

Sunnybrook and North Toronto IPAC Hubs

IPAC-LTCH Ethical Framework



The **Sunnybrook IPAC-Ethical Framework** for decision-making in infection prevention and control (IPAC) is an adapted and modified version of the [Trillium Health Partners: IDEA – Ethical Decision-Making Framework \(2013\)](#), which was a collaboration between the work from the *Community Ethics Toolkit* (2008), <https://communityethicsnetwork.ca/cen-projects/community-ethics-toolkit/> and the work of the [University of Toronto Joint Centre for Bioethics](#).

This **IPAC-LTC Ethical Framework** was developed for the North Toronto IPAC LTCHs by: Marianna Ofner PhD, RN, CIC, Heather Candon MSc, MHM, CIC, Kevin Reel MSc (medical ethics), OT Reg(Ont), Charlie Tan MD, Sally Bean JD., Christina Chan MPH, Neethu Thomas RN, GNC©, and Jerome Leis MD, MSc.

Citation: Ofner, M., Candon, H., Reel, K., Tan, C., Bean, S., Chan, C., Thomas, N. R., & Leis, J. (2022). Sunnybrook and North Toronto IPAC Hub: IPAC-LTCH Ethical Framework.

Table of contents

[Introduction](#)

[IPAC Ethical Framework - IDEA decision-making](#)

[Figure 1 – Schematic IPAC Ethical Framework – IDEA decision-making](#)

[Step-by-step guidance](#)

[Bibliography](#)

[Appendix A: Key Principals for an IPAC LTC Program Ethical Framework](#)

[Appendix B: IPAC LTC Ethics – IDEA Worksheet](#)

[Appendix C: Case example of using the 4 steps](#)

[Appendix D: 2-page summary of IDEA Ethical Framework for IPAC in LTCHs](#)

Introduction

The *Fixing Long-Term Care Act, 2021* (the “Act”) section 102(2)(b) requires that each licensee implements a standard or protocol for Infection Prevention and Control (IPAC) within their long-term care home (LTCH). Under the Act, Ontario Regulation 246/22 contains the specific requirements related to IPAC. As part of the required standard for an IPAC program, an **ethical framework** must be used to inform decision-making. The ethical framework must include specific key principles, which are developed in collaboration with the interdisciplinary IPAC team.

Ethical issues in IPAC may arise frequently in LTCHs. Ethical principles and values should be considered in decision-making. Ethical frameworks help to guide this decision-making and answer the question of “What should we do and why?” Ethical frameworks can be particularly helpful in circumstances where a values conflict or moral tension exists, where you have to choose the least bad option, where there is uncertainty in what to do or how to proceed, or where options exist that could pose a risk of harm to residents, their family or staff. The purpose of this IPAC LTC ethical framework is to provide an easy to use, step-by-step, transparent, and fair process to help guide LTCH IPAC Leads in making these decisions.

Using the IDEA Ethical Decision-Making Framework

The purpose of the IDEA Ethical Decision-Making Framework (see Figure 1) is to provide a step-by-step, fair process to help guide IPAC Leads to work through IPAC-specific ethical issues encountered in LTCHs. The framework addresses specific IPAC issues that impact residents, families and staff. This framework is not intended to apply to clinical/medical decision-making at the patient level.

The composition of the IDEA Ethical Decision-Making Framework includes:

- The four steps (they spell IDEA)
- The eight IPAC-specific ethical principles to consider
- The five ‘conditions’ to help ensure good process

The **four steps** help make sense of what might be a lot of information that is relevant and important to remember.

The **eight IPAC-specific ethical principles** are identified [in section 2.10 of the Ontario Ministry of Health and Long-Term Care Infection Prevention and Control \(IPAC\) Standard for Long-Term Care Homes – April 2022](#). Many of the eight IPAC principles involve more general ethical principles and values. These can be added as deemed necessary to highlight what is most important in the reasons given for decisions. The sample **decision-making worksheet** (Appendix B), later in the document, shows how these more general principles apply.

The **five process conditions** come from the Accountability for Reasonableness (A4R) framework developed by Daniels and Sabin (2002) and adapted by Gibson, Martin, and Singer (2005). By applying these conditions to the way decisions are made, the process can be made more transparent, inclusive and fair.

