8 am and 9 pm.
	• No identified visiting hours (e.g., Not restricted from 8 am – 9 pm) for:
	o Patients in a mental health crisis
	o Life altering diagnosis
	o Emergency Department patients
	o Patients receiving end-of-life care (EOL process is not a change)
	All ECPs must pass screening before being allowed in the hospital.

1

Patient Type	ECP Guidelines (full details below)
Inpatients in	All inpatients may have daily visits with 2 ECPs, 1 person at a time.
Rehab or CCC	All rehab/CCC inpatients may have 1 ECP designate and up to 4 ECP alternates.
	• No identified visit length for all inpatients but within the hours of 8 am – 9 pm.
	• TRI (Rehab and CCC) inpatients may have outdoor visits with up to 2 ECPs and 5 Visitors.
	 Children less than 2 years old are allowed but not counted in total visitor number.
	 Masking and screening are still required.
	 Staff are no longer required to monitor outdoor spaces.
	All ECPs must pass screening before being allowed in the hospital.
Outpatients	All outpatients may have 1 ECP, except for Princess Margaret (PM) where patients are immune compromised and physical distancing is not possible.
	 Any outpatient who meets the exception criteria may continue to have 1 ECP, even in clinics with ECP restrictions; <u>details below</u>.
	ECP approval lists for door entry will no longer be required for TG and TW. TR and PM will continue to use approval lists for door entry.
	All ECPs must pass screening before being allowed in the hospital.
Emergency	Emergency Department patients can have 1 ECP.
Department	Patients who require isolation for any reason cannot have an ECP stay with them until the patient no longer requires isolation. ECPs must wait in waiting room or outside the hospital.
	ECPs are not allowed in the Rapid Assessment Area because there is not enough room.
	All ECPs must pass screening before being allowed in the ED.

The following resources can be provided to patients and their families to help them understand these changes and resources available to support them:

- Limits On Who Can Enter UHN During The COVID-19 Pandemic
- What Essential Care Partners Need to Know Before Coming to UHN
- Waiting for a Patient Who is Having an Appointment at UHN During COVID-19
- Patient letters on changes to Essential Care Partners:
 - For Inpatients (not LTC or CCC) Effective August 4, 2021
 - For LTC and CCC patients Effective August 4, 2021

More information to help patients and Essential Care Partners learn about coping and preventing COVID-19 are available on:

- www.uhn.ca/covid19
- <a href="https://www.uhn.ca/PatientsFamilies/Health-Information/Health-Topics/Pages/

Jump to Table 1: Phase 1 Essential Care Partner Allowances

Ongoing Guidelines:

- Children under 12 are restricted from entering the hospital, except in special circumstances which can be reviewed by Unit Managers.
- Essential Care Partners are being urged to limit close contact before visits and to report any
 COVID positive results to the patient's clinic or Unit Manager within 14 days of a hospital visit.
- Staring October 22, 2021, Essential Care Partners will be required to show entrance screeners
 proof of full vaccination. Exceptions will apply on compassionate grounds or in emergency
 situations. For full details on requirements and exceptions, please see the <u>ECP Vaccination Policy</u>.
- All Essential Care Partner visits for patients in isolation for COVID-19 must be approved by IPAC and the unit manager.
 - When patient is no longer in isolation, ECP visits no longer need to be approved by IPAC, even if the patient is COVID positive.
 - Patients in isolation for non-COVID queries can have ECP visits without IPAC approval.

Inpatient:

All inpatients at any UHN hospital may have 2 Essential Care Partner visits each day, 1 ECP at a time. Pre-approval by the manager, or delegate, is required for all inpatients. For Toronto General, Toronto Western and Toronto Rehab, the names should be provided by the managers to the door screeners as per the current process.

- <u>For PM Inpatient Units</u> designated ECPs will be given an approval letter from the Unit Manager that will be presented to the door screeners to gain entrance to the hospital. Patients will provide the names to the managers and these will be noted on the Do No Harm tab on the unit White Board.
- For Rehab & CCC inpatients can have 1 ECP designate and up to 4 ECP alternates visit, one at a time.

The duration of the visit can be any length of time between 8 am to 9 pm, except in the Intensive Care Unit where visits are limited to 6 hours. There are open visiting hours (e.g., Not restricted to the hours of 8 am - 9 pm) for inpatients receiving end-of-life care, life altering diagnosis, patient in the emergency department or in mental health crisis.

If additional Essential Care Partners are approved, only 1 person may stay with a patient at a time (except for under 18 years or patient with an intellectual disability). The Manager should have a process in place to ensure all members of the inter-professional team are aware of approval decisions.

