



Q1: What is compassionate care visiting?

A1: Compassionate reasons may include designated essential family/support person(s) during end-of-life care or for residents whose quality of life or care needs are unmet.

Q2: Does compassionate care visiting mean end-of-life only?

A2: No, in addition to end-of-life care, compassionate care visiting is for resident whose care needs or quality of life needs are unmet without a family/support person.

Q3: Why are the restrictions the same in my area when there's been less cases here?

A3: Although some areas of Saskatchewan have lower cases of COVID-19, we know that COVID-19 is everywhere. One COVID-19 positive person can result in:

- risk to vulnerable populations;
- isolation; and
- cause community spread.

Q4: How do restrictions to family presence keep patients, families and providers safe?

A4: Limiting the number of people within a facility/home as well as contact amongst caregivers in different areas within the site, may help us reduce the spread of the virus. It will also help us to reduce close contacts and maintain safe physical distancing. We are using a similar approach with staff. We are grouping our staff to work in one facility/home. This limits the number of different people who are going into each site.

Q5: When will visitors be allowed again beyond just compassionate care visiting?

A5: Compassionate Care family presence will remain in place until otherwise stated by the Chief Medical Health Officer of Saskatchewan.

Q6: Staff are allowed to go home to their families and return to work. What is the difference between patients' families being allowed to come into the facility/home and see the patients?

A6: We are limiting the number of staff members that work at each home/facility during the pandemic. Staff are now assigned to work in groups so the staff is consistent at each facility/home and service are within a facility/home. We call this staff "cohorting". Staff are also screened daily, wear masks and use extra PPE as needed. We also recommend staff change clothes before and after they work.

Q7: What if I don't agree with the decision that has been made?

A7: If patients/residents or essential family/support people have concerns that they would like to discuss, they can call their Care Services Director or [local Quality of Care Coordinator or Client Representative](#).

Q8: I have a friend who is a caregiver and they're allowed to visit their loved one, but I cannot. Why is there a difference?

A8: In long term care, residents can have a designated essential family/support person if their quality of life and/or care needs cannot be met without that person's assistance. If you are unclear, talk to the Unit or long term care home manager. A Quality of Care Coordinator can help as well.



Q9: I heard some people get to have outdoor visits but I'm not able to. How come?

A9: Each home is unique in physical design and each home will work to achieve safe, socially distanced outdoor visiting.

Q10: I'm worried visitors are going to increase the risk for COVID-19. What's being done to keep people safe?

A10: Anyone coming into SHA facilities and homes will be:

- screened for symptoms and travel history before entering;
- required to wear a mask;
- required to perform hand hygiene; and
- asked to maintain a safe physical distance.

Everyone, unless providing direct care, will also be asked to maintain a 2 metre/6ft. distance between themselves and others.

Q11: How is it decided that a long term care resident's quality of life and/or care needs cannot be met without the assistance of a designated essential family/support person?

A11: Quality of life or care needs being unmet can be identified by:

- resident;
- family members/support person; and
- staff.

Residents and family members can work with the site contact to understand the situation and discuss any quality of life or care needs they feel are unmet. Residents and families who had daily family presence prior will work with their care team to determine their ongoing level of presence.

Q12: Why are there sometimes different approaches for family presence in long term care homes?

A12: It is likely that several residents and their designated essential family/support person will want to visit at the same time. In these situations, long term care homes must find a way to:

- meet resident care needs; and
- provide a safe space for family presence.

The care home will need to consider the space they have in the home and the staff they have available.

This may require them to:

- stagger visits;
- develop creative approaches to help residents meet their quality of life/care needs.

Q13: There is a Covid-19 outbreak at our long term care home, can I still visit?

A13: Yes, you can still visit a resident who has Covid-19 or is suspect of Covid-19 if quality of life or care needs are not met. All screening and PPE requirements will be followed. There may also be additional guidelines or restrictions that are determined by the local Medical Health Officer. For more information, please contact your long term care home.

Q14: Are family able to bring additional items outside of the food/beverages/ flowers / dry paper goods to acute care or long term care home patients/residents? For example, craft supplies, yarn, paints.



A14: Yes, infection prevention and control guidelines must be followed, items that can be brought in include:

- food;
- flowers;
- paper cards;
- new books; and
- art.

Please consult with managers or staff to make arrangements for deliveries.

Q15: Can I bring food or beverages to my loved one?

A15: Yes, food and beverages can be delivered to or brought into SHA facilities. The following guidelines need to be followed:

- Food and beverage, and other items are individually packaged in a container which can be wiped down with disinfectant wipes upon entry into the facility.
- Perform hand hygiene.
- Food made in a residential kitchen can be accepted if brought in a container that can easily be wiped down with disinfectant wipes upon entry into the facility/home.
- Sharing of food is not allowed.

[IPAC Events, festivities and decorations in all Health Care facilities](#)

Q16: Are residents allowed to leave the facility on a day pass?

A16: Residents should not leave the care facility to visit family or friend unless this is an established outdoor visit. Resident day passes, essential appointments and access to healing centres will be determined in consultation with the care team.

Q17: What are some ways I can stay connected to my loved one when I can't visit in-person?

A17: We encourage you to stay connected with your family members or friends in our long-term care facilities through phone calls or online means of communication. We encourage families to consider virtual visiting through electronic applications such as:

- FaceTime;
- Skype; and
- WhatsApp.

Q18: Are spiritual care supports available for residents?

A18: Spiritual Care Providers may enter long term care homes to provide care to residents. At the request of a resident and with the support of the care team, one Spiritual Care Practitioner may facilitate a ritual or ceremony for a resident and designated visitor(s) in a designated worship area or in the resident room if distancing can be accommodated.

Q.19: What is a quality of life need?



A19: A quality of life need describes immediate and essential needs that are beyond care needs, such as helping someone eat or get dressed. Residents may, in these settings, have cognitive impairments or other conditions and disabilities that create other kinds of needs.

Though quality of life seems very broad, it is intended to acknowledge the psychological, emotional and social needs that may exist, and perhaps are difficult or impossible for staff to meet, but are critical for the health and well-being of residents.