

Intervening when patients/residents pose a risk of harm of COVID-19 transmission to others (Non-adherence to infection control practices)

How can staff best support residents and patients who wish to leave the building during the COVID-19 pandemic, who are capable but not adherent to personal distancing and infection control measures, and thus pose a risk of harm upon return to other residents, patients, and staff?

Background:

As we are all aware, the Provincial Health Officer of BC, Dr. Bonnie Henry, is asking people to stay at home, and when not at home, to practice social distancing. This is to reduce the risk of contracting COVID-19, and reduce the risk of spreading it. At this point, these are recommendations, and not orders; as such, individuals have certain liberties with respect to adherence to the recommendations.

Assessment:

We take an ethical approach to decision-making based on the principles of the BC [COVID-19 Ethical Decision-Making Framework](#) (EDMF). This principles include: respect, fairness, consistency, the harm principle, and least coercive and least restrictive means.

In applying these principles, it is important that we:

- Minimize the risk of COVID-19 exposure and spread to the larger population, including other residents and staff.
- Recognize that some individuals are less able to comply with the recommendations, due to medical or psychological reasons.
- Respect individual liberties and preferences
- Intervene in a way that is least restrictive and least coercive.

We also must recognize the legal framework governing our ability to restrict the movement of individuals:

- We **may not** use involuntary detention under the *Mental Health Act* to restrain people for a purpose other than psychiatric treatment.
- A medical health officer **may** intervene with orders to a particular individual, but will do so only on a case-by-case basis, with assessment of the risk of exposure in each situation.

- There is currently no order from the Public Health Officer for individuals to stay home; it is a recommendation. As such, there is no legal mechanism to enforce that recommendation.

We do have a role in encouraging all residents and patients to remain in their facilities and to be compliant with the recommended safety practices including hand washing, personal distancing, and appropriate use of personal protective equipment (PPE).

Recommendation:

1. Work with residents to identify alternative ways for them to have their needs met without having to leave the building.
 - a. If a resident still feels the need to leave, remind them of Dr. Henry's "stay at home" recommendation and the risk of getting sick and making others sick.
 - b. Ensure they understand the mechanics of physical distancing, as well as the importance of hand hygiene while out, and upon their return.
2. Consider other accommodations to support residents who are in the habit of regularly leaving the building and the property.
 - a. Consider providing a secure smoking area
 - b. Consider a staff or volunteer who may be able to support limited personal shopping for items that can be sanitized when brought into the facility.
 - c. Support use of technology to allow virtual visiting - Facetime, Skype and Zoom
 - d. Encourage creative visiting opportunities, like monitored "window visits" when physical distancing can be maintained.
3. If a resident (who would normally leave the building on their own) is preparing to leave or asking to leave, please encourage them to stay home. Remind them of the following:
 - a. Everyone in BC is being asked by the Provincial Health Officer to stay home, unless providing an essential service.
 - b. COVID-19 is a very serious illness, and many people in LTC homes have become very ill in the last few weeks.
 - c. These precautions are not permanent, but are currently necessary to slow the spread of COVID-19 and to keep all residents, patients and staff safe.
 - d. Offer to provide PPE, if appropriate, including hand sanitizer or a mask.
4. Ask if there is anything we can do that would help them stay at home.
 - a. If they're just looking for some sun and fresh air, suggest other options like accessing common outside spaces on the grounds.
 - b. If the reason for leaving the facility relates to tobacco or other substance use, consider alternate means of support:

- i. For smoking and vaping, consider whether a safe place can be located on facility grounds – noting areas can be lawfully designated with the approval of the CEO
 - ii. Consider referral to NH's virtual substance use clinic
 - c. If they insist, suggest they stick as close to home as possible, and stay at least two meters (six feet) away from anyone else outside. Show them what two meters (six feet) of distance looks like.
5. If you observe a resident returning from an outing:
- a. Support them to perform thorough hand hygiene upon returning.
 - b. Get some information about where they've been, and if they've been in contact with anyone.
 - c. Offer to provide PPE, if appropriate.

These conversations will be more successful in keeping people at home if they are done compassionately, respectfully and without judgement. If you are concerned about someone regularly behaving in an unsafe manner, please bring this to the attention of your manager.

When contemplating alternative strategies, you may consider consultation with senior management, risk management, workplace health and safety, and your medical health officer.

If compliance is not achieved, you may also consult with your medical health officer who can provide additional support and guidance.