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Ontario

Advancing Senior Care

Visitors Tool: Key Considerations for Long-Term Care Homes

July 2020

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Background

Government has laid out a plan to allow for non-essential visitations and essential caregivers to commence inside long-term care (LTC) homes as of July 22, 2020. A visitor is described as any family member, close friend or neighbour. The new policy will allow for two visitors to see a resident at a time. During an outbreak situation at an LTC Home, all non-essential visits will be suspended; however, visits that are deemed essential will still be permitted.

Purpose of this Document

This document has been developed to provide LTC homes with key considerations and a process to work through as they prepare for the opening of indoor visitations in the LTC home, which will begin on July 22, 2020. The document can also be used to support homes in the development of policies and procedures related to indoor visits and essential caregiver visits.

With respect to the **essential family caregiver** role, we recommend that homes consider the following principles as they work with families and residents to identify the essential family caregiver:

- > Every resident is entitled to have a designated person (as long as the home has the capacity to accommodate this – if not, the home will determine which residents can have an essential family caregiver based on need)
- > There should be one person for each resident – this is not to be treated interchangeably between family members
- > They may be a relative, a friend, a professional advisor, or paid caregiver
- > The resident is primarily responsible to select this person, and where incapable the SDM or POA (Care) makes the choice
- > This person is considered as part of the care team and circle of care
- > There is evidence that the resident's well-being benefits from this relationship
- > The designated person is able to maintain a reasonable frequency of visits, as frequent as the home can equitably provide
- > The person does not serve this function for any other vulnerable person in the home

How to Use this Tool

Review the following questions and make decisions for each, noting the reasons. If needed, use this to support the development of a policies and procedures document, and to support communication of the policy in a fair and transparent manner.

Following the review of key questions below, it is recommended that the LTC home develops communication describing its approach (set of guidelines) towards indoor visits and for essential caregiver visits to share with the residents and families. This document should also include information on IPAC, with specific reference to masking. It should be provided to Residents Council and Family Council as well. Additionally, it is a best practice to incorporate a

rapid appeal process for consideration of unique considerations. The Ministry has also directed that the home outline its approach to “non-compliance” with Ministry visiting requirements.

Details about the Community

- Does the local community where the LTC home is located have current COVID-19 activity?
 - If yes, are there extra precautions that the home needs to take for all visitors?
- Does the level of community transmission affect the home’s approach? (Consider advice provided by the local Public Health Unit (PHU))
- Has the home been declared in Outbreak by the local PHU?
 - If yes, is there a communication plan to inform families and residents on the impact of this on visits?

Details about the Home’s Physical Layout

There are several different types of visits. Specific restrictions for some have been communicated by Government. Homes may choose to offer several options for visits:

- > Virtual
- > Window
- > Outdoors
- > Indoors

- Does the building have a single point of entry for all screening?
- Can the home provide sufficient space for more than one screener (two metres apart) at the entry point?

This will dictate the times of the day that non-staff can be screened and could allow more than one indoor visitor at a time. Consider developing a schedule that optimizes the number of visits that can be safely supported within the home’s resources.

- Can the home create a different secured exit location?

A different secured exit location would increase the available times for scheduled arrivals at the screening desk. Consider placing a waste receptacle for soiled PPE at the exit.

- Where does the home plan to have visits take place?
 - In resident’s room (private room)
 - In shared room (two residents) when the other resident’s family is not also visiting and physical distancing can be maintained
 - If three or four bedroom (occupied), it is recommended that the visit is not in the bedroom

- In a designated lounge that has adequate space for both physical distancing and viable privacy considerations, and which can be sanitized between visitors, and minimizes the travel through the building for both resident and visitor

- How does the home plan to enforce social distancing?

Things to Consider: Identify the limitations for both building and resources to assist with alternative forms of visits. Define criteria for either limiting or expanding (e.g., family can only visit after work).

