Ethical Framework to Guide Decision Making Related to Essential Visitors of Long-Term Care Residents

PURPOSE OF THIS DOCUMENT

This document serves as a guide for Ontario Long-Term Care Homes managing visitors for a resident at the end of life or with a serious illness during the COVID-19 Pandemic.

BACKGROUND

In **"**COVID-19 Directive #3 issued on April 15, 2020 for Long-Term Care Homes under the Long-Term Care Homes Act, 2007" Ontario's Chief Medical Officer of Health prohibited all but "essential visitors" to long-term care homes, described as "a person visiting a very ill or palliative resident." This exception is in line with Right #15 of the "Resident's Bill of Rights" under the *Long-term Care Homes Act*, which states "Every resident who is dying or who is very ill has the right to have family and friends present 24 hours per day."

Directive #3 also outlined processes that must be followed for essential visitors (emphasis added):

1. The essential visitor must be screened on entry for symptoms of COVID-19, including temperature checks and not admitted if they show any symptoms of COVID-19.
2. The essential visitor must only visit the one resident they are intending to visit, and no other resident.
3. The essential visitor must wear a mask while visiting a resident that does not have COVID-19.
4. For any essential visitor in contact with a resident who has COVID-19, appropriate PPE should be worn in accordance with COVID-19 Directive #1 issued on March 12, 2020 and revised on March 30, 2020 for Health Care Providers and Health Care Entities.

Individual homes or organizations must determine the processes they will follow regarding all other decision making related to essential visitors. This guide has been developed to outline ethical considerations that can be part of the decision making process.

HOW TO USE THIS TOOL

Under ideal circumstances, situations would be evaluated and managed individually. Given the severity of this pandemic, such discretion might be impractical for some homes. Although there are varying degrees of impact between homes, the Long-Term Care sector across the province has been disproportionately affected by COVID-19. Each home or organization will have to evaluate their current situation to determine what resources exist to manage or offset the resource implications that visits during the pandemic might have. If it is not possible to evaluate requests for visitation individually, homes can adapt the principles and processes included in this tool to create general guidelines.

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PRINCIPLES OF DECISION MAKING RELATED TO ESSENTIAL VISITORS

This tool has been designed to honour the Fundamental Principle of the *Long-term Care Homes Act*, which states (in part), "a long-term care home is primarily the home of its residents and is to be operated so that it is a place where they may live with dignity and in security, safety and comfort and have their physical, psychological, social, spiritual and cultural needs adequately met."

Principles to be used when determining if limitations on essential visitors is justified:

1. **Residents who are at end of life or experiencing serious illness ought to be able to have a visitor present. The home has a responsibility to attempt to facilitate such visits.**

2. **Long-term care homes have different obligations related to residents, staff, visitors, and the public.** As employers, they must provide their employees with the materials and conditions required to do their job safely. Long-term care homes are required to provide safe environments and provide safe care to their residents. Long-term care homes do not have the same level of responsibility for the safety of visitors or the public.

3. **Visitors to the home have the responsibility to follow the restrictions outlined in Directive #3**, which includes participating in screening, restricting their movement in the home, and wearing a mask. The Directive also states that when the visitor will have direct contact with a resident who has COVID-19, visitors should wear appropriate PPE.

4. The screening and PPE requirements put in place by Directive #3 will reduce higher degrees of risk to staff and residents. However, facilitating visits could decrease the home's ability to meet its obligations to staff and other residents through the risk of exposure that remains (even if minimal), use of scarce PPE, and possible depletion of resources. **The home has the responsibility to use mitigation strategies to decrease this risk so that visits can continue, wherever possible.**

5. **Limitations on visits and visitors should be put into place only when the risks cannot be managed by the home, and only in proportion to the degree of potential harm that remains after mitigation strategies have been exhausted by both the home and willing visitors. The home's decision-making processes related to visitation restrictions ought to be transparent to staff, residents, and visitors.** Where possible there ought to be mechanisms for the home to receive feedback and incorporate revisions.

6. Once the home has determined what limitations (if any) are necessary, and what preferences the resident might have, **visitors have the responsibility to manage all other decisions related to visits** (e.g. who will visit the resident, how such information will be communicated, how to resolve any disputes, scheduling, etc.).

