



# **TOOLKIT FOR PEOPLE WITH DISABILITIES IN BC**

**FOR HEALTH CARE SETTINGS DURING COVID-19**

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## FOR HEALTH CARE SETTINGS DURING COVID-19

To be fully prepared if you need to go to the hospital or a health care setting during the COVID-19 pandemic, we recommend bringing the following:

- 1. A completed letter to the health care provider - Attachment 1**  
**Get it in your Chart.** You can ask the hospital staff to write in your medical chart that you can have a support person with you
- 2. A copy of your current Representation Agreement RA 7**  
A Supported Decision-Making Tool which lays out who can speak for the individual during specific situations
- 3. Communication devices**  
Bring your communication kit, including all devices, chargers, and communication boards you might need. Keep them close
- 4. Notes from Doctors/Therapists**  
Bring a note from your family doctor; Behaviour consultant; Other Therapists (Physiotherapist, Occupational Therapist etc.) Feeding consultant, as needed
- 5. Patient Accommodations Request Form – Attachment 2**  
Complete the attached one-page form with your individual needs and preferences as soon as possible. If you need to be treated, bring two copies (laminated, if possible). If you don't have access to a printer, send a copy to your health care provider and ask them to print it out.
- 6. A [copy of the recently updated COVID-19 Essential Visitors Policy \(113 KB\)](#) - Attachment 3**
- 7. An open letter from families to Health Care providers prepared by Disability Alliance BC - Attachment 4**

### You may want to know

- Support people may be required to wear a mask or other protective equipment in the hospital or may not be allowed to go to the cafeteria.
- There may be restrictions on how many support people are allowed into your room at one time.
- Hospitals may require support people to take a COVID-19 test, fill out a questionnaire, or have their temperatures taken.

# Health Care Provider Letter

## Attachment 1

Dear Health Care Provider,

I \_\_\_\_\_ am a person with a disability and I require the presence of an essential support person(s) with me in health care settings.

My support person can advise on the areas where I need support if I am unable to do so directly.

Based on the **Guidelines as outlined in The Ministry of Health Communiqué # 2020-01 dated 19 May 2020, regarding Essential Visitors**, (see excerpt below), I am entitled to have this person accompany me in Hospital.

**As the ways I need support are personal to me, my support person will be able to assist me and this will make your job much easier as well. When I am calm and supported by people who know me, you will be able to focus on my acute care needs.**

I require **accommodations and support** in the areas of:

- Mobility \_\_\_\_\_
- Feeding \_\_\_\_\_
- Decision Making \_\_\_\_\_
- Personal Care \_\_\_\_\_
- End of life \_\_\_\_\_
- Emotional Support / Mental Health \_\_\_\_\_
- Hearing \_\_\_\_\_
- Visual \_\_\_\_\_
- Speech \_\_\_\_\_
- Memory impairment \_\_\_\_\_
- Intellectual disability related supports \_\_\_\_\_

If you are not able to allow this, kindly allow me and my essential support person to speak with the hospital administrator or administrator on call, as I wish to have an immediate review of your decision.

Thank you

\_\_\_\_\_  
*Signature*

# Excerpt from May 19 2020

## Ministry of Health Essential Visitor Policy Communique

### **Family and Visitors**

- Health authorities shall continue to restrict visitors to essential visits only.
- Health authority staff will determine if a visit is essential

- **Essential visits can include, but are not limited to:**

- Visits for compassionate care, including critical illness, palliative care, hospice care, end of life, and Medical Assistance in Dying;
- Visits paramount to the patient/client's physical care and mental well-being, including:
  - Assistance with feeding;
  - Assistance with mobility;
  - Assistance with personal care;
  - Communication assistance for persons with hearing, visual, speech, cognitive, intellectual or memory impairments;
  - Assistance by designated representatives for persons with disabilities, including provision of emotional support;
  - Visits for supported decision making; and
  - Visits for pediatric care, labour and delivery.
  - **Existing registered volunteers providing the services described above.**
  - Visits required to move belongings in or out of a client's room.
- Police, correctional officers and peace officers accompanying a patient/client for security reasons.
  - ✓ Essential visits can occur with a COVID+ patient or client.
  - ✓ This family and visitor policy shall be clearly posted on the health authority's main public website.
  - ✓ This family and visitor policy, and all related expectations, shall be communicated in plain language to visitors prior to arrival or upon arrival at the facility. This information shall be made available in English and all languages commonly spoken in the local community.
- Family and visitors not deemed essential who wish to have an immediate review of the decision shall be provided the ability to speak with an administrator or administrator on call
- Family and visitors can request a formal review of a decision through the health authority Patient Care Quality Office (PCQO). If you have already been to the PCQO and are not satisfied, you can request a review of concerns from the Patient Care Quality Review Board [contact@patientcarequalityreviewboard.ca](mailto:contact@patientcarequalityreviewboard.ca) 1-866-952-2448