The **diagram** (Figure 1) that follows aims to help show the decision-making steps and the good process conditions in one view. The **lightbulb** at the centre holds the kinds of questions that suggest there is an ethical issue involved, and in which situations a decision-making framework might be helpful. The **arrows** are a reminder that the process continues, with new information included in as it arises.

The **IPAC LTC principles** are defined in Appendix A.

The IPAC LTC Ethical Framework: IDEA decision-making tool

The four steps are:

1. Identify the facts.
2. Determine the relevant IPAC and ethical principles.
3. Explore the options.
4. Act.

The eight IPAC LTC ethical principles (refer to Appendix A for definitions) include:¹

1. Fairness;
2. Equity;
3. Transparency;
4. Consideration of available evidence;
5. Consideration of impacts of decisions on residents and staff;
6. Resident quality of life as a primary driver;
7. Risk relative to reward of key decisions; and
8. Safety.

The 'process conditions' included in the framework are meant to help ensure the process of decision-making is one that is reasonable and as fair and transparent as possible. It is important to try to apply the 'good process' conditions as well as possible as decisions are made and implemented.

¹ Principles contained in section 2.10 OMHLTC, LTC IPC standards.

The five 'process conditions' for ethical decision-making include:

1. **Empowerment:** Include all those affected as much as possible. There should be efforts to minimize power differences in the decision-making context and to optimize effective opportunities for participation (Gibson et al., 2005).
2. **Publicity:** Transparency is already included as a key principle. Ensure the process is transparent and accessible to the relevant public/stakeholders (Daniels & Sabin, 2002).
3. **Relevance:** Decisions should be made based on reasons (i.e., evidence, principles and arguments) that "fair-minded" people can agree are relevant under the circumstances (Daniels & Sabin, 2002).
4. **Revisions and Appeals:** Rethink a decision when appropriate. There should be opportunities to revisit and revise decisions in light of further evidence or arguments. There should be a mechanism for challenge and dispute resolution (Daniels & Sabin, 2002).
5. **Compliance:** Be accountable. Ensure the four other process conditions are met (Daniels & Sabin, 2002).

One other important part of ethical decision-making will be the LTCH's own guideposts – the mission, vision and values, and resident rights and responsibilities. These should be in mind when thinking through the ethics of difficult decisions.

