Guidance Document for COVID-19

Thunder Bay Regional Health Sciences Centre

Title: Essential Care Partner Access in COVID-19 Situations	**Version #:** 2
Approved: Incident Manager **Signature**:	**Approval Date:** February 2 2022
This document is intended to provide guidance to staff/professional staff during the COVID-19 Pandemic	

PURPOSE: To outline approval and admission processes for Essential Care Partners (ECPs) that are either:

a) requesting access to a COVID-19 positive patient, or
b) who have failed screening due to COVID-19 infection, symptomology or exposure.

GUIDELINES:

Background

Essential Care Partners are not just 'visitors' but rather an integral and essential part of care provision. Essential Care Partners directly impact the physical, emotional and psychological well-being and safety of patients. ECP presence improves patient safety, reduces harm, improves quality of care, patient outcomes and patient care experiences as well as contributing to better staff morale and communication between health care teams and patients.

Process for ECPs requesting access to COVID-19 positive patients:

1. Visits can take place in the patient's room under the following conditions:
    a. The ECP must sign the *Essential Care Partner Waiver: Risk of Visiting COVID-19 Patient, accept potential risks, and agree to have their personal information shared with the relevant Public Health Unit for contact tracing.
        i. It should be noted in the patient's chart that the "Essential Care Partner Waiver: Risk of Visiting COVID-19 Patient" has been completed
        ii. A signed copy of the waiver should be given to the ECP
        iii. The signed original "Essential Care Partner Waiver: Risk of Visiting COVID-19 Patient" should be sent to the Quality Improvement and Risk Management Department for the record

    *Note: If the ECP is reluctant to sign the waiver or does not want to assume risk, they will be offered Virtual Visitation or in critical care areas, visitation behind the glass/outside of the patient's room is also possible.
    b. One visit per day/ECP will be permitted, and visitation will be re-assessing daily.
    c. The ECP may need to self-isolate as per Public Health Unit direction.
2. The ECP will report to the Main Entrance Screening Area and then follow directions to the patient's Unit.
3. Upon arrival to the Unit, the ECP will be supported to don full personal protective equipment (PPE); 'level 3' procedure mask, gown, gloves, and eye protection, and the visit will be monitored by the Care Partner Liaison or a designated staff member.
4. When the visit is over, the ECP will be assisted to doff their full PPE (mask, gown, gloves, and eye protection) upon leaving the patient's room. A level 3 procedure mask will be provided to the ECP as per the Hospital's mandatory masking policy

Process for ECPs who failed COVID-19 screening:

1. When an ECPs access is in question due to a failed screen, the Screener is to first call the patient's Unit, informing the Unit that the ECP has failed their screening, and checking to see if there is an existing approval for the ECP visit. If there is no approval, the ECP can either choose to abandon the visit, or be directed to the Main Lobby Waiting Area while the Screener contacts the Unit Manager/Admin Coordinator to determine if an approval can be granted. The Patient Advocate can also be contacted if the Screener is unable to reach a Manager. In these situations, the following processes apply:
    a. If the ECP is asymptomatic and failed their screening due to self-isolation or waiting test results, access should be granted only in exceptional circumstance and approved by the Unit Manager
    b. If the ECP is confirmed COVID-19 positive or symptomatic, access should be granted only in exceptional circumstance and the Manager must contact their respective Director for approval.
    c. When possible, and prior to the visit, it should be confirmed that the patient is aware of the ECP's COVID-19 status

    a. If an alternative ECP can be arranged,
    b. If virtual visitation has been optimized,
    c. The clinical condition of the patient, and
    d. Current ECP guidelines.
2. If ECP access is granted, the ECP visit will be coordinated by the Care Partner Liaison, Manager or designate. The appropriate PPE will be provided to the ECP, and their movement within the building will be restricted. The visit will be monitored by the Care Partner Liaison or designated staff member. At the end of the visit, the ECP will be escorted to the Main Lobby Exit.
3. If ECP access is denied, the patient/ECP will be provided with the Patient Advocate information/handout and the appeals process will be outlined as described in the **Essential Care Partner and Care Partner Guidance Document. The Program Director and SLC on call should be notified of the decision to deny access.

REFERENCES:

*Essential Care Partner Waiver: Risk of Visiting COVID-19 Patient - https://comms.tbrhsc.net/wp-content/uploads/2022/02/TBRHSC-Waiver-ECP-Visitation-of-Covid-Patient-February-2022.pdf

**Essential Care Partner and Care Partner Guidance Document" - https://comms.tbrhsc.net/wp-content/uploads/2022/01/Guidance-Document-Essential-Care-Partner-and-Care-Partner-Guidelines-January-20-2022-v.11.pdf

All Hospital COVID-19 updates are available on the iNtranet at https://comms.tbrhsc.net/covid-19-information