Care Partner Presence Policies During COVID-19

Considerations for Hospitals in Anticipation of Changes to Temporary Restrictions for Care Partner Presence During COVID-19

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Ontario Hospital Association

Partners

THE CHANGE FOUNDATION

THE ONTARIO caregiver ORGANIZATION

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Background and Context

Ontario's hospitals deeply appreciate the invaluable role that care partners play in supporting family members and friends who are patients in hospitals. We understand how heart-wrenching and frustrating it has been for care partners to be separated from loved ones during this pandemic. Due to the nature of the disease, and the way it spreads so quickly and easily, restrictions on care partner presence were put in place to ensure the safety of patients, healthcare providers and the many vulnerable people in our communities.

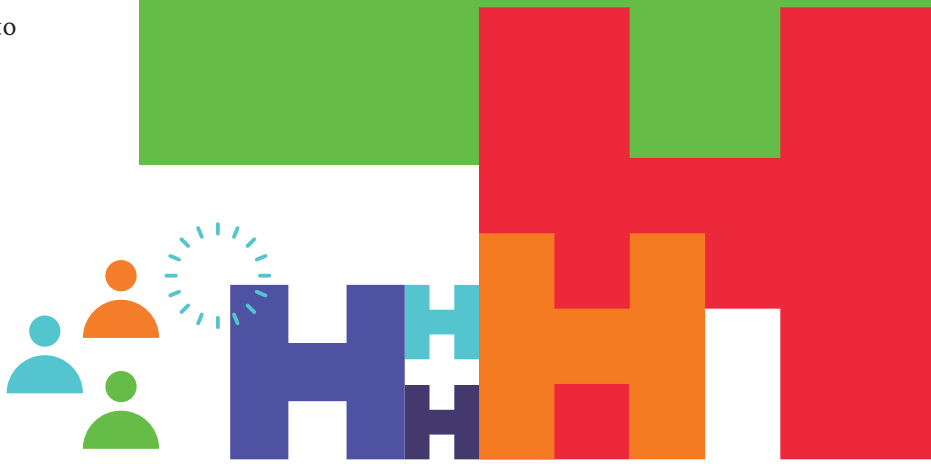
As Ontario begins to re-open and health care organizations including hospitals, resume services based on local/regional considerations and government directives, we anticipate changes will be issued to begin welcoming some care partners back into our hospitals as essential care partners. Ontario hospitals are committed to returning to open care partner presence as soon as it is safe to do so and will be continually assessing the impact of these restrictions.

It is anticipated that general visitors will continue to not be permitted in any hospitals, clinics, community and continuing care facilities as an important measure to ensure everyone's health and safety.

Acknowledgements and Reference

This guidance is intended to support hospitals in considering potential changes to the care partner presence policies. It was developed by the Ontario Hospital Association together with the Change Foundation and the Ontario Caregiver Organization. The content is adapted from the policies released by the Saskatchewan Health Authority and Planetree International, to reflect the unique circumstances in the Ontario system.

Hospitals should consider this guidance within the context of their local and regional circumstances to best determine the extent to which the presence of care partners can be expanded within their organization.



Anticipated Changes to Care Partner Presence in Hospitals

For the purpose of this document, family caregivers are referred to as care partners.

It is anticipated that care partners will be able to be with their family members in hospitals as essential partners in care.

It is recommended that care partner presence include, but not be limited to:

- Those with critical illness, palliative care, hospice care, end of life, and medical assistance in dying and the deceasesd.

Definition of Family Caregivers: Family is defined in the broadest sense. It refers to people – family, friends, neighbours, colleagues, community members — who provide critical and often ongoing personal, social, psychological and physical support, assistance and care, without pay, for people in need of support due to frailty, illness, degenerative disease, physical/cognitive/ mental disability, or end of life circumstances[1].