The IPAC Ethical Framework Worksheet

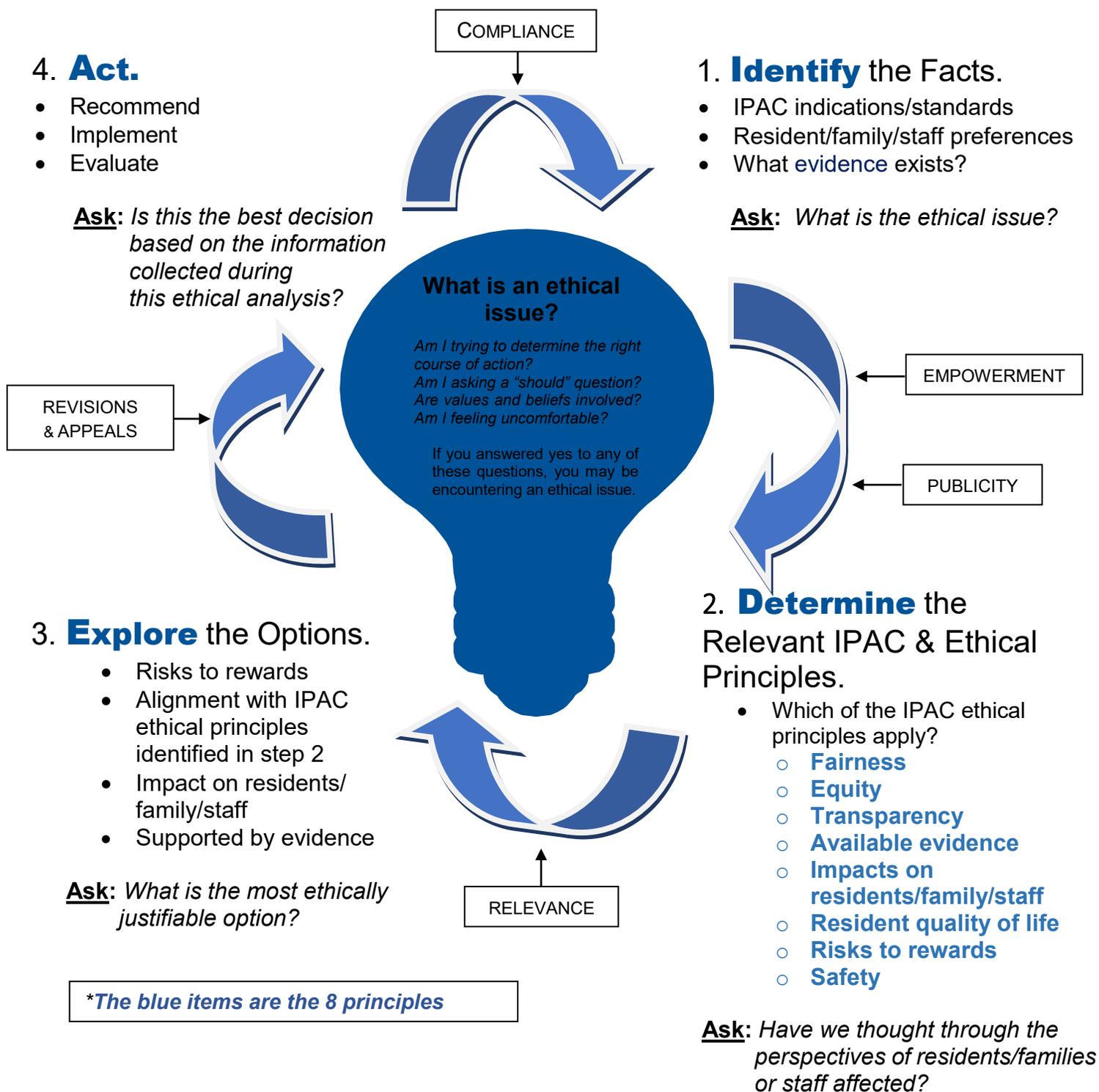
The framework *diagram* (figure 1) below is a prompt to help you follow the IDEA steps in your thinking through a decision. For many day-to-day decisions, it will be enough to help you make a decision, which you can document as usual. The *worksheet* ([Appendix B](#)) is for those situations that are more complex in which you want to document your reasoning and the options very clearly – if others will need to see it or if you might need to review or rethink it. Indicators for using the worksheet to document the application of the ethical framework include, but are not limited to:

1. There is no IPAC standard or policy or a deviation from standard/policy for the situation and there is a need to document decision making
2. The decision has significant impact on one or more of the ethical principles e.g., quality of life, equity, safety, etc.
3. There is no evidence/insufficient evidence to make a decision and the precautionary principle should be the driver.
4. The decision involves a level of complexity that would best be captured in a structured format.
5. The decision-making process generated a number of options that may need to be considered in future, along with the original reasoning.
6. The decision is likely or will need to be reviewed by others not involved in the original deliberation.
7. A completed decision-making worksheet (subsequently anonymized/de-identified) can be a useful teaching/learning tool for others.

Figure 1:

IPAC LTC

IDEA Ethical Framework



Step by Step Guidance

For each step in the framework, there are several guiding questions and/or considerations. This helps decide **what** to do, **why** it should be done, and **how** to do it. In the guidance below, each step of the framework is described, the relevant questions or considerations are suggested, and the corresponding process conditions are presented. We also present a case example to help the user with the guidance.