Details about the Home's Internal Procedures

- Has the home created a badge or ID system that cannot be forged which signals authorized access/approval status when the visitor is inside the home?
- What is the duration that the home can offer for each visitor and essential family caregiver? Is this unique to each resident or a blanket approach?
- Has the home determined what defines a "breach" of their visitor policies and the consequences? Does the home have a process in place to consider the difference between errors and willful conduct?
- Can the home provide enough trained personnel to operate the visiting program, such as accompanying the visitor when inside the building or accompanying the resident to the visiting area?
- Is the home taking the view that they are protecting the resident from the visitor or protecting the visitor from possible exposure while in the home?
- > If yes to above, has the home developed processes that clearly lay out roles for the following?
 - Paid staff
 - Current approved home volunteers, or students completing practicum or placements
 - Recruited family members who pass the volunteer screening requirements
 - Redeployed municipal or school board employees or others
 - Resident Council members (perform non-contact roles)
 - Family Council members (remote or booking support roles)
- Is there a role for the JHSC in this process?
 - Does the committee have enough information to fulfill its responsibilities?
- Is there a system of no-fault error reporting? Protocols may be breached, exposures may happen, and near misses also provide valuable learning.
 - If yes to above, does the home have a procedure for review and of follow up?

- Does the home have resources to do visitor scheduling?
- Can this be set up with rules, such as frequency, type of visit, room booking limitations, and conflicts with others who are also booking?
- Is there an on-line tool that allows self-booking (e.g., Square which is a web-based tool) and persons available to support those who cannot self-schedule?
- Does the home have enough masks to provide to visitors who don't have one?

Details about the Essential Family Caregiver

This section outlines further considerations that homes must make with respect to the essential family caregiver.

- Does the home have the means to train essential family caregivers regarding IPAC and proper PPE (don, doff, maintaining, hand hygiene)? Can this training be offered at a rate that matches the essential family caregiver's visiting schedule?
- Does the home have enough PPE for essential family caregivers?
- Do essential family caregivers only wear masks or other PPE as well? (i.e., Should they be required to wear the same PPE as staff?)
- What activities are the home agreeable for the essential family caregiver to undertake and is this unique to each resident or a blanket approach? Consider risk and unintended harm.
- Can the home train the person in ADL that they wish to provide? Alternatively, would the home agree to on-line training from other sources?
- Has the home's communication and care-planning process has been explained?
- Does the home have the resources to coach and problem solve with this person?
- Will this person be permitted to move about the building (e.g., feed resident in dining room), and is there adequate space and distancing for this?
 - > Where will visits with an essential caregiver take place?
 - In resident's room (private room)
 - In shared room (two residents) when the other resident's family is not also visiting, and physical distancing can be maintained
 - If three or four bedroom (occupied), it is recommended that the visit is not in the bedroom

- In a designated lounge that has adequate space for both physical distancing and viable privacy considerations, and which can be sanitized between visitors, and minimizes the travel through the building for both resident and visitor

References

1. Updating the Visitor Policy to Long-Term Care Homes: Visitor Policy; Ministry of Long-Term Care, July 2020
2. Resuming Visits in LTC Homes; Ministry of Long-Term Care, June 2020
3. Directive #3 FAQ June 16, 2020, Directive #5
4. Caregiver-Centred Care Competency Framework; CIHR June 2019
5. Re-integration of Family Caregivers as Essential Partners in Care in a Time of COVID-19; CFHI July 2020
6. The NIA's Recommended 'Iron Ring' for Protecting Older Canadians in Long-Term Care and Congregate Living Settings; April 21, 2020
7. National Institute on Ageing. (2020). Finding the Right Balance: An Evidence-Informed Guidance Document to Support the Re-Opening of Canadian Long-Term Care Homes to Family Caregivers and Visitors during the COVID-19 Pandemic. Toronto, ON: National Institute on Ageing Guidance Document.

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Appendix

Details about the Indoor Visitor

Indoor visitor where emotional support is the focus:

- > The person successfully completes the current screening requirements of Public Health Ontario
- > No exposure to known positive COVID-19 in specified time as determined by the local PHU
- > The most recent test they had (not less than two weeks) was negative, and they attest such
- > Agrees to a code of conduct, including correct donning/maintaining/doffing PPE, physical distancing, hand washing as published by the home, as well as adherence to general home requirements
- > Is clearly identified by a badge or nametag
- > Has an understanding of how cognitive impairment will affect the resident's behavior (See "The Person Behind the Mask" from MH LHIN)

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