



## **Absences – Short Stay and Temporary**

### **PURPOSE:**

This policy supports resident absences while adhering to the current directives from the Ministry of Health, Ministry of Long-Term Care and Public Health Ontario Guidelines and all other applicable guidelines.

Belvedere Heights recognizes that being able to connect with friends and family is essential to resident's emotional health and well-being so our visits are guided by the following principles:

**Safety:** Any approach to visiting must balance the health and safety needs of residents, staff, and visitors, and ensure risks are mitigated.

**Emotional Well-being:** Allowing visitors is intended to support the emotional well-being of residents by reducing any potential negative impacts related to social isolation.

**Equitable Access:** All individuals seeking to visit a resident must be given equitable visitation access, consistent with resident preference and within reasonable restrictions that safeguard residents.

**Flexibility:** The physical/infrastructure characteristics of the long-term care home, its staffing availability, and the current status of the home with respect to Personal Protective Equipment (PPE) are all variables to take into account when setting home-specific policies.

As the pandemic situation evolves in Ontario, this direction regarding visits at long-term care homes will be adjusted as necessary, keeping the safety and emotional well-being of residents and staff at the forefront.

**DEFINITIONS:**

Type of Leave	Resident Requirements
<p><b>Short stay absences</b> are for health care-related, social or other reasons and do not include an overnight stay, <u>with the exception of single-night emergency room visits</u>.</p>	<p>The resident or substitute decision maker must make an absence request to the Home at least 48 hours in advance. These requests may be made Mon-Fri between 0800-1600.</p> <p>Requests may be made to the:</p> <p>Director of Care  <a href="mailto:doc@belvedereheights.com">doc@belvedereheights.com</a>            ext 2231</p> <p>Programs Manager  <a href="mailto:pgmmgr@belvedereheights.com">pgmmgr@belvedereheights.com</a>            ext 2220</p> <p>Administrator  <a href="mailto:lrcadministrator@belvedereheights.com">lrcadministrator@belvedereheights.com</a></p> <p>The Home will review and approve the request on a case by case basis based on a risk assessment. If the request is denied, the reason for denial will be provided to the resident or SDM in writing.</p> <p>Residents on a short stay absence must wear a medical mask at all times when outside the home (if tolerated). The home must provide the medical mask and remind residents about the importance of public health measures including physical distancing.</p> <p>Residents returning from a short stay absence must be actively screened (i.e. bid COVID screening), but are <u>not</u> required to be tested or self-isolate.</p>
<p><b>Temporary absences</b> are for personal reasons and for one or more nights. Homes must review and approve all temporary absences based on a case-by-case risk assessment as outlined in Directive #3.</p>	<p>All residents returning from a temporary absence are required to self-isolate for 14 days upon their return.</p>
<p><b>Medical Absences</b> are defined as leaving the home’s property for medical reasons (i.e., outpatient visits, single night emergency room visit).</p>	<p>Residents do not require testing or self-isolation upon their return.</p> <p>Emergency room visits that take place over a single night (e.g., assessment and discharged from the emergency department spans one overnight period) are considered equivalent to an outpatient medical visit that does not require testing or self-isolation upon return.</p> <p>Residents must be provided with a medical mask to be worn when outside of the home (if tolerated) and reminded about the importance of public health measures including maintaining a safe distance of at least two meters from others and hand hygiene.</p>

## Short Stay Absences

### PROCEDURE:

1. The resident or substitute decision maker must make an absence request to the Home at least 48 hours in advance. These requests may be submitted Mon-Fri between 0800-1600. Requests may be made to the Director of Care, Programs Manager or Administrator.
2. The Director of Care, Programs Manager or Administrator will review the short stay absence policy, guidelines while on an absence and complete the Individual Risk Assessment and Management for COVID-19 Absences. Residents at high risk may be denied an absence based on the areas they scored high in. If the request is denied, the reason for denial will be provided to the resident or SDM in writing.
3. The Visit and approval will be recorded in the Resident Visits Calendar so that the care team knows to have the resident ready at the appropriate time for the planned outing.
4. Absences will be accommodated between the hours of 8:30 and 16:30 Monday to Friday.
5. When the family arrives, they will present to the screener and will be provided with an education package about physical distancing, respiratory etiquette, hand hygiene, infection prevention and control practices, and proper use of PPE to be reviewed while waiting on the resident to be brought to the door. Families/SDMs and Residents will be screened prior to leaving for their absence. Families or Residents who fail screening will not be permitted to continue with absence/visit.
6. Screener will record absence in the Residents LOA Binder
7. The screener will call up to the unit to advise the RPN/RN that the family has arrived.
8. The RPN/RN will be required to bring the Resident to the door to meet with family to complete the updated **Acceptance of Responsibility Form**, confirming that the family member understands their responsibilities, has read and understood the Infection Prevention and Control (IPAC), Public Health education that was provided, is aware of the plan of care (Kardex), and review any medications if applicable.
9. The Resident must be provided with a medical mask that is to be worn at all times when outside of the home (if tolerated).
10. The screener is responsible to screen Residents immediately upon return to the home, and will call the appropriate RN/RPN to advise of residents return and request Nursing staff to pick up residents to return to their home area.
11. Residents returning from short stay absences must be actively screened (twice daily per required practice), but are not required to be tested or self-isolate.