Step 1: Identify the Facts	
 Description	<p>The first step in the IPAC IDEA ethical decision-making process is identification of the issue and facts. By identifying the facts, we can flag the ethical tensions. This will help answer the first important question: “What is the ethical issue that has been identified?”</p>
 Questions or considerations	<ul style="list-style-type: none"> • What are the relevant IPAC indications? • What are the preferences of the resident, family and/or staff? • What is the evidence? • What is the ethical issue?
 Process conditions	<ul style="list-style-type: none"> <input type="checkbox"/> Empowerment – Think about how to make it possible for all those affected to have their concerns heard and understood. From the start, try to create opportunities for participation by residents, visitors and staff, which should continue throughout the process. (Gibson et al, 2005). <input type="checkbox"/> Publicity – Engage in regular dialogue with the above stakeholders and discuss the decision-making process in an open and transparent manner; be inviting and accessible to questions and discussion
Step 2: Determine the ethical principles	
 Description	<p>Step 2 looks at the relevant IPAC ethical principles. Additional relevant ethical principles may apply too. Fairness, Equity, Transparency, Available evidence, Impacts on residents and staff, Quality of life, Risks and rewards, and Safety. Common ethical principles not captured explicitly in the eight IPAC principles, listed above and in Appendix A, include Autonomy (individual self-determination), Reciprocity (if we decide to take away a right or something of value to a resident, make that burden as light as possible), and Proportionality (imposing the fewest restrictions required to achieve an IPAC objective).</p> <p>Weighing the potentially conflicting principles helps supply the “why” reasoning for our decision.</p>
 Questions or considerations	<ul style="list-style-type: none"> • What are the most relevant IPAC ethical principles for this issue? • Have the IPAC ethical principles been considered from the viewpoint of all relevant people (residents, families, staff, visitors, etc.)? • Do those involved agree on what is most important? • Are there any additional factors that should be considered?

 Process conditions	<input type="checkbox"/> Relevance – Step 2 of the process helps to ensure relevance – decisions should be made based on what is seen by all as important given the current context.
--	---

Step 3: Explore the options

 Description	<p>Step 3 requires identification of potential options, with the IPAC ethical principles in mind from Step 2. Try and identify several options to address the ethical issue. The risks and rewards of the options should be considered, including their potential impacts.</p> <p>The principles from Step 2 should be reviewed with each option. At the end, the most ethically justifiable option(s) should be identified for implementation – this is “what” will be done to address the ethical issue.</p>
---	---

 Questions or considerations	<ul style="list-style-type: none"> • What can be done? Think as broadly as possible. • What is the risk/reward balance in each? • How do they align with the IPAC ethical principles? • How will they affect residents, families/visitors and staff? • Are they are supported by the evidence?
---	---

 Process conditions	<input type="checkbox"/> Revisions and appeals – There should be a process to revisit and revise decisions made in light of further evidence or additional arguments. This might include unforeseen impacts on residents – and strong ethical reasons to rethink. There may also be new options that arise over time.
--	--

Step 4: Act

 Description	<p>Lastly, Step 4 focuses on the action. The most ethically justifiable option as identified in Step 3 is recommended for implementation. The decision and the process used to arrive at the decision can be documented. A plan is set and implemented. This step outlines the “how” of addressing the ethical issue. The action plan should be reviewed and evaluated to confirm it is doing ‘what’ was decided as best in a manner that is also ethical.</p>
---	--

 Questions or considerations	<p>Following a review of the potential options, select the best option based on the available information. Maintain transparency in how the decision was made, and share the decision and process with stakeholders (e.g., resident, family, staff, and LTCH leadership, resident and family councils). Implement the decision and evaluate its impacts.</p>
---	--

 Process conditions	<input type="checkbox"/> Compliance – To satisfy the condition of “compliance”, the decision-making process should be reviewed to ensure that all of the conditions have been satisfactorily met. Although this review can be carried out by those directly involved in the decision-making process, having it done by an independent individual or group is likely to be perceived as less biased.
--	--

Bibliography

Daniels, N., & Sabin, J. (2002). *Setting limits fairly: Can we learn to share scarce resources?* Oxford: Oxford University Press.

Gibson, J. L., Martin, D. K., & Singer, P. A. (2005). Priority setting in hospitals: Fairness, inclusiveness, and the problem of institutional power differences. *Social Science & Medicine*, 61, 2355-2362.

Jonsen, Albert, Seigler, Mark, and Winslade, William. 2002. *Clinical Ethics: A Practical Approach to Ethical Decisions in Clinical Medicine*, 5th edition. McGraw-Hill, Inc.

Kane, R., A. (2001). The Forum Long-Term Care and a Good Quality of Life: Bringing Them Closer Together. *The Gerontologist* Vol. 41, No. 3, 293–304.

