

September 1st, 2020

Dom Lipa - Policy for Long Term Care Resident Absences during COVID-19

Following the advice of the Chief Medical Officer of Health of Ontario and Directive #3, dated August 28th, 2020

Dom Lipa's Long Term Care Home (LTCH) residents can be away from the Home for short-stay and/or for overnight absences.

Dom Lipa always endeavours to keep residents, employees, and family members safe, especially during this COVID-19 pandemic. Dom Lipa strives to maintain awareness of infection control measures and public health. Based on Directive #3, Dom Lipa will support LTCH residents' freedom to leave the Home.

Long Term Care Home residents can leave the Home for:

1. **Short stay absences** while maintaining physical distancing of 2 metres and wearing a mask at all times, without requiring Droplet and Contact Precautions for 14 days upon return. Short Stay absence does not include an overnight stay.
2. **Temporary absences into the community of one or more nights.** This policy does not apply to emergency visits and hospitalizations.

Dom Lipa LTCH has the following policy outlining these processes and the resident and the Substitute Decision Maker (SDM) will be asked to sign off on the agreement.

1. **Policy for Short-Stay Absences** (such as absences with friends or family, shopping, medical appointments, etc.) (**short-stay absences do not include overnight absences**)

Long Term Care home residents who wish to go outside of the Home's property (such as absences with friends or family, shopping, medical appointments, etc.) are permitted to do so, if the following requirements are met:

- Dom Lipa must NOT be currently in a COVID-19 outbreak.
- Upon return from a short stay absence, the resident must pass active screening, every time they re-enter the home.
- If the active screening is passed by the resident, the resident will not have to be self-isolated.
- If the resident does not pass active screening, the resident will be allowed into the Home. Dom Lipa and the resident will follow existing 14-day Droplet and Contact Precautions, self-isolation policies and testing policies.
- The resident will always wear a face mask and maintain physical distancing of a minimum of 2 meters, while outside the home.
- Dom Lipa will provide a mask for the resident.

- The resident will inform the Director of Care and/or the delegate (Charge Nurse) of the date of an absence in a timely manner, to allow for planning and review of absences protocol and to sign an agreement outlining the short absences requirements.
- The resident and or the resident's SDM will sign an agreement which outlines the short absences requirements prior to each absence.
- In the event that the Home enters into an outbreak, all new absences requests will end.
- In the event that the Home enters into an outbreak while the resident is away for an absence, the resident may choose to return to the Home, providing the resident's Home area is not declared as the outbreak area, and the local Public Health (PH) unit is informed and allows the return.
- In the event of an outbreak where the resident cannot be placed in the areas of the Home that are not part of the declared outbreak area, or if there are other exceptional circumstances (e.g., resident safety, advice from the local PH unit), then a temporary short-stay in hospital could be considered for the resident to support outbreak management and Infection Prevention and Control (IPAC) measures. The resident can be isolated in the hospital under Droplet and Contact Precautions for 14 days. The resident will be tested for COVID in the hospital and upon receiving negative results will be transferred to LTC within 24 hours.

The resident's return to the Home will be following the Admission and Re-Admission policies and procedures.

**DOM LIPA – Slovenian Linden Foundation
Long Term Care Home**

Agreement between:

Dom Lipa LTCH Resident and/or their Substitute Decision Maker and Dom Lipa Long Term Care Home

Requirements for Short Stay Absences (absences with friends or family, shopping, medical appointments, etc.)

I, _____ have been informed of, understand, and agree

Resident's name (print)

to Dom Lipa's requirements for Short Stay Absences during the Covid 19 pandemic.

I will follow the requirements as outlined below:

- I will wear a face mask, provided by Dom Lipa, at all times while outside the home
- I will practice hand hygiene
- I will maintain physical distancing of a minimum of 2 meters, while away on the short stay absence
- I will follow and respect the Government of Ontario directives, regarding group gatherings and will not participate in gatherings larger than those allowed by the government
- Upon return, I must pass active screening
- If I do not pass active screening, I understand that I will be allowed into the Home and I will follow Dom Lipa's existing 14 day Droplet and Contact Precautions, self-isolation, and testing policies.
- I understand that in an event of an outbreak, I may not be allowed to return to Dom Lipa
- I have read and I understand the Policy for Short Stay Absences

Reason for request for **Short Stay Absence**:

- visit friends or family (please indicate how many people will be in your party
_____)
- shopping
- medical appointments
- other _____

I request the absence on: _____

Date

My estimated time of leaving is: _____

My estimated time of returning is: _____

Resident and Substitute Decision Maker Signature

Date

Witness (Charge Nurse)

Date

Policy for Temporary Absences into the Community (with Overnight Stay)

All residents returning from a temporary absence are required to self-isolate for 14 days upon their return.