**\*Note:** Emergency room visits that exceed 1 night stay are considered a “re-admission” and COVID re-admission measures would apply (i.e. proof of negative COVID screen within 24/48 hours before returning to the home, and mandatory 14-day self-isolation)

### **Temporary Absences**

1. The resident or substitute decision maker must make an absence request to the Home at least 48 hours in advance. These requests may be submitted Mon-Fri between 0800-1600. Requests may be made to the Director of Care, Programs Manager or Administrator.
2. The Director of Care, Programs Manager or Administrator will review the Temporary absence policy, guidelines while on an absence and complete the Individual Risk Assessment and Management for COVID-19 Absences. Residents at high risk **WILL** be denied an absence. Those that have a medium risk score may not be allowed a temporary absence, depending on the areas they score highly in. If the request is denied, the reason for denial will be provided to the resident or SDM in writing.
3. The Visit and approval will be recorded in the Resident Visits Calendar so that the care team knows to have the resident ready at the appropriate time for the planned outing.
4. When the family arrives, they will present to the screener and will be provided with an education package about physical distancing, respiratory etiquette, hand hygiene, infection prevention and control practices, and proper use of PPE to be reviewed while waiting on the resident to be brought to the door. Families and Residents will be screened prior to leaving for their absence. Families or Residents who fail screening will not be permitted to continue with absence/visit.
5. Screener will record absence in the Residents LOA Binder
6. The screener will call up to the unit to advise the RPN/RN that the family has arrived.
7. The RPN/RN will be required to bring the Resident to the door to meet with family to complete the updated Acceptance of Responsibility Form, confirming that the family member understands their responsibilities, has read and understood the Infection Prevention and Control (IPAC), Public Health education that was provided, is aware of the plan of care (Kardex), and review any medications if applicable.
8. The Resident must be provided with a medical mask that is to be worn at all times when outside of the home (if tolerated).
9. The screener is responsible to screen Residents immediately upon return to the home, and will call the appropriate RPN/RN to advise of residents return and request Nursing staff to pick up residents to return to their home area.
10. Residents returning from a temporary absence are required to self-isolate for 14 days upon their return.

## Guidelines for Absences

- The Home must not be in outbreak
- The resident must not be on self-isolation
- The Home requests at least 48 hours' notice for short term absence and temporary absence; this will allow time for the staff to prepare for the residents absence.
- Absences that are not pre-booked in advance will not take place although may be considered under extraordinary circumstances. ( I.e. funeral of a family member).
- Absences will be accommodated between the hours of 8:30 and 4:30 Monday to Friday.
- Registered staff / Screener will provide all residents leaving the Home with a mask and will review the public health guidelines outlined in the COVID safety information Handout.
- Screener must sign resident out when leaving the Home Area and sign in upon return
- Residents must be actively screened at the main entrance upon prior to leaving and upon return
- Visitors accompanying residents will be screened at the main entrance prior to leaving and upon return
- If a Visitor does not pass the screening or do not comply with the homes protocols the absence will be cancelled.
- Visitors will be provided a medical mask to be worn at all times when outside the home when physical distancing cannot be maintained. For example, when driving in their car until they reach their destination where physical distancing can be maintained.
- Visitors are required to keep a detailed log of places visited and people they were in contact with for the purpose of contact tracing should the resident become ill.
- All goods or items that are purchased or obtained will be required to quarantine for a minimum of 48 hours upon return or to be disinfected (as feasible) by a staff member.
- We ask that all items be non-perishable.



## ACCEPTANCE OF RESPONSIBILITY AND CARE FORM

Part 1: Completed by Registered Nursing Staff with the Resident, Power of Attorney (POA), or Substitute Decision Maker (SDM)

I (print name) \_\_\_\_\_  Resident  POA  SDM, hereby consent to the following temporary/short term absence from Belvedere Heights as detailed below.

