

Guideline for Off-Ward Privileges (Acute Care)

To minimize the spread of COVID-19 we are required to limit the number of individuals that are required to enter the facility. However, it is understood based on evaluation of risk, operational and clinical judgment, exceptions may need to be made for granting patients off-ward access.

Please consider the following guidelines:

1. Limiting off-ward pass privileges to minimal length of time (i.e. 15 min)

- Short and/or frequent patient leave of absence/social leave from the facility should be minimized or eliminated give the increase risk or exposure to patients that leave and return to the facility frequently.
- If patients requires screening for COVID-19, they will be required to be isolated, which can increase distress.
- Patients returning from extended passes that are exposed to the virus in the community may expose other patients and staff on the unit.
- Essential visits should be considered on a case by case basis using operational and clinical judgment. *Essential visits for compassionate reasons would be considered for a patient who has a relative who is dying or very ill.

2. Consider discharging the patient with community and family support instead of extended passes.

- The social distancing guideless in place, most families are home because of school/work closures and may be able to support an earlier discharge.
- To assist with discharge readiness, the treatment teams may decide to have an overnight pass and hold the bed for 16-24 hrs. On the next day, instead of having the patient return to the hospital, the treatment team can do a virtual assessment (i.e. phone call) to ensure that the patient is safely discharged.