# My Accommodation Needs

## Attachment 2

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Tel: \_\_\_\_\_

### Communication:

I am capable of communicating my needs and preferences by

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I need the communication-related accommodations listed above to communicate effectively and to provide informed consent

### Medical:

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Please note the above are critical to my medical situation

### Personal care:

Important information about my care to assist you in making me comfortable

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**Please keep a copy of this document visible at the top of my chart and posted in a prominent, visible place near me at all times while I am in the hospital.**

## Suggestions of what detailed notes to write in each item above:

### **Communication:**

e.g. using my eyes/index finger to point to the picture cards/letterboard/number choices in the communication kit I brought with me; the X app on my iPad, which needs to be charged and within my reach at all times; handwriting; modified ASL; having my communication support person present at all times; having my emergency contact read my lips or revoice my speech by video call

### **Medical**

I have allergies (may include food, latex, medications, including general anesthetic)

I have swallowing difficulties

I have a family history of complications with anesthetic

### **Personal Care**

- I need someone who knows me well to be with me. I need this to be able to communicate with staff and/or to remain calm and keep everyone safe
- I have communication support needs (e.g., device, board, speech impairment ESL, deaf/hard of hearing, blind)
- I need sedation for painful procedures (e.g., swabbing, IV, bloodwork)
- I may hurt myself when scared or confused
- I may hurt others if scared or confused
- I might try to run away if I am scared or confused
- I have a hard time staying still
- I have physical care needs (e.g., eating, mobility, bathing)

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### **Some useful links**

- [A link to BC Minister Adrian Dix's speech](#)
- **Link to regional Health Authority sites**
  - [Fraser Health](#)
  - [Vancouver Coastal](#)
  - [Island Health](#)
  - [Interior Health](#)
  - [Northern Health](#)
- **Representation agreements RA 7**
  - Information <https://www.nidus.ca/youth-transitioning/>
  - RA7 forms [http://www.nidus.ca/PDFs/Nidus\\_Form\\_BasicRA7All.pdf](http://www.nidus.ca/PDFs/Nidus_Form_BasicRA7All.pdf)
  - Instructions [http://www.nidus.ca/PDFs/Nidus\\_Form\\_RA7instructions.pdf](http://www.nidus.ca/PDFs/Nidus_Form_RA7instructions.pdf)



MINISTRY OF HEALTH  
POLICY COMMUNIQUÉ

COMMUNIQUÉ

TO: Healthy Authority CEOs

TRANSMITTAL DATE: May 19, 2020

COMMUNIQUÉ NUMBER: 2020-01

CLIFF NUMBER: 1158482

SUBJECT: Infection Prevention and Control for Novel Coronavirus (COVID-19)

DETAILS: This document replaces the March 20, 2020 version of Communique 2020-01.

This document outlines Ministry of Health requirements for preventing and controlling novel coronavirus (COVID-19) in health authorities.

Key additions include:

- Updated guidance for Long-Term Care and Seniors Assisted Living settings.
- Updated family and visitor guidance.

EFFECTIVE DATE: May 19, 2020

MINISTRY CONTACT: Brian Sagar, Senior Director, Communicable Disease, Population and Public Health

Stephen Brown  
Deputy Minister  
Ministry of Health

Dr. Bonnie Henry  
Provincial Health Officer  
Office of the Provincial Health Officer

## Ministry of Health Policy

### Infection Prevention and Control for Novel Coronavirus (COVID-19)

#### Policy Objective

- This policy protects patients, clients, clinicians, health care workers and the public by outlining provincial expectations for the implementation of infection prevention and control practices to prevent and control COVID-19 in all health authority facilities, programs and services.

#### Definitions

- **Shall:** A mandatory requirement based on BC Ministry of Health directive.
- **Should:** A recommended best practice for implementation at the discretion of health authorities.

#### Policy

##### Personal Protective Equipment

- Health authorities shall implement the **Personal Protection Equipment (PPE) Framework**, as published by the BC Ministry of Health:  
<http://www.bccdc.ca/health-professionals/clinical-resources/covid-19-care/infection-control/personal-protective-equipment>.

##### Acute Care

- Health authorities shall continue to implement existing infection prevention and control guidance for COVID-19 in **Acute Care** settings, as published by the Public Health Agency of Canada (PHAC).
- For your reference, PHAC's updated Acute Care guidance materials are available here: <https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/health-professionals/interim-guidance-acute-healthcare-settings.html>.
- Where there is a discrepancy between BC and PHAC guidance for Acute Care settings (e.g., essential visitors), follow the BC guidance.