"Care Partners are distinct from casual "visitors." Because they know their loved one best, they are uniquely attuned to subtle changes in their behavior or status. This makes the presence of Care Partners an important strategy for reducing the risk of preventable harm." - *Planetree International*[2]

- Presence paramount to the patient's physical care and mental well-being, including:
  - Assistance with meals;
  - Assistance with mobility;
  - Assistance with personal care;
  - Communication assistance for persons with hearing, visual, speech, cognitive, intellectual or memory impairments;
  - Assistance by designated representatives for persons with disabilities;
  - Provision of emotional support;
  - Supported decision making; and
  - Pediatric care, labour and delivery.
- Volunteers providing the services described above.
- Presence required to move belongings in or out of a patient's room.
- Presence to support discharge.

NOTE: These care partner criteria can be defined differently by each hospital based on the local public health situation.

Requirements of Care Partners in Hospitals

- 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.
- Care partners must be verified and undergo a COVID-19 screening before entering the hospital.
- Everyone should be required to perform hand hygiene (hand washing and/or use of hand sanitizer) when entering and leaving the hospital and when entering and leaving the patient's room.

1 The Change Foundation's definition of family caregiver.

2 Planetree International, Person-Centered Guidelines for Preserving Family Presence in Challenging Times (May 28, 2020)

- Face masks must be worn while inside the hospital. In some circumstances, additional personal protective equipment may also be required.
- Care partners may not be allowed to wait in waiting rooms or other common areas and are required to limit movement within a site or in and out of the building.
- Care partners should be expected to follow existing public health orders and guidance.
- If there is an outbreak in the hospital or the community, guidelines for care partner presence may be changed, in accordance with the infection control policies for that specific hospital.
- 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.

NOTE: Patients should NOT leave the hospital to visit family or friends or for any other reason, unless discharged (or during an established outdoor visit).

Additional Requirements to be Determined by Each Hospital

- Determine whether times need to be pre-arranged or whether drop-in times are manageable.
  - Determine whether care partners who are permitted under these criteria are required to, or requested to pre-schedule times to be in the hospital. This can enable a pre-screening before arriving at the hospital and help avoid scheduling conflicts.
  - Specify the process for care partners to enter the hospital. For example, is there a different entrance for care partners vs. patients vs. staff? Be sure to have clear signage to direct care partners from the parking lot or public transit locations to the appropriate care partner entrance.
- Determine the maximum number of care partners who can visit at the same time.
  - Maximum number of care partners allowed onsite should be determined based on the specific design and space within clinical spaces and rooms. When more than one care partner is allowed, they need to be able to physically distance appropriately (unless they are from the same household). In addition, adjacent spaces should be made available for care partners and patients when physical distancing can't be achieved in patient rooms where more than one patient has care partners in attendance. Consider adjacent outdoor spaces, when weather permits.
  - The number of care partners who are in a site at one time will be limited. (Scheduling visits may be required, to avoid the need to turn people away at the front entrance).
  - A care partner who is a child (a young caregiver, defined as children and youth as young as 8 years old) has to be accompanied by one parent, guardian or family member.
- At discharge or transfer, it is important to remind families that care partner access varies facility by facility, especially in non-hospital facilities such as long-term care, family practice offices, community health centres and community-based care.

Use of Care Partner Identification Badge

- A Caregiver Identification (ID) badge, sticker or card can be used to facilitate the participation of care partners in the clinical setting, and as a visual way to assure other hospital staff that people they see in the facility have been screened and are to be in the building.
- There is a Caregiver ID visual that has been created for Ontario's healthcare system, and that is already being used effectively by a number of healthcare facilities and hospitals, both prior to and during COVID. The Ontario Caregiver Organization is working to support the spread and scale of this important initiative.

- The Ontario Hospital Association and The Change Foundation completed a joint project about how to integrate a Caregiver ID badge with the implementation or re-introduction of Family Presence Policy. For more information, visit The Change Foundation's website. The Ontario Caregiver Organization is working to support the spread and scale of this important initiative.
  - A full set of resources and tools are available for implementation, including new Caregiver ID sticker templates that can be printed on standard size labels.