Outpatient:

Patients coming for an outpatient (daytime) appointment may have 1 Essential Care Partner to support their care. While clinic areas and units are encouraged to continue with physical distancing, it is recognized that there will be times when this is not possible.

Expanded ECP access can be limited at Princess Margaret where there are immunocompromised
patient populations and where physical distancing is not possible. However, all vulnerable
outpatients (e.g., mobility, cognitive, significant language barrier, <18yrs,
intellectual/developmental disability) can continue to have 1 ECP accompany them at
appointments.

Pre-approval for ECPs in outpatient care is no longer required at TG and TW. Pre-approval will continue to be required at Toronto Rehab and Princess Margaret. ECPs must pass screening before entering the hospital.

- *Essential Care Partners will not be permitted in Post Anesthesia Care Unit (PACU)
- Patients visiting the Emergency Department can bring 1 ECP. The ECP must pass screening before entering the ED. ECP may not stay with patient if patient is on isolation precautions for any reason and must wait in the waiting room or outside the hospital.

Guidelines for ECPS while visiting:

- ECPs are required to be fully vaccinated COVID-19 before coming to the hospital. It must have been at least 14 days since they received the final dose of a Health Canada-approved vaccine.
- ECPs must wear a medical grade mask provided by UHN at all times while in the building.
- PPE will be required for patients on isolation:
 - Educational tools for masking, donning & doffing will be made available and rolled out as they are developed.
 - Teams should continue to educate ECPs on proper methods.
- ECPs should remain with the patient (not move around the hospital or remain in hallways, etc.). In some cases, ECPs may be asked to wait in hallways or leave the hospital and return, if waiting rooms are overcrowded.

- Eating and drinking is not permitted in patient rooms or clinical areas. Masks must be worn at all times. ECPs may be directed to hospital cafeterias or may be asked to find external locations for eating/drinking.
- Hours for hospital access for ECPs: 8 am 9 pm
 - Exceptions to these times should be made possible for end-of-life patients, intensive care units, patients having a mental health crisis, life altering diagnosis and emergency department patients.

Duration of Visits:

- No identified duration for any inpatient visits, except for ICU patients where the duration of the visit is a maximum of 6 hours.
- Exceptional circumstances (inpatients): Patients under 18 years and patients with intellectual or development disabilities may have 2 ECPs daily at the same time.

Number of ECPs:

- In the situations defined in the tables below:
 - 1 ECP is allowed for outpatients
 - All inpatients can have 2 ECPs per day, 1 person at a time
 - Rehab & CCC patients can have 1 ECP designate and up to 4 ECP alternates.
- Approval generally will not be granted for more than 1 ECP at a time unless they are under 18 years of age or have an intellectual disability.
- For end of life, arrangements should be made with the manager in advance, when possible.
 - Final 2 weeks: do not restrict number of ECPs per day; recommend 1 ECP at a time but can review with IPAC if accommodation for more than 1 family member requested/needed to visit at the same time.
 - Final day: Manager to plan with family total number at a time, given space of the room.

ECP Screening:

ECPs will <u>not</u> be allowed entry if they:

- have symptoms of COVID-19, as listed at UHN's screening entrances
- tested positive for COVID-19 in the past 14 days
- have traveled outside Canada in the past 14 days (please see process above for those who have formal exemptions)
- Been advised by a doctor, health care provider or public health unit that they should currently be isolating at home

- had close contact in the past 14 days with:
 - a confirmed or probable case of COVID-19
 - a person with acute respiratory illness
 - a person who traveled in the past 14 days outside Canada

ECPs who pass screening:

- All patients and ECPs must wear a mask while at UHN sites. They will be provided with a procedure mask at the entrance.
- ECPs must stay with the patients they are visiting. Travel around the hospital, such as to vendor outlets or common areas, should be avoided. ECPs may also be asked to wait in hallways, designated waiting areas or to leave and return to the hospital.
- **For inpatients:** The ECP must sign-in at the unit upon arrival and provide contact information in the event that contact tracing is required.
- Due to changes in contact tracing in Toronto, we are requesting that ECPs follow up with UHN IPAC if they receive a positive COVID result within 14 days of visiting the hospital.