When homes are required to prioritize essential visitors:

7. Where the overall number of residents being visited poses an unmanageable risk to staff or other residents, **a process should be followed that will prioritize visits for residents whose situation have the highest demands for compassion.**

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PRIORITIZATION OF ESSENTIAL VISITORS

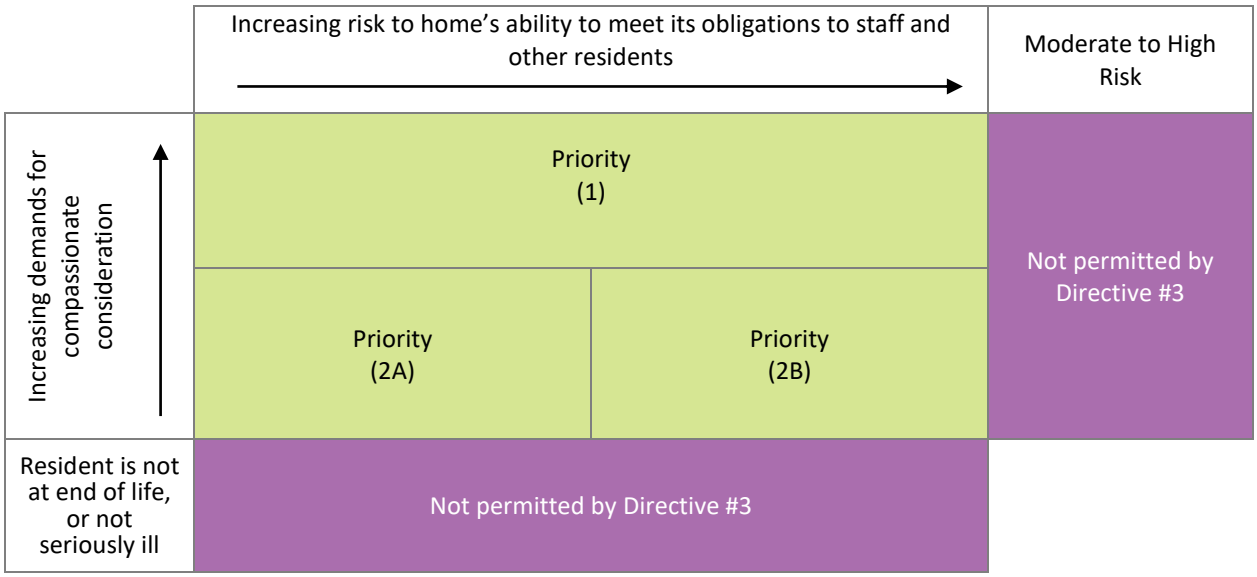
All mitigation strategies should be used to reduce the risk to resources before the home considers limiting the number of residents who can receive essential visitors. Essential visitors should not be prioritized unless *the number of essential visitors itself* decreases the home's ability to meet its obligations, and mitigation strategies cannot minimize the risk to a tolerable level. This guide does not anticipate any other means of prioritization between essential visitors other than compassion and risk to staff and others that cannot be mitigated.

Directive #3 has incorporated compassionate considerations by allowing exceptions for visitors in cases in which the resident is at end of life or seriously ill. When a home is considering prioritizing within the category of "essential visitor," it will be important to consider such things as on an ongoing basis:

- *Is this resident requesting this visitor? Has the resident been waiting to see them?*
- *Is the resident at end of life? If so, how imminent is death?*
- *Is the resident suffering? Is it believed that the visitor can relieve that suffering?*
- *Is the resident's behaviour known to be positively affected by the visitor's presence?*
- *Are there alternatives available to facilitate this visit?*
- *Is this the visitor's only opportunity to see the resident?*

Those residents whose **situations have the highest demand for compassion (Priority 1, below)** should be given priority when the volume of essential visitors requires management. Homes should endeavour to facilitate visitation for all Priority 1 situations whenever possible.

Once all Priority 1 visits have been facilitated, homes should begin facilitating Priority 2 visits. If prioritization is still required in order to manage visitor volume, homes can prioritize those that pose less risk to the home's ability to meet its obligations to staff and other residents. **Visits that pose less risk (Priority 2A),** can be prioritized over **visits that pose relatively more risk (Priority 2B)**. In the interests of equity, homes should seek to equalize the risks of harm between Priority 2 and Priority 3 visits whenever the means exist to do so.