Facilitating Other Ways to Connect Care Partners and Patients

Virtual Care and Care Partner Connection

- Virtual care and virtual care partner connection should 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.

Outdoor Visits

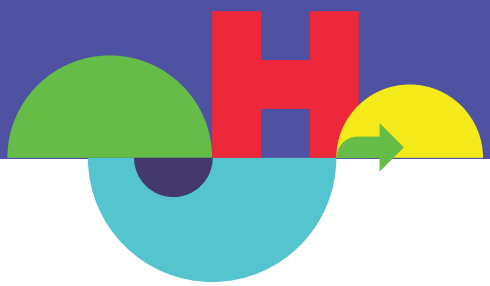
- Hospitals considering whether outdoor visits can be offered should refer to the guidance for resuming visits in long-term care.

Communication and Information About Changing Care Partner Presence Policies

- Hospitals should consult with their Patient Family Advisor Committee and other patient or family care partner groups to inform the changes to family presence policies and how to implement it smoothly for care partners.
- Communicate the changing care partner policy proactively and compassionately.
- Clearly post the policy details specific to each facility on the hospital's public website. The Ontario Caregiver Organization is developing resources to support communication with caregivers.
- Communicate in plain language to everyone before arrival or upon arrival at the hospital, the organization's policy, and all related expectations. These should be available in English and all languages commonly spoken in the local community.
- Virtual care and family connection is strongly encouraged and should be supported where in-person connection is not possible.
- Care partners not meeting criteria under this policy who wish to have an immediate review of the decision are encouraged to speak with a clinical manager or senior manager on-call in a timely way.
- Care partners should also consult with the patient relations office in the hospital with specific questions about the application of the policy.
- If care partners have exhausted all options for review of the decision within the hospital and are not satisfied, they can bring their concerns or complaint forward to the Ontario Patient Ombudsman's office.
- Planetree International, a leader in patient and caregiver engagement and experience, has developed Guidelines for Preserving Family Presence in Challenging Times, which is an excellent resource for hospitals and healthcare facilities. The eight guidelines are below. The detailed guidance can be found through the link above.
  1. Assess the need for restrictions to family presence based on current factual evidence. Continually reassess as conditions evolve.
  2. Minimize risk.
  3. Communicate what to expect proactively and with compassion.
  4. Establish compassionate exceptions.
  5. Support meaningful connections to minimize feelings of isolation.
  6. Inform and educate.
  7. Enlist family as partners for quality and safety.
  8. Enhance discharge education and post-discharge follow-up.

Important Considerations

- Orders and Directives issued under relevant law (e.g. *Health Protection and Promotion Act and Emergency Management and Civil Protection Act*) take precedent over this policy.
- Care partners should be limited to a number (1 OR 2) that works for each specific hospital in order to ensure appropriate physical distancing, especially within clinical spaces.
- Care partners should be screened for signs and symptoms of illness, including COVID-19, prior to every visit.
- Care partners with signs or symptoms of illness, as well as those in self-isolation or quarantine in accordance with public health directives, will not be permitted to visit at that time. Once symptoms are gone, or self-isolation or quarantine period is complete, the care partner can be permitted to visit.
- Care partners should be instructed when to perform hand hygiene, respiratory etiquette and safe physical distancing.
- Care partners should be instructed on how to put on and remove any required personal protective equipment (PPE) when attending with or caring for patients. If the care partner is unable to adhere to appropriate precautions, the care partner will not be allowed to enter the hospital.
- Care partners should go directly to the patient they are visiting and exit the hospital directly after their time on that specific unit or clinical space.
- Hospitals should remain patient centred by meaningfully engaging patients and their care partners on changes and implementations to policies.
- Policies should support equitable access to basic needs and should not create unintended barriers.
- Hospitals should continue to provide services in a culturally sensitive manner to the communities they serve.



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