Temporary absences (overnight stay) during Covid 19 pandemic will be granted at the discretion of Dom Lipa LTCH on a case-by-case basis, taking into account safety factors, such as the risk of infection associated with the absence.

The request for an overnight stay absence must be submitted by the resident and/or SDM Monday to Friday (cut off time Friday 10am).

The request can be submitted either by phone or in writing (e-mail) to the Director of Care or the delegate (RCC or a Charge Nurse).

Temporary absences will be allowed based on the following risk assessment:

- local COVID-19 transmission and activity
- the risk associated with the resident's planned activities, while away from the home
- the resident's ability to comply with infection prevention measures, local and provincial health policies, and bylaws and with self-isolation
- the ability of Dom Lipa to support the resident's 14-day self-isolation periods, when they return
- any further directions provided by the MOLTC

If Dom Lipa denies the absence, the rationale will be communicated in writing to the resident and/or SDM.

LTCH Residents, who will be permitted to go outside of the home for one or more overnight absences must follow the requirements, as listed below:

- Dom Lipa must NOT be currently in a COVID-19 outbreak.
- The resident will be actively screened upon return from one or more overnight absences.
- The resident will follow existing FFF Droplet and Contact Precautions, self-isolation, and testing policies, upon return from one or more overnight absences.
- The resident will wear a face mask and maintain physical distancing of a minimum of 2 meters at all times, while outside the Home.
- Dom Lipa will provide a mask for the resident.
- The resident will inform the Director of Care and/or the delegate (Charge Nurse) of the dates of the absence in a timely manner, to allow for planning and review of absences' protocol and to sign an agreement, outlining the requirements for a temporary absence.
- The resident and/or SDM prior to each absence will sign an agreement, which outlines the requirements for temporary absences (with overnight stay).
- In the event that the Home allows an absence but enters into an outbreak, all new absence requests will terminate.
- In the event that the Home enters into an outbreak, while the resident is away for an absence, the resident may choose to return Home, providing the resident's Home area is not declared the outbreak area, and the local PH unit is informed and allows the return.

- In the event of an outbreak, where the resident cannot be placed in the areas of the Home that are not part of the declared outbreak area, or if there are other exceptional circumstances (e.g., resident safety, advice from local PH unit), then a temporary short-stay in hospital could be considered for the resident to support outbreak management and IPAC measures. The resident can be isolated in the hospital under Droplet and Contact Precautions for 14 days. The resident will be tested for COVID in the hospital and upon receiving negative results will be transferred to LTC within 24 hours.
- The resident's return to the Home will be following the Admission and Re-Admission policies and procedures.

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Long Term Care Home**

Agreement between:

Dom Lipa LTCH Resident and/or their Substitute Decision Maker and Dom Lipa Long Term Care Home

Requirements for One or More Overnight Absences

I, _____ have been informed of, understand, and agree
Resident's name (print)

to Dom Lipa's requirements for Temporary Absences (with overnight stay).

I will follow the requirements as outlined below:

- I will wear a face mask, provided by Dom Lipa, at all times while outside the Home
- I will practice hand hygiene
- I will maintain physical distancing of a minimum of 2 meters, while away on temporary absence
- I will follow and respect the Government of Ontario directives regarding group gatherings and will not participate in gatherings larger than those allowed by the government
- Upon return, I will be actively screened
- Upon return, I will follow Dom Lipa's existing 14-day Droplet and Contact Precautions, self-isolation and testing policies.
- I understand that in an event of an outbreak, I may not be allowed to return to Dom Lipa
- I have read and I understand the Policy for Temporary Absences into the community with overnight stay.

My reason for request for **Temporary Absence** is:

My contact information during temporary absence is:

Name:

Address:

Phone number:

Email:

I request the absence for: _____

Dates

My estimated time of leaving is: _____

My estimated time of returning is: _____

Resident and Substitute Decision Maker's Signature

Date

Witness (Charge Nurse)

Date

References

1. [Directive #3 for Long-Term Care Homes under the Long-Term Care Homes Act, 2007](#)
2. Visit Ontario's [website](#) to learn more about how the province continues to protect Ontarians from COVID-19.