

Essential Care Partner Decision Making

Date Updated: May 17 2021

ECP Failed Screening Process:

1. Screener calls unit to see if ECP is allowed when there is a failed screen;
2. Manager of unit or designate makes decision about ECP;
 - a. If ECP has traveled outside of Northwestern Ontario but has no symptoms or exposure history, manager can allow entry with instructions for a nursing unit staff to meet the ECP at screening and provide a mask, eye-protection, gown and gloves and escort them to the unit (PPE must be worn every day until the 7-day isolation is complete).
 - i. ECP will receive a negative Covid-19 test result before entering. To arrange for an ECP in-house priority test, a fax will be sent to the Assessment Centre using the attached Household contact fax referral form. Assessment Centre appointments are available 0815 to 1930 on 15 minute intervals every day of the week.
**One visit can be arranged prior to having the in-house priority test/result if there is a time urgency or constraint.
 - ii. Patient must also wear mask and eye protection when ECP is in the room.
 - b. Current state ECP guidelines at end of life allow for a maximum of 4 ECPs with 2 permitted at a time.
 - i. Manager may make decisions allowing additional ECPs to include all children/parents and spouse to be permitted entry; two at a time where this can be accommodated.
 - c. If ECP fails screening due to symptoms (no exposure history), the manager will use discretion regarding ECP symptoms.
 - i. If symptoms are considered atypical of COVID (i.e. sore throat, nasal congestion), the ECP may be permitted with full PPE.
 - ii. If symptoms are considered common with COVID (i.e. cough, fever, headache, olfactory disorder) or the ECP is currently awaiting test results due to symptoms (not for surveillance purposes), please see protocol for COVID-positive ECP below.
3. If patient/ECP is denied, the Screeners provide the Patient Advocate information/handout will be given to the patient/ECP at this time and the appeals process can be explained and initiated if required.
4. For any exceptional circumstances not covered above or in the ECP guidance document, the manager/designate will contact the Senior Leader on Call to make a decision based on the patient status.

COVID-Positive Inpatient

If there is a COVID-19+ inpatient who is near end of life up to 4 ECPs, (no more than 2 at a time) will be permitted.

ECPs that are visiting a COVID + patient:

- a. Visits are able to take place in the patient room with the following instructions;
 - i. ECP must sign consent agreeing to their risk and having their information shared with the relevant public health unit for contact tracing
 - ii. One visit per day/ECP, re-assessing daily
 - iii. ECP may need to self-isolate for 14 days after the last visit/exposure based on public health unit direction.
- b. The visit will be limited to 1 hour in duration.
- c. The ECP will report to screening and then follow directions to the unit.
- d. The ECP will be supported to don full PPE (level 2 mask (at minimum), gown, gloves, and eye-protection) at the unit and the visit will be monitored by the Care Partner Liaison or a designated staff member and assisted with doffing when the visit ends.
- e. The ECP will doff full PPE (mask, gown, gloves, and eye-protection) upon leaving the patient room and will replace the mask to adhere to mandatory masking policy

*Note: If ECP refuses to sign waiver or does not want to take on the risk, they continue to have the option of Virtual Visitation or visitation behind the glass.

COVID-Positive ECP

If there is a patient who is near end of life and their ECP is COVID-19+ or highly suspected of COVID, the Senior Leader on Call will be contacted by the manager or designate as above, to determine if that ECP is permitted to visit.

ECPs that are COVID-19+ who are approved by the senior leader on call will only be permitted in exceptional circumstances (i.e. end of life):

- a. The visit will be limited to 30 minutes in duration.
- b. The ECP visit will be coordinated by the Care Partner Liaison/manager or designate including access to the building, appropriate PPE by the ECP and staff, and exit from the building. The visit will be monitored by the Care Partner Liaison or designated staff member.