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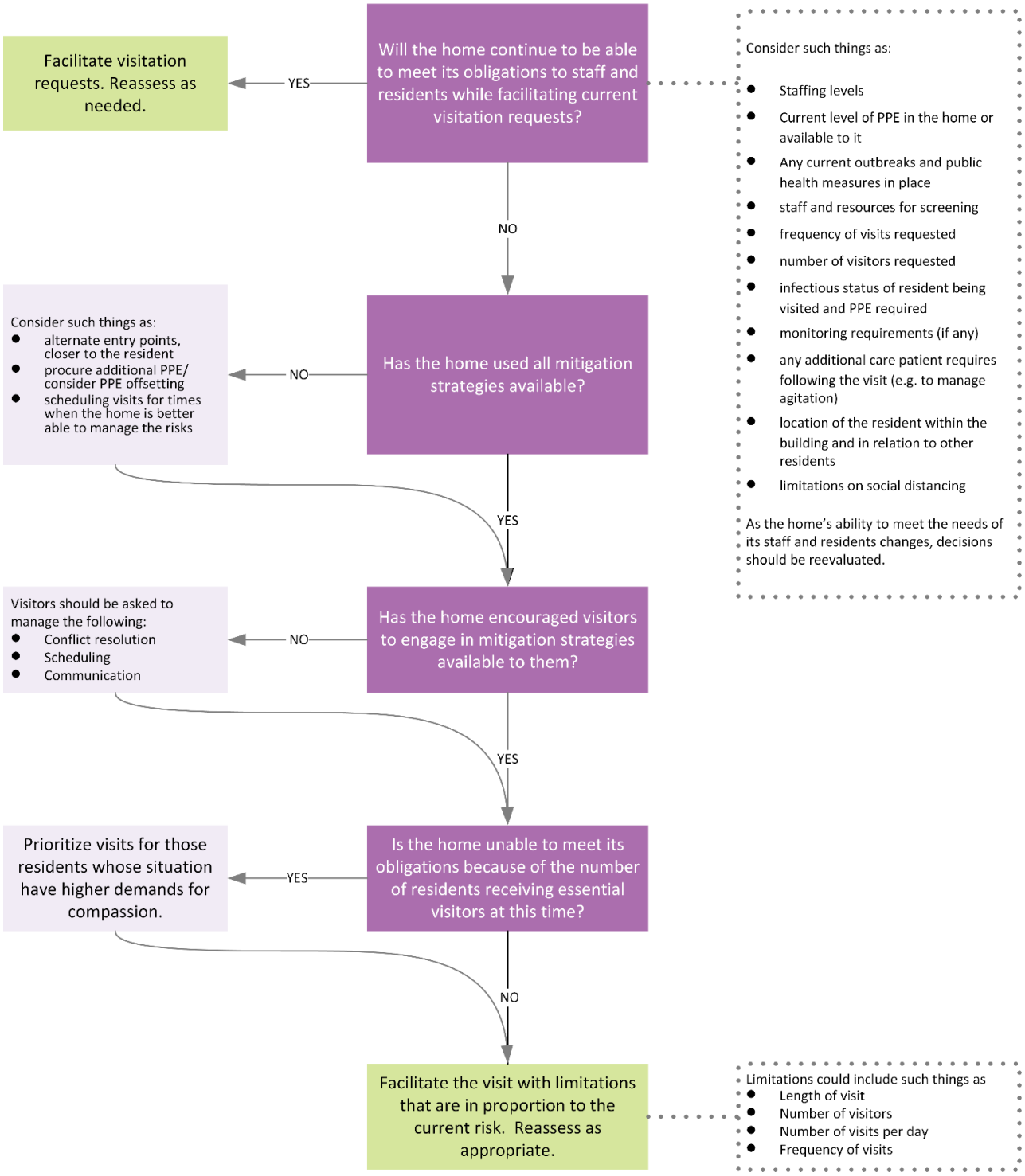
Decision-Making Process Related to Essential Visitors



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