Martin, D., Shulman, K., Santiago-Sorrell, P., & Singer, P. (2003). Priority setting and hospital strategic planning: A qualitative study. *Journal of Health Services Research & Policy*, 8(4), 197- 201.

Trillium Health Partners. Better Together. Regional Ethics Program. (2013). IDEA: Ethical decision-making framework. Accessed online September 2022.

<https://trilliumhealthpartners.ca/aboutus/Documents/IDEA-Framework-THP.pdf>

Ontario Agency for Health Protection and Promotion (Public Health Ontario). Infection prevention and control for long-term care homes: summary of key principles and best practices. Toronto, ON: Queen's Printer for Ontario; 2020.

<https://www.publichealthontario.ca/-/media/documents/2021/ipac-ltch-principles-best-practices>

Ontario Ministry of Health and Long-Term care. Infection Prevention and Control (IPAC) Standard for Long-Term Care Homes-April 2022. (2022). Toronto, ON: Queen's Printer for Ontario; 2022.

<https://ltchomes.net/LTCHPORTAL/Content/12.%20IPAC%20Standard%20-%20EN.pdf>

Appendix A: Key Principles for an IPAC LTC Program Ethical Framework²

The ethical framework under section 2.10, from IPAC LTC Standards, includes the following key IPAC principles:

FAIRNESS: Interrelated to equity, fairness supports a fair/impartial/just decision-making process that is free of bias and discrimination. Practically, this means that similar cases should be treated similarly and dissimilar cases should be treated in a way that reflects the dissimilarities. Fairness is closely related to the ethical principle of justice.

EQUITY: Promoting positive actions to improve health and minimize negative ones that would worsen existing harmful disparities. Apply a fair and consistent decision-making process, empower individuals to participate in the process, and fairly distribute benefits and burdens.

TRANSPARENCY: Communicate and make available decisions and their rationales. Provide information needed to make an informed decision including information about potential harms. Examples relevant to IPAC include providing accessible information and guidance for patients, staff and families that is easy to understand.

CONSIDERATION OF AVAILABLE EVIDENCE: What does existing literature say about this topic? Is there available data or evidence, including real world evidence? If there is uncertainty or insufficient data or evidence, apply the precautionary principle. The precautionary principle provides guidance for situations of uncertainty. When evidence is uncertain (i.e., it is insufficient to demonstrate a cause and effect relationship), proceed slowly or incrementally until additional evidence exists to guide more decisive action.

CONSIDERATION OF IMPACTS OF DECISION ON RESIDENTS AND STAFF: Decisions should prevent or minimize harm, promote well-being and maximize good. Considerations include, but are not limited to, infection prevention (will it prevent cases?), infection control (will it control spread?), health vulnerabilities, resident care needs, mental health and quality of life.

RESIDENT QUALITY OF LIFE AS A PRIMARY DRIVER: Recognize and promote the inherent dignity and autonomy of residents by exploring with the resident or their Substitute Decision-Maker what is most important to them. Determination of quality of life in LTCH often includes considerations of security, comfort, meaningful activity, relationships, enjoyment, dignity, autonomy, privacy, individuality, spiritual well-being and maximizing functional competence.

RISK RELATIVE TO REWARD OF KEY DECISIONS: The potential harm of an action should be compared to the potential benefit from that action. Whenever possible, promote the greatest amount of benefit and the least amount of harm.

SAFETY: Promote a just culture that reports safety incidents and near misses, learns from past incidents, and continually strives to improve the environment of the LTCH to eliminate avoidable harm.

² <https://ltchomes.net/LTCHPORTAL/Content/12.%20IPAC%20Standard%20-%20EN>.

Appendix B: IPAC LTC Ethics – IDEA Worksheet

Date used: _____

Step 1: Identify the Facts.

What is the IPAC evidence?

What are the relevant infection prevention and control indications?

What are the resident/staff/families preferences?

What is the presenting ethical issue?

Step 2: Determine the Relevant Ethical Principles.

Who is affected by this issue (relevant parties)?

*Of the IPAC principles below what are the 3-5 most relevant ones for this situation (see Appendix A for definitions)
Fairness, Equity, Transparency, Evidence, Impact, Quality of Life, Risk to Reward, and Safety.*

Identify any additional relevant ethical principles:

Notes:

Are there any other factors that need to be considered?

