



Guideline for Palliative Care Visitor Restrictions applicable to Palliative Care Units and Hospice

Visitor restrictions are aimed to reduce the number of individuals that are required to enter the facility in order to limit the risk of exposure to COVID-19 to individuals under our care and staff. However, it is understood based on evaluation of risk, operational and clinical judgement exceptions to Visitor Restrictions may need to be made.

Essential visits or visits for compassionate reasons:

- These would be classified as exceptions to the outlined visitation restrictions and should be determined on a case by case basis only.
- Essential visits for compassionate reasons would be considered for an individual **who** is dying or very ill in a care setting.
- Essential visitors may also be individuals who provide care and supports to the individual and are an important component of the care plan, for which the facility is unable to determine an alternative method to meet the individual's care and support needs. This would be determined by the facility's Health Care Team based on clinical judgement.

Guiding Principles:

Any visitor that will be allowed entry must be screened prior to entry to the facility and must follow appropriate Public Health recommendations including hand washing, infection control practices and social distancing

- Healthcare professionals who are required to provide **essential visits, care and/or supports** (ex: foot care nurse OT/PT, SLP, pharmacist) can attend the site. Please limit to those that are considered necessary for safe care provision;
- Private Companions, Private Care Providers, family members, Spiritual Care Providers external to the site and Volunteers who are required to provide **essential visits, care and/or supports** can attend the site. Please limit to those that are considered necessary for safe care provision;
- Families/caregivers may continue to do personal laundry however processes need to be developed for the delivery and drop off of such items that does not require entry to client care and service areas;
- For individuals that have passed away, it is suggested that the facility develop a process for the packing of personal items and arranging with family for pick up that does not require access to service areas;
- All doors of sites (housing and hospitals) should remain closed to all visitors;
- Outside contractors should be limited during the duration of visitor restrictions, however if building access is required for essential operations, contractors must attend during business hours and must be screened prior to entry. If contractors withdraws service, internal site operations should be modified to address any essential operations;
- Hairdresser services are not considered essential and these services should be suspended;



- Social leave of palliative care clients can continue to be accommodated following the applicable Long Term Care Social Leave Policy. The Care team must determine if this is a safe option for the individual
- However, short and/or frequent leave of absence/social leave from the facility should be minimized or eliminated given the increase risk of exposure to residents that leave and return to the facility frequently. Essential Visits should be considered on a case by case basis using operational and clinical judgement.
- Admissions to palliative care facilities should continue and follow the existing handover of care processes for admissions from community, hospital or another facility. A family member (limit to 1) can attend with the new patient at time of admission, based on discretion of the facility. However appropriate screening of the family member must occur prior to admission to the facility

Operational Considerations:

- **Determining if a visit is essential or if an exception to visitation can be made:**
 - Review of the individual's care should occur when visitors are an important component of the care plan.
 - The facility must review internal resources to accommodate the individual's care and support needs as an initial step.
 - If unable to fulfill the client's care plan with internal resources/alternate methods an exception to visitation may be considered
 - The healthcare team will assess clients on an ongoing basis and determine how/when an exception to visitation process should be made
- **Supporting Contact with families and Caregivers:**
 - Options should be developed by the facility to ensure contact and communication between visitor and client still occurs.
 - Facilities should make every effort to facilitate contact and communication by telephone or other means (e.g. Skype, Facetime, Snapchat, etc.);
- **Health Status of Palliative Care Clients:**
 - A process should be developed that will ensure that families remain informed on the status of the client.
 - In the event a client is near the end of life, it is important for family and/or friends to be informed about the resident's condition and care immediately.
 - The facility should ensure strategies are in place to make sure families are aware and able to participate as required in final arrangements upon the death of a patient;
 - For funeral home access, it is suggest that facilities make phone contact with the funeral home post the passing of a client but prior to the funeral home attending onsite, to screen funeral home staff and request information on the cleaning of applicable equipment (stretcher) that will be used onsite. Cleaning of equipment



(stretcher) may need to occur onsite at the facility, outside of service areas, if cleaning steps of equipment outlined by funeral home are not satisfactory;

- **Monitoring of Palliative Care Client Emotional Wellbeing:**
 - Individuals may not understand or be able to comprehend why family and friends have stopped visiting.
 - This may result in an increase of emotions including depression, confusion, anger, suicidal ideation and/or responsive behaviors.
 - Staff should monitor emotional wellbeing, following and adjusting the care plan and implementing additional interventions as needed.
- **Recreation Programming:**
 - Recreation programming should be adapted to assist with addressing the social isolation that may occur; while incorporating recommendations on smaller gatherings and social distancing between patients;
- **Client Relation and Complaints:**
 - The facility should continue to follow the existing site specific client complaints/client relations process to ensure that family/caregiver concerns are addressed promptly.
 - Letter to families as well as this document can be utilized as key messages for staff and family discussions.