

Ethical guidance and tools for people working in LTC

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The information presented in this CME program is based on recent information that is explicitly “evidence-based”.

This CME Program and its material is peer reviewed and all the recommendations involving clinical medicine are based on evidence that is accepted within the profession; and all scientific research referred to, reported, or used in the CME/CPD activity in support or justification of patient care recommendations conforms to the generally accepted standards



DEMENTIA ISOLATION TOOLKIT



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SNAPSHOT OF COVID-19 IN LTC

- In Western countries— approx. **50%** of all deaths
- Ontario:

Report	Number	Previous Day Number	Percent Change
LTC homes with an outbreak *****	174	172	2
LTC homes with resolved outbreaks *****	57	N/A *****	N/A *****
Confirmed active cases of positive residents	2725	2727	-0.07
Confirmed active cases of positive staff	1691	1693	-0.12
Resident deaths in LTC homes *****	1235	1235	0
Staff deaths associated with LTC homes *****	<5	<5	N/A *****

https://ltccovid.org/wp-content/uploads/2020/04/LTCcovid-country-reports_Canada_Hsu-et-al_updated-April-14-2020.pdf

<https://www.ontario.ca/page/how-ontario-is-responding-covid-19#section-1>

INFECTION PREVENTION AND CONTROL

PREVENTION

- No visitors
- Screening staff
- Staff wearing masks
- Hand hygiene
- Screening before admission
- Quarantine after admission
- Physical distancing measures

CONTROL

- Identification of suspect cases
- Isolation of suspect and confirmed COVID-19 cases
- Wider testing of asymptomatic (staff, residents)
- Lockdown

<https://ltccovid.org/wp-content/uploads/2020/03/Summary-of-international-policy-measures-to-limit-impact-of-COVID-19-on-people-who-rely-on-the-Long-Term-Care-sector-30-March-pm.pdf>

CONTRIBUTORS TO SPREAD

COVID-19

- staff who worked while symptomatic
- staff who worked in more than one facility
- inadequate supplies of PPE
- limited availability of testing
- delayed recognition of cases
- difficulty identifying persons with Covid-19 on the basis of signs and symptoms alone

OUTBREAKS MORE GENERALLY IN LTCH

- delay in recognition and notification of outbreak
- **delay in the implementation of control measures**
- **insufficient application of isolation and cohorting**

<https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0229911>
<https://www.nejm.org/doi/full/10.1056/NEJMoa2005412>

INFECTION PREVENTION AND CONTROL

- Isolation of suspect and confirmed COVID-19 cases



**HOW CAN WE
ACHIEVE THIS
ISOLATION WITH
SAFETY AND
COMPASSION?**

<https://ltccovid.org/wp-content/uploads/2020/03/Summary-of-international-policy-measures-to-limit-impact-of-COVID19-on-people-who-rely-on-the-Long-Term-Care-sector-30-March-pm.pdf>

BARRIERS TO EFFECTIVE ISOLATION

- Policies
- Environment
- Staffing resources
- Safe equipment
- Training/procedures
- Moral distress
- Fear

ANY OTHERS?

WHAT IS NEEDED?

- Evidence informed IPAC protocol defining clearly when isolation is necessary
- Ethical framework to guide decision-making
- Clarification of how response to pandemic fits within current provincial laws and regulations (ie Legal/Regulatory framework)
- Clinical guidance to support decision-making of how to implement effective isolation
- Resources and planning (staff/equipment)

DEMENTIA ISOLATION TOOLKIT

- Ethical/ Legal/ Regulatory Frameworks
- Clinical decision guide
- Technology guide and support
 - Two-way video monitoring and communication systems using a tablet
- What else should be included?

ETHICAL GUIDANCE TOOL

Provides a framework to help think through situations and make the best possible decisions for workers and residents.

Ethical guidance for people who work in long-term care:
What is the right thing to do in a pandemic?

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For more information about this tool or the Dementia Isolation Toolkit project, email andrea.iaboni@uhn.ca.

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ETHICAL GUIDANCE TOOL

1. What has this pandemic changed?

- It is especially important to protect those who are **most at risk** of getting sick or dying. We also have a responsibility to make sure that restrictions on individual freedoms do not cause unnecessary harm.

How do these changes affect what we do in long-term care?

- In the pandemic we have to make **difficult decisions**. These decisions can affect the well-being of some residents.

ETHICAL GUIDANCE TOOL

2. What is the right thing to do in a pandemic?

- We must consider what actions to take to achieve the greatest good for the greatest number of people.

Principles to consider when making a decision:

- **Proportionality**
- **Minimize Harm**
- **Reciprocity**
- **Fairness**
- **Transparency**

ETHICAL GUIDANCE TOOL

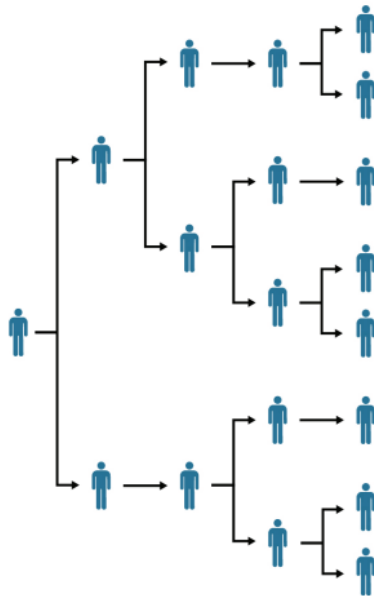
3. Why do we isolate people who have a contagious illness?

- Keeping people with a contagious illness separate from healthy people helps to prevent the spread of the illness.

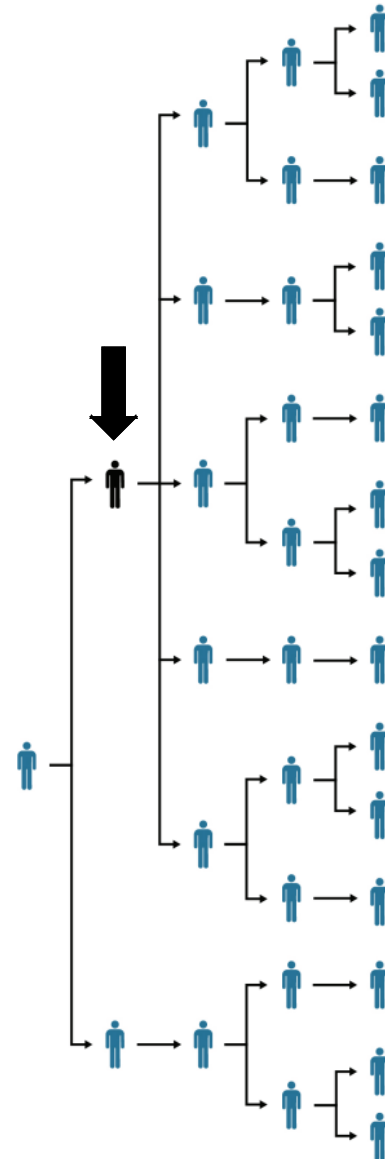
What if we do not isolate someone who is contagious?

- The virus can be passed by coughing, sneezing, talking to others, and touching surfaces.
- Not everyone who is infected with COVID-19 shows symptoms at first.
- Some infected people do not show any symptoms.
- COVID-19 can have very severe outcomes for residents.

If each person infects **1-2** people:



If each person infects **1-2** people,
except one person infects **5**:



ETHICAL GUIDANCE TOOL

What if a resident won't stay isolated?

- We have a duty to protect these residents from doing things that may harm themselves or others. We can isolate someone who is infectious if they are unable to isolate themselves.

How can you help someone stay in isolation?

- Develop an isolation plan to support and care for the resident. An **“Infection Control and Isolation Care plan”** addresses:
 - **Personhood**
 - **Engagement**
 - **Supporting Needs**
 - **Reminders**

ETHICAL GUIDANCE TOOL

What are the risks of holding someone in isolation against their will?

- You need to make a decision about what action is proportionate to the danger and what can be done to minimize any harms.

Least
restrictive
to most
restrictive

Establish necessity for isolation

Orientation, explanation, redirection, distraction

Increased supervision, alarms/reminders, non-
restrictive barriers

Cohorting, environmental strategies

Physical seclusion:
Locked doors

Physical restraint

Pharmacologic
management

Infection Control and Isolation Care Plan Worksheet:

RESIDENT NAME OR INITIALS: _____ COMPLETED BY: _____ DATE: ____/____/____

Infection control and Isolation care plan

PERSONHOOD:

What information do we know about this person? (e.g. likes, dislikes, values, previous roles/professions, their capabilities, relationships/family)?

What kinds of needs/reasons bring them out of their room?

What helps them return to their room?

ENGAGEMENT:

What activities do they enjoy?

What activities can the resident engage in while in their room? What do they need for these activities?

What do they like to talk about?

Who do they enjoy spending time with?

RESIDENT NAME OR INITIALS: _____ COMPLETED BY: _____ DATE: ____/____/____

SUPPORTING NEEDS:

What do they need help with?

What are their favorite foods or drinks?

What things and/or people bring them joy and pleasure?

REMINDERS:

What do they understand about the need to stay in their room?

What kinds of reminders are effective? (write exact words to use)

What other kinds of reminders work? (Signs, barriers, alarms)

PLANNED APPROACHES/STRATEGIES:

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____

Infection Control and Isolation Care Plan Worksheet:

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ETHICAL GUIDANCE TOOL

4. What can help to guide decision-making?

- In addition to the previous principles, these points can help to guide the decision making process:
 - Reasonableness
 - Responsiveness
 - Openness
 - Accountability
 - Trust

Isolation Decision Tool:

Isolation Decision Tool

What is the **danger(s)** you are trying to prevent? How likely is this to occur? If it does occur, what are the possible outcomes?

APPROACHES/STRATEGIES THAT YOU HAVE CONSIDERED OR TRIED:

Approach/strategy that you have tried or are considering?	What are the risks involved in this approach/strategy?	What are benefits involved in this approach/strategy?	How effective has the approach/strategy been?

WHO HAS BEEN CONSULTED/INVOLVED IN THIS DECISION? WHAT WAS THEIR INPUT?

STAKEHOLDER	INPUT
Public Health	
Leadership/Management	
Resident	
Substitute Decision Maker	
Team members	

Isolation Decision Tool:

Isolation Decision Tool

Chosen plan of action:

How will this plan be communicated?

What will you do to minimize the risks that have been identified?

How will you keep track of how effective and safe this plan is?

When will you re-evaluate this plan?

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