





ECPs are an **integral part of the Canadian healthcare system**. The value and impact they have is based on evidence. CFHI and CPSI are supporting the role of ECP through the [Essential Together program](#).<sup>6</sup>

ECPs:

- Are more than visitors
- [Improve resident and staff safety](#)<sup>7</sup> as well as their physical, psychological, emotional well-being
- [Ensure residents, families and essential care partners have a voice](#)<sup>8</sup> in the development of policies related to visitors and ECPs
- [Help the resident communicate better](#)<sup>9</sup> with their healthcare teams, which improves staff well-being and job satisfaction.

## HELPFUL DEFINITIONS

**Essential care partner (ECP):** A person who provides physical, psychological and emotional support, as deemed important by the resident. This can include support in decision making, care coordination and continuity of care, including support for minor medical procedures, feeding, ambulation, cognitive stimulation, patient hygiene, medication adherence. ECPs are often vital to ensuring coordination and continuity of care. ECPs can include family members, close friends or other caregivers and are identified by the resident or substitute decision maker.

Also referred to as designated support people, designated caregivers, essential visitors, designated visitors, designated essential visitors, essential care visitors, or partners in care.

**Visitor:** Individuals who have an important social role but do not participate as active partners in care.

**Designated support person:** Individuals who may include relatives and non-relatives as defined by the residents. They may be ECPs or they may play a less active role.

<sup>6</sup> <https://www.cfhi-fcass.ca/what-we-do/enhance-capacity-and-capability/essential-together>

<sup>7</sup> [https://www.cfhi-fcass.ca/docs/default-source/itr/tools-and-resources/policy\\_guidance\\_en.pdf](https://www.cfhi-fcass.ca/docs/default-source/itr/tools-and-resources/policy_guidance_en.pdf)

<sup>8</sup> [https://www.cfhi-fcass.ca/docs/default-source/itr/tools-and-resources/policy\\_guidance\\_en.pdf](https://www.cfhi-fcass.ca/docs/default-source/itr/tools-and-resources/policy_guidance_en.pdf)

<sup>9</sup> [https://www.cfhi-fcass.ca/docs/default-source/itr/tools-and-resources/policy\\_guidance\\_en.pdf](https://www.cfhi-fcass.ca/docs/default-source/itr/tools-and-resources/policy_guidance_en.pdf)



We all have a role to play to keep the LTC home as safe as possible for residents. The safest way for an ECP to re-enter an LTC home is to stay safe from infection of COVID-19 by following public health guidelines (e.g. wearing a mask, physically distancing, reducing social contacts and hand washing).

Always be familiar with the rules to enter the LTC home (e.g. hours of access; visit scheduling process):

- If you're not feeling well, don't go to the LTC home. Try to connect virtually or have another ECP go instead, if allowed.
- Respect the LTC home screening procedures. Know if ECPs need proof of a negative COVID-19 test. Whether you need a test will often mirror how much COVID-19 is spreading in the community. If anything is not clear, check with the LTC home.
- Make sure you know all the ways the LTC home tries to prevent and protect individuals from infection. This could include handwashing and wearing PPE (such as masks, gloves, gowns, etc.).
- Be aware areas of the LTC home you're allowed to access and areas that are off-limits (e.g. common areas, dining room, etc.).



# A

Preventing and controlling infection is one of the most important things ECPs can do to help LTC homes remain safe for residents. Use this checklist as a guide and ask your LTC home for clarification if you don't fully understand the infection prevention and control protocols in place.

## TOP TIP!

Pay attention to the infection rates in your own region and community. If the rate rises, the risk of you contracting or passing on COVID-19 to your resident, other residents and/or LTC staff increases.

	What I need to know	What I need to do
<p>(A)</p>	I understand how the LTC home <b>handles COVID testing</b> .	The LTC home provides me with <b>IPAC training and education</b> ( <a href="#">example video</a> ) <sup>13</sup> .
	I understand the LTC home's <b>contact tracing procedures</b> .	I have confirmed with the LTC home <b>what COVID-19 testing</b> I need.
	I know the LTC home's <b>contact details and communication</b> process.	I know what type of proof of a <b>negative COVID-19 test</b> I need to provide the LTC home.
	I know the protocols for when people don't comply with IPAC requirements.	I know the LTC home's requirements for <b>verbally confirming</b> (attesting) that I am still COVID-19 negative.
	I know <b>IPAC policies for LTC staff</b> .	I know that there is a plan in place if COVID-19 <b>cases increase significantly</b> (surge) in the LTC home.
		I know how residents will be protected if an <b>outbreak occurs</b> .
		I know what to do and what happens if the resident I support as an ECP <b>tests positive for COVID-19</b> and is in isolation.
		I am aware of /Lang (a5S)/MCID 390 BDC /T1_3 1 Tf(.)TjE(ed if an )TJEM

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COVID-19 hit residents and staff in LTC homes especially hard during the first wave in the spring of 2020. Outbreaks in LTC homes became common and people in Canada watched in dread as the death toll grew and grew. COVID-19 is still a major issue in LTC homes as the second wave hit in the fall and winter of 2020 and 2021.

These point-in-time statistics highlight the disproportionate impact COVID-19 has had on LTC residents and staff. Statistics change daily and current information can be found on the [National Institute of Ageing Long Term Care COVID-19 Tracker](#),<sup>14</sup> which is updated twice per week.

## HELPFUL DEFINITIONS

Leadership/Decision Makers in LTC Homes:

**Administrator** – Responsible for the home's overall management.

**Director of nursing and personal care** – A registered nurse who supervises and directs the nursing staff and personal care staff of the home.

**Medical director** – An independent physician who evaluates and addresses medical practices, clinical procedures and resident care.



45% St3h7ID-19 Dd/Lang (en-US)/MCID 548 BDC 9.5114 (C S)6 (t)7 per14,7399.51 0 Td[(L)56 (T)14 (C S)6 (t)7 2/P #Lang06 t7ID-1(66s9.5

## RECOMMENDATIONS

LTC homes restricted all visitors in good faith to try and reduce COVID-19 being transmitted person-to-person. It is important to balance the responsibilities of LTC homes to keep residents safe from COVID-19 and the unintended harm caused by not allowing ECPs access to support the physical and mental well-being of residents.









**How do I become an ECP?**

If your LTC home recognizes the role of ECPs, it is handled at the LTC home level and should be guided with resident and family input. Make sure you find out the LTC home's policies and procedures about naming an ECP (or ECPs) and who in the LTC home is responsible for this.





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## **ABOUT HEALTHCARE EXCELLENCE CANADA**

Healthcare Excellence Canada (HEC) is an organization with a relentless focus on improving healthcare, with – and for – everyone in Canada. Launched in March 2021 from the amalgamation of the Canadian Patient Safety Institute and the Canadian Foundation for Healthcare Improvement, Healthcare Excellence Canada has greater capacity to support partners to turn proven innovations into widespread and lasting improvement in patient safety and all the dimensions of healthcare excellence. We believe in the power of people and evidence and know that by connecting them, we can achieve the best healthcare in the world. HEC is an independent, not-for-profit charity funded primarily by Health Canada.

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