##### Long-Term Care & Seniors Assisted Living

- Health authorities shall implement infection prevention and control guidance for COVID-19 in **Long-Term Care and Seniors Assisted Living** settings, as published by the BC Centre for Disease Control (BCCDC):  
[http://www.bccdc.ca/Health-Info-Site/Documents/COVID19\\_LongTermCareAssistedLiving.pdf](http://www.bccdc.ca/Health-Info-Site/Documents/COVID19_LongTermCareAssistedLiving.pdf)



### Additional Guidance & Resource Materials

- Health authorities shall implement all supplemental infection prevention and control guidance and resource materials for novel coronavirus endorsed by the BC Ministry of Health: <http://www.bccdc.ca/health-professionals/clinical-resources/covid-19-care>

### Family and Visitors

- Health authorities shall continue to restrict visitors to essential visits only.
- Health authority staff will determine if a visit is essential
- Essential visits can include, but are not limited to:
  - Visits for compassionate care, including critical illness, palliative care, hospice care, end of life, and Medical Assistance in Dying;
  - Visits paramount to the patient/client's physical care and mental well-being, including:
    - Assistance with feeding;
    - Assistance with mobility;
    - Assistance with personal care;
    - Communication assistance for persons with hearing, visual, speech, cognitive, intellectual or memory impairments;
    - Assistance by designated representatives for persons with disabilities, including provision of emotional support;
    - Visits for supported decision making; and
    - Visits for pediatric care, labour and delivery.
  - Existing registered volunteers providing the services described above.
  - Visits required to move belongings in or out of a client's room.
  - Police, correctional officers and peace officers accompanying a patient/client for security reasons.
- Essential visits can occur with a COVID+ patient or client.
- This family and visitor policy shall be clearly posted on the health authority's main public website.
- This family and visitor policy, and all related expectations, shall be communicated in plain language to visitors prior to arrival or upon arrival at the facility. This information shall be available in English and all languages commonly spoken in the local community.
- Family and visitors not deemed essential who wish to have an immediate review of the decision shall be provided the ability to speak with an administrator or administrator on call
- Family and visitors can request a formal review of a decision through the health authority Patient Care Quality Office (PCQO). If you have already been to the PCQO and are not satisfied, you can request a review of concerns from the Patient Care Quality Review Board [contact@patientcarequalityreviewboard.ca](mailto:contact@patientcarequalityreviewboard.ca) 1-866-952-2448

- Orders from the Provincial Health Officer or a Medical Health Officer take precedent over this policy.
- Essential visits shall be limited to one visitor per patient/client within the facility at a time. A visitor who is a child may be accompanied by one parent, guardian or family member.
- All visitors shall be screened for signs and symptoms of illness, including COVID-19, prior to every visit: <http://www.bccdc.ca/health-info/diseases-conditions/covid-19/about-covid-19/symptoms>
- Visitors with signs or symptoms of illness, as well as those in self-isolation or quarantine in accordance with public health directives, shall not be permitted to visit.
- Visitors shall be instructed when to perform hand hygiene, respiratory etiquette and safe physical distancing.
- Visitors shall be instructed on how to put on and remove any required PPE when visiting or caring for patients/clients who are on Droplet and Contact precautions. If the visitor is unable to adhere to appropriate precautions, the visitor shall be excluded from visiting.
- Visitors shall go directly to the patient/client they are visiting and exit the facility directly after their visit.
- Virtual visitation is strongly encouraged and should be supported where in-person visitation is not possible.

#### Surgical/Procedural Masks

- Procedure masks are effective at capturing droplets, the main transmission route of COVID-19. For this reason, procedural masks provide adequate protection for health care workers caring for COVID-19 patients.
- Surgical masks are effective at capturing droplets and providing adequate protection for health care workers but should be conserved for surgical settings or as directed in the PPE allocation framework.
- An N95 respirator is only required when performing aerosol-generating medical procedures (AGMPs) on a person under investigation for or diagnosed with COVID-19.

#### Fit Testing for N95 Respirators

- Health authorities facing an imminent shortage of N95 respirators shall allow workers who have had their respirator fit test within the previous 2 years continue to use respirators without additional testing.
- Health authorities facing an imminent shortage of N95 respirators shall ensure these same workers perform a fit check or seal check prior to the use of the respirator, and where that check reveals an issue with the seal, a full fit test will be performed.
- Health authorities not facing an imminent shortage of N95 respirators shall perform annual fit tests as required by section 8.40(2.1) of the Occupational Health and Safety Regulation.