Step 4: Act.

Documentation of Decision:

Implementation Plan:

Evaluation Plan:

Reviewed by:

Date:

Time:

Appendix C: Case example of using the 4 steps

Case example	
Case	<p>A LTCH has 2 units – Unit A and Unit B. Unit A has an outbreak of COVID-19 with 10 residents testing positive. Unit B has no positive residents.</p> <p>Room 4 on Unit A is a semi-private room with 2 residents. One of the residents in this room tests positive; the other resident ('roommate') tests negative. The LTCH has limited beds and making resident transfers is challenging – there are no single isolation rooms available. You are asked how to manage this situation.</p>
Step 1: Identify the facts	<p> Questions and considerations</p> <ul style="list-style-type: none"> • What are the relevant IPAC indications? <ul style="list-style-type: none"> ○ As per the Ministry of Health, residents who are COVID-19 positive should be self-isolated in a single room. When this is not possible, they should be placed in a room with at most 1 other resident who must also be placed in self-isolation with additional precautions. • What are the preferences of the resident, family and/or staff? <ul style="list-style-type: none"> ○ 'Roommate' prefers to be separated from the positive resident 'case'; family of 'roommate' prefers separating as well ○ Positive resident 'case' wishes to remain in own room rather than move to another room and be cohorted with other positive resident(s). ○ COVID-19 negative residents who 'roommate' might need to be moved with prefer not to room with an exposed resident. ○ Staff prefer separating 'roommate' from positive resident 'case', but want to limit the possibility of other residents becoming exposed. • What is the evidence? <ul style="list-style-type: none"> ○ Studies show roommates of positive cases in LTCHs are at increased risk of acquiring COVID-19. ○ How have similar situations being managed previously in the LTCH (and in other LTCHs)? What were the outcomes? • What is the ethical issue? <ul style="list-style-type: none"> ○ There is a tension between protecting one person by preventing COVID transmission and respecting other residents' rights. A resident in a semi-private room has tested positive for COVID-19 while their roommate is negative. How should the COVID-negative roommate be managed in the context of limited beds and wanting to reduce harms to other residents in the facility? <p>⇒ Process conditions</p> <ul style="list-style-type: none"> □ Empowerment – Seek input from residents, family members, LTCH staff, and other stakeholders (e.g., resident/family councils, LTCH leadership) □ Publicity – Engage in regular dialogue with the above stakeholders and discuss the decision-making process in an open and transparent manner; be inviting and accessible to questions and discussion



Questions and considerations

Relevant IPAC ethical principles may include:

- **Fairness** – Would similar situations be managed the same way? Are both residents getting fair treatment given their similar rights? Is it fair to temporarily move the ‘roommate’ out of their own room? Is it possible to do anything else?
- **Transparency** – Is relevant information and the decision-making process being communicated with the involved parties?
- **Consideration of available evidence** – Studies show roommates of positive cases in LTCHs are at increased risk of acquiring COVID-19. How have similar situations been managed previously in the LTCH (and in other LTCHs)? What were the outcomes?
- **Impact on residents and staff** – Minimizing risk of COVID-19 to the ‘roommate’, while minimizing possible harm to other residents in the LTCH that can occur through bed moves (i.e., exposing other residents to cases or contacts). Impact includes if roommate acquires COVID-19 and the potential for poor outcomes. Staff having to follow additional precautions for ‘roommate’ (who does not have COVID). Can unwanted impacts be minimized or compensated in some way (reciprocity)?
- **Resident quality of life** – Keeping ‘roommate’ with COVID-19 positive resident ‘case’ in Room 4 will require ‘roommate’ to be placed in additional precautions and impose visitor restrictions on them. Moving ‘roommate’ also decreases their quality of life temporarily.
- **Risk relative to reward** – Weigh risks and rewards to both the ‘roommate’ as well as to other residents in the LTCH. Is the potential harm of moving residents outweighed by the benefit of preventing further spread of COVID?

⇒ Process conditions

- **Relevance** – Make sure the above IPAC ethical principles are relevant to the ethical issue at hand, and also keep in mind existing IPAC standards (can review with public health unit and IPAC hub if needed)

Step 2: Determine the ethical principles



Questions and considerations

The following 3 options are identified to address the ethical issue. Each of these options is evaluated to determine how they align with the ethical principles laid out in Step 2.

Option 1: Move ‘roommate’ to a different resident room on Unit A, which is a semi-private room shared with another resident

- **Reward** – ‘roommate’ not exposed to positive resident ‘case’
- **Risk** – ‘roommate’ needs to be placed with another resident; possibility of exposing other resident if person with COVID-19 ‘roommate’ subsequently develops COVID-19
- **IPAC standards** – consistent (as long as ‘roommate’ is managed in droplet/contact precautions)

Step 3: Explore the options

	<p>Option 2: Move ‘roommate’ to a room on Unit B (where there are no residents with COVID-19)</p> <ul style="list-style-type: none"> • Reward – ‘roommate’ not exposed to positive resident ‘case’ • Risk – ‘roommate’ (who is a high-risk exposure to positive resident ‘case’) moved to a COVID-19-free unit; possibility of transmission to residents on Unit B (especially if there is no private room where ‘roommate’ can be moved to); staff no longer cohorted to Unit A • IPAC standards – consistent (as long as ‘roommate’ is managed in droplet/contact precautions) <p>Option 3: Keep ‘roommate’ in Room 4 with positive resident ‘case’</p> <ul style="list-style-type: none"> • Reward – reduces risk of transmission to other residents • Risk – ‘roommate’ continues to be exposed to case • IPAC standards – consistent (as in Ministry of Health guidance when case cannot be self-isolated in private room) <p>⇒ Process conditions</p> <ul style="list-style-type: none"> □ Revisions and appeals – as the options are being explored, they are continuously refined and reassessed based on feedback from relevant stakeholders (including residents, families, staff, LTCH leadership, resident and family councils, IPAC hub), and there is opportunity for stakeholders to raise questions or concerns. The decision-making remains an active and dynamic process.
<p>Step 4: Act</p>	<p> Questions and considerations</p> <p>Option 1 is selected as the best option to minimize harm to the ‘roommate’ while also minimizing possible harms to the other residents in the LTCH. The option and decision-making process is shared with relevant stakeholders.</p> <p>The decision has a positive impact on the ‘roommate’ by ending their exposure to a positive resident ‘case’ and minimizing impact on their quality of life. The ‘roommate’ is placed in droplet/contact precautions on transfer, which is discontinued when their day 5 COVID-19 PCR test returns negative. The decision had a neutral impact on the resident the ‘roommate’ was moved with after the plan was explained to them in detail; the small risk of transmission was managed as well as possible until it was certain that the ‘roommate’ never acquired COVID-19. The decision had a positive impact on staff, as they could remain cohorted to Unit A. This continuity of staffing also benefited the ‘roommate’.</p> <p>⇒ Process conditions</p> <ul style="list-style-type: none"> □ Compliance – The decision and process is reviewed with a member of LTCH leadership who was not involved previously, as well as with the IPAC hub, to ensure that the ethical framework was followed appropriately and all relevant considerations were addressed.

IPAC LTC

IDEA Ethical Framework

4. **Act.**

- Recommend
- Implement
- Evaluate

Ask: *Is this the best decision based on the information collected during this ethical analysis?*

REVISIONS & APPEALS

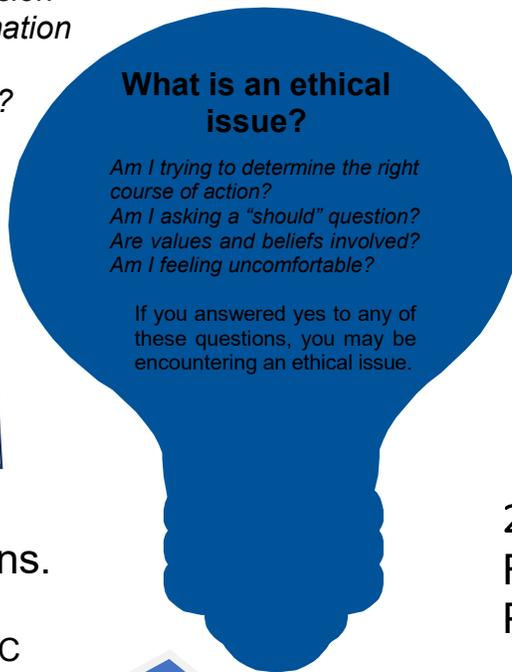
3. **Explore** the Options.

- Risks to rewards
- Alignment with IPAC ethical principles identified in step 2
- Impact on residents/ family/ staff
- Supported by evidence

Ask: *What is the most ethically justifiable option?*

**The blue items are the 8 principles*

COMPLIANCE



RELEVANCE

1. **Identify** the Facts.

- IPAC indications/standards
- Resident/family/ staff preferences
- What evidence exists?

Ask: *What is the ethical issue?*



EMPOWERMENT

PUBLICITY

2. **Determine** the Relevant IPAC & Ethical Principles.

- Which of the IPAC ethical principles apply?
 - **Fairness**
 - **Equity**
 - **Transparency**
 - **Available evidence**
 - **Impacts on residents/family/ staff**
 - **Resident quality of life**
 - **Risks to rewards**
 - **Safety**

Ask: *Have we thought through the perspectives of residents/families or staff affected?*

Step 1: Identify the facts

 Description	<p>“What is the ethical issue that has been identified?” Identification of the ethical issue and facts to flag the ethical tensions.</p>
 Questions or considerations	<ul style="list-style-type: none"> • What is the ethical issue? • What are the relevant IPAC indications? • What are the preferences of the resident, family and/or staff? • What is the evidence?
 Process conditions	<ul style="list-style-type: none"> • Empowerment – Encourage participation by all those who may be affected by the decision • Publicity – Ensure the process is transparent and accessible to all stakeholders

Step 2: Determine the ethical principles

 Description	<p>“What are the ethical principles that should be considered?” Consider the relevant IPAC ethical principles:</p> <ul style="list-style-type: none"> • Fairness – Decision-making process free of bias and discrimination • Equity – Improve health while minimizing negative actions that worsen disparities • Transparency – Communicate and make available decisions and rationales • Available evidence – Existing literature and evidence (including real-world experience) • Impacts – Minimize harm and maximize good for all residents and staff • Resident quality of life – Respecting resident values, preferences and autonomy • Risks to rewards – Balancing possible harms with possible benefits • Safety – Promoting culture of continuous improvement where staff feel comfortable to raise concerns and learn from previous experiences <p>Additional ethical principles (Autonomy, Reciprocity, Proportionality) may apply as well.</p>
 Questions or considerations	<ul style="list-style-type: none"> • What are the most relevant IPAC ethical principles for this issue? • Have the IPAC ethical principles been considered from the viewpoint of all relevant people (residents, families, staff, visitors, etc.)? • Do those involved agree on what is most important? • Are there any additional factors that should be considered?
 Process conditions	<ul style="list-style-type: none"> • Relevance – Decisions are made based on reasons that stakeholders agree are relevant

Step 3: Explore the options

 Description	<p>“What are the potential options to address the ethical issue?” Try and identify several options to address the ethical issue. The principles from Step 2 should be reviewed with each option. At the end, the most ethically justifiable option(s) should be identified for implementation.</p>
 Questions or considerations	<ul style="list-style-type: none"> • What can be done? Think as broadly as possible. • What is the risk/reward balance in each? • How do they align with the IPAC ethical principles identified in Step 2? • How will they affect residents, families/visitors and staff? • Are they supported by the evidence?
 Process conditions	<ul style="list-style-type: none"> • Revisions and appeals – Allow opportunities to revisit and revise decisions as new evidence or new arguments arise

Step 4: Act

 Description	<p>“How do we implement and evaluate the selected action?” The most ethically justifiable option identified in Step 3 is recommended for implementation. The decision and the process used to arrive at the decision should be documented. A plan is set and implemented. The action plan should be reviewed and evaluated to confirm it is both effective and ethical.</p>
 Questions or considerations	<p>Following a review of the potential options, select the best option based on the available information. Maintain transparency in how the decision was made, and share the decision and process with stakeholders. Implement the decision and evaluate its impacts.</p>
 Process conditions	<ul style="list-style-type: none"> • Compliance – The decision-making process should be reviewed to ensure that all of the conditions have been satisfactorily met