Date(s) from: \_\_\_\_\_ to \_\_\_\_\_

Anticipated time of departure: \_\_\_\_\_ Expected time of Return: \_\_\_\_\_

Accompanied by: \_\_\_\_\_

- I understand that as Resident/POA/SDM that I hereby assume full liability and responsibility for the care, safety, and well-being for the above named resident during this absence, and (as applicable) while accompanied by and in the care of the individual named above.
- I understand it is my obligation to notify the Registered Staff of the home if the resident is admitted to hospital during the absence, or if the date or time of the resident's return changes.
- I consent to Belvedere Heights sharing the necessary health information to ensure that the care required to be given to the resident is received by the resident during the absence.
- I understand that I am accountable to ensure Resident safety by strictly adhering to the current Public Health recommendations for COVID-19 that have been reviewed with me including masking, physical distancing, respiratory etiquette, hand hygiene, infection control practices, and proper use of personal protective equipment.
- I acknowledge that non-compliance with the Home policies or Public Health guidelines could result in a discontinuation of visits and/or approved leaves from the home.

Dated at Belvedere Heights this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

Part 2: Completed by Registered Nursing Staff with the Resident, POA/SDM, or approved individual accompanying resident as listed above.

I (print name) \_\_\_\_\_  Resident  POA  SDM  Other (specify relationship) \_\_\_\_\_, hereby acknowledge that I have been informed of and understand my responsibility to ensure that the care required to be given to the resident is received by the resident during the absence.

- A member of the home Registered Nursing Staff has set out in writing the care required to be given to the resident during the absence
- I agree to honour the approved date(s) and time(s) of the absence, and will contact the home if the date or time changes due to an emergency
- I have received contact information for the resident POA/SDM (as applicable) and the home, and will contact one of these parties immediately if I have any questions or concerns.

Part 3: Completed by Registered Nursing Staff: Record of information provided and reviewed prior to resident leave

- Kardex
- Medication List
- Other: \_\_\_\_\_

PART 4: RN/RPN to print list medications to be sent and returned with resident as applicable

- Completed
- Not Applicable

\_\_\_\_\_  
R.N./R.P.N. Signing  
Medication Out

\_\_\_\_\_  
Date

Upon completion of the above, please direct to the DOC.

Director of Care \_\_\_\_\_ Date \_\_\_\_\_ (Direct to Res. File) \_\_\_\_\_



BelvedereHeights  
Community Support Services Residences Long Term Care

## Individual Risk Assessment and Management for COVID-19 Absences

**Resident's Name:** \_\_\_\_\_

**Date for Request:** \_\_\_\_\_

**Family Member/SDM/Resident Making Request:** \_\_\_\_\_

Risk Assessment				COMMENTS:	SCORE:
	Low Risk (1 pt.)	Medium Risk (2 pt.)	High Risk (3 pt.)		
Self-Isolation					
a) Resident Ability to Self-Isolate	Independent ADLs	Supervision or limited assistance	Total dependence Ex. Toileting and meal service		
b) Behavioural/Wandering	Not Applicable	Easily redirected	Not easily redirected		
Local Disease Transmission and Activity	Low or community downward trend	Increased community case transmission	Increased infection rate; increased long-term care and retirement outbreaks in our community		
Travel or Visit Destination	Staying within local community	Leaving local community	Entering areas where COVID-19 cases are higher (increasing infection rates and community case transmissions)		
Risks Associated with Activities					
a) Planned Activities	Park/outdoor, home, drives and drive-thrus	Grocery stores, restaurants (indoor or outdoor)	Weddings, funerals, large events, the mall, church		
b) Overnight Arrangement Location (ex. How many people live in the home)	Spouse, 1-2 people	3-4	5+, or leaving our local community		



c) Number of People in contact with While LOA	1-3	4-6	6+		
d. 1) Of those people, travel history and work locations	No travel, live in our community, non-essential workers	Travel within Ontario or more than 14 days ago, essential workers but following Public Health Guidelines	Has travelled outside of Ontario within 14 days		
d. 2) Negative COVID Test	Negative COVID-10 test within 7 days	Negative COVID-19 test in 14 days	No COVID-19 testing		
Ability to Comply with Local and Provincial Policies and Bylaws					
a) Masks	Understands and complies with mask-wearing policies	Resident is only able to wear a mask for ½ hour to one hour at a time	Resident is unable due to physical or cognitive ability		
b) CPS ability to understand social distancing and bylaws	0-1 No	2-3 Supervision	4+ Constant supervision		
				<b>TOTAL SCORE:</b>	

**COMPLETED BY:** \_\_\_\_\_

Each low risk score is 1 point, each medium risk score is 2 points, and each high risk score is 3 points. Risk scores are calculated based on the total of all risk scores.

**Total Low Risk Score: 11-16**  
**Total Medium Risk Score: 17-22**  
**Total High Risk Score: 23+**

Anyone scoring as high risk will be denied an absence.

Those that have a medium risk score may not be allowed an absence, depending on the areas they score highly in.