### Additional Measures to Mitigate the Demand for N95 Respirators

- Health authorities shall implement the following additional strategies to mitigate the demand for N95 respirators:
  - Health authorities shall work collaboratively to actively manage inventories of respirators to ensure high risk areas have adequate and appropriate supplies.
  - Health authorities shall continue to actively oversee and manage N95 supplies. This includes implementing a formal approval process for N95 respirator distribution, as informed by an organizational review of current usage levels for those items across work units.
  - Health authorities shall implement appropriate, alternative respirators in high use departments. This includes adopting alternative N95s, reusable respirators and Powered Air-Purifying Respirators (PAPRs).
  - Health authorities shall not issue N95 respirators to health care workers unless those individuals are directly involved in patient care or related work that requires an N95. \*\* Note: An N95 respirator is not required unless an aerosol generating medical procedure (AGMP) is being performed.
  - Health authorities shall reduce face-to-face health care worker encounters with patients where an N95 respirator is required. This includes, but is not limited to, bundling activities and using video monitoring.
  - To reduce overall demand for new respirator Fit Testing, health authorities shall assign health care workers with a current/valid Fit Tested N95 respirator to care for patients where an N95 is required.
  - Health authorities shall cohort health care workers by identifying and assigning designated teams of health care workers to provide care for patients with suspected or confirmed COVID-19.
  - Health authorities shall permit limited, extended use of N95s whereby a single N95 respirator can be worn for repeated, close contact encounters with multiple patients, without removing the respirator.
  - Health authorities shall permit limited, extended use of N95 respirators beyond the manufacturer's stated expiry date.
  - Health authorities shall cease all non-essential education and training activities requiring respirators.
  - Health authorities shall strictly limit the number of clinicians and staff allowed into a room for procedures required for care.
  - Health authorities shall implement controlled access of non-essential individuals to all facilities.

### Additional Measures to Mitigate the Demand for PPE

- Effective immediately, health authorities shall implement the following additional strategies to mitigate the demand for PPE:

- Health authorities must work collaboratively to actively manage inventories of PPE to ensure high risk areas have adequate and appropriate supplies;
- Health authorities must continue to actively oversee and manage PPE supplies. This includes implementing a formal, centralized approval process for PPE distribution, as informed by an organizational review of current usage levels for those items across work units.
- Health authorities must designate a central, managed location within each facility from which PPE supplies will be stored for distribution to approved departments.
- Health authorities must implement a process to require justification for the amount of PPE inventory needed, for each request.
- Health authorities must implement a process for identifying high risk units and delivering PPE to those units on a priority basis.
- Health authorities must not order excessive amounts of personal protective equipment from the Provincial Health Services Authority Supply Chain as a response to COVID-19.

Dear Health Care Provider,

I am a person with a disability and I require the presence of an essential support person(s) with me in health care settings. My support person can advise on the areas where I need support if I am unable to do so directly.

The Government of Canada published “**COVID-19 and people with disabilities in Canada**” on May 7, 2020, which says that hospitals, clinics, medical facilities and any organization that provide health care and supportive services to people with disabilities should provide permission for essential support person(s) to accompany people with disabilities at all stages of care in the health care environment.

The presence of my essential support person(s) is a necessary accommodation for my disability. The law protects my right to accommodations when accessing health care services.

The **United Nations Convention on the Rights of Persons with Disabilities** guarantees people with disabilities the right to the support I need to communicate and make decisions (Article 12).

The **Canadian Charter of Rights and Freedoms** guarantees my right to life and my choices about health care (section 7). It also guarantees equality, which includes my right to accommodation I need because of a physical or mental disability (Section 15).

The British Columbia **Human Rights Code** says that people with disabilities have the right to accommodation when using public services like health care (Section 8).

The British Columbia **Health Care (Consent) and Care Facility (Admission) Act** says that health care providers must get consent before giving me health care. If I need help with communication or making decisions, I have the right to help from a Representative named under the **Representation Agreement Act**, or a family member or close friend.

**For further guidance, please contact the BC Patient Quality Review Boards:**

<b>Vancouver Coastal Health</b> 1-877-993-9199	<b>Island Health</b> 1-877-977-5797	<b>Interior Health</b> 1-877-442-2001
<b>Fraser Health</b> 1-877-880-8823	<b>Northern Health</b> 1-877-677-7715	

Thank you for your assistance in this matter.



DEVELOPED BY AN AMAZING TEAM OF PEOPLE WITH DISABILITIES AND THEIR FAMILIES, WITH THE SUPPORT OF THE FOLLOWING ORGANIZATIONS:

