Ethical Framework –
IPAC in Long-term Care Homes

Sunnybrook
HEALTH SCIENCES CENTRE

North Toronto IPAC Hub

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What are ethics in healthcare?

- Set of **principles, beliefs and values** that guide us in making decisions about what are good or bad choices in health care contexts – individual and organizational.
- A **reflective approach** to deciding what is **right and wrong**, related to our beliefs about rights we/others possess and duties we/others owe us/others.
- We are often making ethical choices without us even being aware we are (reflexively helping someone we see needs help; prioritizing waitlists)
- Examples of ethically laden decisions during COVID:
  - Prioritizing: PPE, critical care, COVID meds, vaccines, scheduled procedures
  - Mandating: Masks, tests, vaccines
  - Restricting: Visitors, vacation, scheduled procedures

What is an ethical issue ?

Ethics is about:

- Deciding what we should do (among the options that are ethically defensible);
- Explaining why we should do it (justifying our decision in ethical terms); and
- Describing how we should do it (the most ethical way to do what we decide to do).

Ethical issues are often framed as "should" questions. For example:

- **Should** we transfer a resident out of their room to cohort them?
- **Should** we allow re-use of a single-use medical device during a critical shortage?
- **Should** we restrict visitors during an outbreak?
- **Should** we mandate vaccinations for staff or visitors?

What is an Ethical Framework? Why is one needed for IPAC?

An Ethical Framework is a guide for decision making

An **IPAC Ethical Framework** focuses on the items that fall under **IPAC**

- **Testing** - eg. What is the management when testing is declined by the resident?
- **Visitation** - eg. Can a family member with infectious symptoms visit their dying loved one?
- **PPE** - eg. What conservation strategies should be required in the context of a shortage?
- **Resources** - eg. How do we allocate our limited resources (e.g., private rooms in LTCH, staff) in the most appropriate manner?
- **Restrictions** - eg. Should activities be suspended and can residents leave their rooms during outbreaks?
- **Control measures** - eg. Should we leave partners in the same room if one tests positive for a transmissible infection?
- **Safety events** - eg. Do we have mechanisms in place to identify and respond to safety events?

IPAC Ethical Framework

IPAC Standard for Long-Term Care Homes

2.8 The licensee shall ensure that the implementation and ongoing delivery of the IPAC program includes an **ethical framework** to inform decision-making.

2.9 The licensee shall ensure that a **clearly documented ethical framework is included as part of the IPAC program**. The ethical framework must include **key principles,** which have been discussed and developed in collaboration with the interdisciplinary IPAC team, the home's leadership team, the continuous quality improvement committee (once established), and the Residents' Council or Family Council, if any.

We developed a framework and a **worksheet tool** to accompany it.

Key Principles in an Ethical Framework

- **2.10** The licensee shall ensure that the ethical framework for the IPAC program includes the following **key principles**:
  - Fairness
  - Equity
  - Transparency
  - Consideration of available evidence
  - Consideration of impacts of decisions on residents and staff
  - Resident quality of life as a primary driver
  - Risk relative to reward of key decisions
  - Safety

Precautionary Principle

- **2.11** The licensee shall ensure that the application of the **precautionary principle** is guided by the key principles in the ethical framework.
- Applies where there is scientific uncertainty regarding either the severity of the infectious disease hazard and the harm it may cause, or the likelihood that the infectious disease hazard will affect residents/staff/families.
- *Eg. If a resident is exposed to someone with COVID-19, in the presence of some uncertainty about whether or not they will become infected, they are excluded from eating in the dining room until an average incubation period has elapsed and there is increased certainty that they are not infectious.*

The Precautionary Principle

Fairness and Equity

- **Fairness**: Interrelated to equity, fairness supports a fair/impartial/just decision-making process that is *free of bias and discrimination*.

- **Equity:** Promoting positive actions to improve health and minimize negative ones that would worsen existing harmful disparities. It considers ***diversity and inclusion***.

Fairness and Equity

- **For IPAC,** this is determined by the conditions in which individuals/groups have access and availability to the best practiced IPAC standards throughout the homes.
  - Includes whether LTCHs are abiding by provincial IPAC policies, such as availability of PPE, masking requirements, and visitation guidance
- **IPAC fairness and equity** also ensures that all who are involved in an ethical consideration have their perspectives included in the process.
  - ***Did I consider the perspective of families, residents, staff, visitors and the broader organization in our policies?***

Transparency

- **Transparency:** Making available the decisions and their rationales to stakeholders

Transparency

- **For IPAC,** this would include providing accessible IPAC information and guidance for patients, staff, visitors and families that is easy to understand – including the rationale and process behind decisions

Consideration of available evidence

What does the existing IPAC evidence 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, proceed **slowly** or **incrementally** until additional evidence exists to guide more decisive action.

IPAC EVIDENCE (examples of best practices):

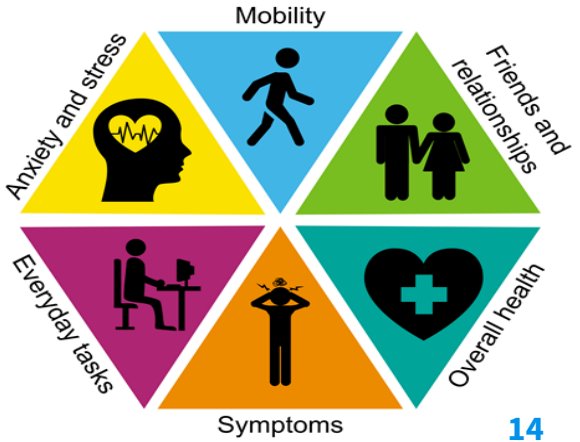
- PIDAC - https://www.publichealthontario.ca/en/health-topics/infection-prevention-control/best-practices-ipac
- Sunnybrook – Infection Prevention & Control - https://sunnybrook.ca/content/?page=ipc-program-home

Consideration of impacts of decisions on residents and staff

- Decisions should prevent or minimize harm, promote well-being and maximize good for all residents, families, visitors and staff
- **For IPAC,** consider 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

- How do IPAC measures affect quality of life?
- Includes considerations of ***security, comfort, meaningful activity, relationships, enjoyment, dignity, autonomy, privacy, individuality, spiritual well-being,*** *and* ***functional competence****.*
- Requires exploring with the resident or their Substitute Decision-Maker what is most important to them.



Risk relative to Reward of key decisions

- The potential **risk of harm** of an action should be compared to the potential **reward/benefit** from that action.
- Consider harms and benefits of all sorts – burdens of IPAC measures, social and psychological benefits/harms, and physical benefits/harms.
- Also consider the weighting individuals might give to these – it may be different than yours.
- Whenever possible, promote the ***greatest amount of benefit and the least amount of harm.***
  - ***If I do this X, the benefit will be Y, but my risk is harms is Z. Is this ratio acceptable? Is it defensible when compared to other options?***

Risk relative to Reward of key decisions

- **For IPAC**, an example is whether unvaccinated family members should be allowed to to visit a LTCH, weighing the benefit to the resident against the risks of transmission.
  - How does the balance change if the family members wear PPE? If the resident is fully vaccinated? If there is active screening for symptoms upon entry?

Safety

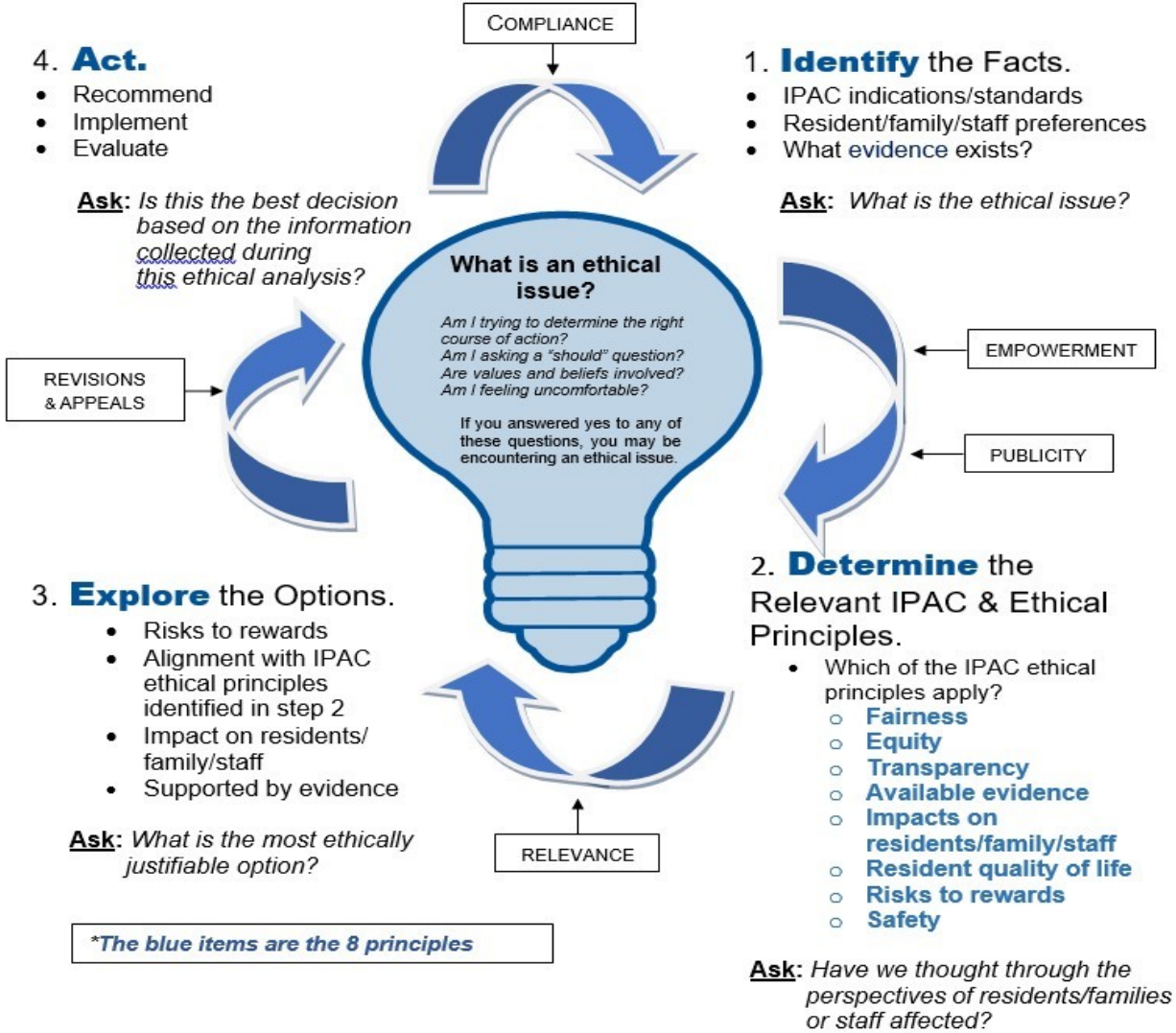
- **Safety:** Promoting a just culture that reports safety incidents and near misses, learns from past incidents, and continually strives to improve the environment of the LTCH to eliminate avoidable harm. The idea of safety here should also include the idea of psychological safety – working to make it feel safe for anyone to express their objections, concerns, or differing opinions on the options considered or the decision made without any fear of reprisal. This intersects with the process conditions *empowerment* and *revision/appeals*.

Safety

- **For IPAC**, this includes:
  - Staff are supported to feel Safe and non-judgmental workplace environment where staff are able to disclose/inform possible lapses in IPAC practices.
  - Staff are encouraged to contribute to the decision-making process and welcome all comments with positive regard.
  - Staff engage in debriefs on previous experiences, discussing what went well and what could be improved, to learn and grow from them.
  - IPAC Lead and LTCH leadership are engaged in continuous quality improvement – both re: IPAC practices *and* the use of the IPAC LTC Ethical Decision-Making Framework.
  - To share knowledge and experience, IPAC Leads and LTCH leadership work with their IPAC hub and public health unit.
  - Consider regular “rounds” where challenging decision-making situations and their outcomes are discussed, with the purpose of improving care in the future.

Process conditions

- Many difficult decisions leave some people disappointed
- ‘Process conditions’ help to make the process as **fair** and **transparent** as possible
- This can help more people accept the decision even if it is not what they wanted.
- This IPAC Ethical framework includes five conditions on good process:
  - Empowerment
  - Publicity
  - Relevance
  - Appeals/Revisions
  - Enforcement

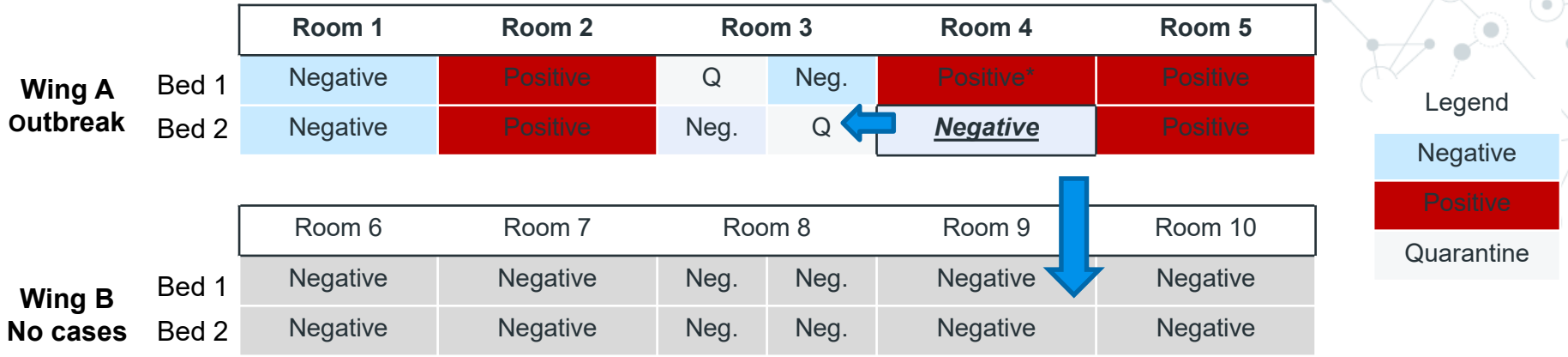


IPAC LTC
IDEA Ethical Framework

Let's walk through a scenario using the ethical framework!

Scenario #1

Scenario



Scenario: A LTCH has 2 wings – Wing A and Wing B. Wing A is in a COVID-19 outbreak with **5 patients** who have tested positive. There are 5 rooms on each unit, 4 semi-private rooms (i.e., 2 residents) and 1 ward-style room (i.e., 4 residents).

Resident in Room 4, Bed 1* has tested positive for COVID-19 today. How do you manage the resident's roommate in Bed 2, who until this point has tested negative for COVID-19? What are the ethical considerations?

Scenario courtesy of Meghan Engbretson

Appendix B:

Step 1: Identify the Facts

What is the presenting ethical issue?

A resident in a semi-private room has tested positive for COVID-19 while their roommate is negative. The issue is how the roommate should be managed in the context of limited beds and wanting to reduce harms to other residents in the facility.

What are the relevant infection prevention and control indications?

As per the Ministry of Health, cases 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. High-risk contacts (e.g., roommates) should be self-isolated as well and PCR testing performed on day 5 following exposure.

What are the resident/staff/families preferences?

- Roommate prefers to be separated from positive case.
- Family of roommate prefers separating roommate from case.
- Staff prefer separating roommate from case, but want to limit the possibility of other residents becoming exposed.

What is the evidence?

Studies show roommates of positive cases in LTCHs are at increased risk of acquiring COVID-19.

Step 2: Determine the Relevant Ethical Principles.

Who is affected by this issue (relevant parties)?	***Of the following IPAC principles, what are the 3 to 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.***
- Residents - Families - Staff - Administration - Visitors	6 Fairness 5 Transparency 4 Evidence **3 Quality of life** **2 Impact** **1 Risk to reward**

Are there any other factors that need to be considered? Reciprocity, Proportionality

Step 3: Explore the Options

Option 1: Move Roommate to Room 3	Option 2: Move Roommate to room in Wing B	Option 3: No bed moves (Roommate remains in Room 4)
PRO: - Roommate no longer exposed to positive case **CON** - Potential to expose residents in Room 3 if Roommate becomes positive - Having >2	**PRO:** - Roommate no longer exposed to positive case **CON:** - Potential to extend outbreak into previously unaffected wing (if Roommate becomes positive) - Staff cohorting challenges	**PRO:** - Limits possible exposures to other residents on Wing A - No exposure to residents on Wing B to possibly COVID-19-infected resident **CON:** • Roommate remains exposed to positive case
Consistent with IPAC ethical principles and IPAC standards - **Yes**	Consistent with IPAC ethical principles and IPAC standards - **Yes**	Consistent with IPAC ethical principles and IPAC standards - **Yes**
Benefits/Strengths: See above	**Benefits/Strengths**: See above	**Benefits/Strengths**: See above
Risk/Benefits: See above	**Risks/Benefits**: See above	**Risks/Benefits:** See above
Additional Resources Used: MOH LTCH guidance	**Additional Resources Used:** MOH LTCH guidance	**Additional Resources Used**: MOH LTCH guidance
What is the most ethically justifiable option?		
Option 1		

Step 4: Act

Documentation of Decision:

Option 1 – Moving roommate to Room 3

Implementation Plan:

Roommate will be moved to Room 3 in droplet/contact precautions. Roommate will be tested with PCR on day 5 following move (i.e., last possible exposure). Ongoing IPAC measures on outbreak unit with heightened symptom surveillance. Decision and process will be explained to roommate and their family, the other residents in Room 3, LTCH leadership, and resident and family councils (as applicable).

Evaluation Plan:

Roommate will be tested on day 5 following transfer. If they test positive (or develops symptoms before day 5 and tests positive), the other residents in Room 3 will be managed as high-risk contacts.

Debrief will be held with IPAC Lead, staff, LTCH leadership, and IPAC hub to review the decision-making process.

Reviewed by:

IPAC Lead - name

Scenario #2

Scenario #2

- Recent guidance for LTCHs from the Ministry of Long-Term Care (effective October 14, 2022) states the following regarding masking:
  - *Masks are required for long-term care staff, as well as for visitors and others entering long-term care homes.* ***However, recognizing that long-term care residents miss seeing the faces of their loved ones, the ministry recommends (but no longer requires) caregivers and visitors to wear masks when they are alone with a resident in their room.*** *For residents living in shared rooms, homes should seek to designate a space that enables residents to interact with their visitors without masks. When not in a one-on-one setting with a resident in their room or a designated space within the home, visitors and caregivers are required to be masked.*

Scenario #2

- Based on this guidance, what do you recommend regarding masking? What are the ethical considerations?

Appendix B: Example 2

Step 1: Identify the Facts

What is the presenting ethical issue?

The Ministry of Long-Term Care no longer requires (but still recommends) caregivers and visitors to wear masks when visiting residents in their rooms. The issue is how best to implement this policy, balancing the autonomy and dignity of residents and their families with the possible increased risk of transmission from removing masking.

What are the relevant infection prevention and control indications?

New guidance from the Ministry of Long-Term Care (effective October 14) no longer requires masking for caregivers and visitors when visiting residents in their rooms. Previous guidance prior to this had required masking in all indoor spaces, including in resident rooms.

What are the resident/staff/families preferences?

- Individual residents prefer seeing their caregivers and visitors without masks
- Families also prefer seeing their loved ones without masks, but have concerns regarding increased cases of COVID-19 that may result from wide adoption of this policy
- Staff prefer to continue requiring masking in resident rooms to reduce transmission of COVID-19

What is the evidence?

- Masking is an effective layer of protection against transmission of COVID-19, particularly with close (face-to-face) interactions and in enclosed spaces (such as resident rooms).
- Transmission of COVID-19 secondary to poor masking has been seen in the LTCH and at similar facilities.
- We are headed into the Fall/Winter season and another wave of COVID-19 is expected.

Step 2: Determine the Relevant Ethical Principles.	
Who is affected by this issue (relevant parties)? - Residents - Families - Staff - Administration - Visitors	***Of the following IPAC principles, what are the 3 to 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.*** 7 Safety 6 Transparency 5 Equity 4 Evidence **3 Quality of life** **2 Impact** **1 Risk to reward**
Are there any other factors that need to be considered? Autonomy, Reciprocity, Proportionality	

Step 3: Explore the Options

Option 1: Continue to require masking when visiting residents in their rooms	**Option 2: No longer require masking when visiting residents in their rooms**	**Option 3: Continue to require masking when visiting residents in their rooms, but create designated spaces where masks can be removed**
PRO: • Reduce risk of transmission by continuing masking **CON:** • Residents cannot see faces of visitors and caregivers (and vice versa) • Not sure if masking policy is currently being followed "behind closed doors"	**PRO:** • Value resident autonomy • Improve resident quality of life • Satisfaction among visitors and caregivers • Aligned with guidance of Ministry of Long-Term Care **CON:** • Possibility of COVID-19 transmission to residents (both residents being visited as well as other residents in LTCH) and staff, especially in Fall/Winter season	**PRO:** • Residents and visitors/caregivers are able to see each other without masks • Duration and proximity of contact (and therefore risk of transmission without masks) is likely lower outside rooms **CON:** • Risk of transmission remains • Challenging to find designated space large enough to accommodate multiple residents while ensuring distancing
Consistent with IPAC ethical principles and IPAC standards - **Yes**	Consistent with IPAC ethical principles and IPAC standards - **Yes**	Consistent with IPAC ethical principles and IPAC standards - **Yes**
Benefits/Strengths: See above	**Benefits/Strengths**: See above	**Benefits/Strengths**: See above
Risk/Benefits: See above	**Risks/Benefits**: See above	**Risks/Benefits:** See above
Additional Resources Used: MOH LTCH guidance	**Additional Resources Used:** MOH LTCH guidance	**Additional Resources Used**: MOH LTCH guidance
What is the most ethically justifiable option?		
Option 2, with **strong recommendation** for masking to continue in resident rooms		

Step 4: Act

Documentation of Decision:

Option 2 – Indoor masking is still required in LTCH; when visitors and caregivers are visiting residents in their rooms, masking remains **strongly recommended.**

Implementation Plan:

The updated policy will be discussed with residents and their families, staff, LTCH leadership, the IPAC hub, and resident and family councils (as applicable). Residents and their visitors/caregivers will be reminded that masking remains strongly recommended inside resident rooms. Masking in resident rooms will be required in outbreak settings and when residents are COVID-19 positive. Masks will remain available upon entry into the LTCH and on resident units. Staff will be empowered to encourage masking and address any breaches that occur.

Evaluation Plan:

The LTCH and IPAC hub will remain vigilant and track whether there are increased cases/outbreaks of COVID-19 after the updated policy is implemented. Contact tracing of positive cases will continue to determine whether visitors/caregivers were possible sources. There will be regular ”check-ins” every 1 to 2 weeks by the IPAC Lead, staff and IPAC hub to evaluate the policy and its effects. There will be an understanding that masking in resident rooms may be re-implemented if increased transmission is observed.

Reviewed by:

IPAC Lead - name

Conclusion

- IPAC decisions are made everyday that consider set of principles, beliefs and values.
- This **IPAC Ethical Framework** provides a structure to this decision making including Process Principles that ensure implementation is as fair and transparent as possible.
- This resource is not meant to be a checkbox to meeting legislation requirements – it should be used to enhance IPAC decision making in collaboration with the hub and public health unit.

Questions?

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