Guidelines for Patients or ECPs with COVID-19:

- Overall guidance is provided by Infection Prevention and Control (IPAC). ECP applications are to be granted based on the recommendations in the table below.
 - Visiting patients who have tested positive for COVID-19: visitation in exceptional circumstances (i.e. at end of life) may be allowed if appropriate infection control safety criteria can be satisfied (i.e. appropriate PPE). Approval by the manager in consultation with the MRP and IPAC is required.
 - Visits by ECPs who have tested positive for COVID-19: can be considered in exceptional circumstances only (i.e. end of life) and on a case-by-case basis, in consultation with IPAC and the clinical team.
- ECP access may be rescheduled or cancelled if, after a current assessment, it is deemed that the risk of spreading the virus to UHN patients or staff is too great.

International travelers with quarantine exemption

Please see this PHAC link (https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/latest-travel-health-advice/compassionate-entry-limited-release-from-quarantine.html) to access more information and forms.

Process:

1. The forms must be filled out by the patient's MRP (not IPAC).

- 2. MRP or Unit should communicate with ECP ahead of visit to let them know they cannot visit if they are exhibiting symptoms compatible with COVID-19, that they must pass screening and they will be expected to abide by our universal masking policy.
- 3. ECP must be screened upon arrival, perform hand hygiene and don a mask for entire visit.
- 4. ECP must be escorted from entrance to unit.

**IPAC does not need to approve these visits

Table 1 Addendum: August 4th, 2021 Essential Care Partner allowances (Updated August 27, 2021)

Category and Patient Population	Essential Care Partner allowances
Any patient in isolation for COVID- 19	 ECP visit must be approved by IPAC and unit manager. When patient is no longer in isolation, they can have ECP visits without IPAC approval, even if the patient is COVID positive. Patients in isolation for non-COVID queries can have ECP visits, except in the Emergency Departments. Patients in isolation for any reason in the EDs cannot have ECPs, except under extenuating circumstances.
Inpatients in the ICU	 Daily visits approved for 1 ECP and their alternate, one person at a time. Maximum 6 hour total visit duration within the hours of 8 am – 9 pm. No in-and-out privileges on the same day except for eating and drinking.
Inpatients in Rehab and CCC	 Daily indoor visits approved for 2 ECPs, 1 person at a time. Rehab & CCC patients can have 1 ECP designate and up to 4 ECP alternates. Outdoor visits for CCC & Rehab – 2 ECPs and 5 additional visitors. Staff are no longer required to monitor outdoor spaces. Parameter is clinical appropriateness and ability for teams to manage. Children less than 2 years old are allowed but not counted in total visitor number. Masking and screening still required for outdoor visits.

Category and Patient Population	Essential Care Partner allowances
ALL other Inpatients	 Daily indoor visits approved for 2 ECPs, 1 person at a time. No identified visit length but within the hours of 8 am – 9 pm. No in-and-out privileges on the same day except for eating and drinking.
End of Life	 Patients with a high risk of dying in the next 2 weeks must have 24hr access to family/people of importance. Patients with more than 2 ECP must be allowed access for others including children. The clinical team must work with IPAC to enable access. Where space is limited, teams may offer scheduled access to accommodate different family members.
	 Patients who are otherwise palliative or have a significant life limiting course with greater than 2 weeks expected must have daily access to family/people of importance. Two visitors per day at fixed times but not at the same time and accommodations must be made for those with young children to allow for reasonable access.
Any of: • Under 18 years • Significant Developmental or Intellectual Disability	 2 identified Essential Care Partners at the bedside daily; may visit at the same time. 24hr access

Category and Patient Population	Essential Care Partner allowances
Any of: • Mental Health Crisis	 Daily visits for 1 ECP and their designated alternate No identified visit length and no identified visiting hours (eg. Not restricted to 8 am to 9 pm).
Life Altering Diagnosis	• 24hr access
 Cognitive Impairment Unable to Effectively Communicate Emergency Department 	No in-and-out privileges on the same day except for eating and drinking.
Outpatients/ Patients Requiring Caregiver (Paid) to Support Hospital Workflow	 Patients coming for an outpatient (daytime) appointment at TG, TW or TRI may have 1 Essential Care Partner to support their care. While clinic areas and units are encouraged to continue with physical distancing, it is recognized that there will be times when this is not possible. No ECPs at Princess Margaret where patients are immune compromised and physical distancing is not possible, unless patient is vulnerable. All vulnerable patients (e.g. mobility, cognitive, significant language barrier, <18yrs, intellectual/developmental disability) continue to have 1 ECP to accompany patient to outpatient appointment.
Emergency Department	 1 Essential Care Partner to accompany patient ECP must wait in waiting room or outside the hospital while patient is on isolation precautions Limited to acute care area only. No ECPs in Rapid Assessment Area due to space limitations.