



## **Recommendations for Social Services Regarding Limiting of Visits to Facility**

- Meet individually with residents to go over limiting of visits; provide brief explanation as to why, stressing that it is preventative versus someone actively being sick. Provide reassurance that they will be able to continue to communicate with their loved one(s) in this interim time.
- Prior to each interaction with residents do make sure to sanitize your hands and sanitize again when interaction is ended.
- Provide reassurance to family members regarding the reason for the change and provide reassurance that they will be able to communicate with their loved one.
- Document resident feelings/statements regarding this situation as well as family members.
- Plan to devote at least part of your day to reassuring residents about this change in visits, even those residents who are confused, likely will sense if their family members visit daily, that something in their routine has changed and may ask for the person they are looking for (if confused, may call them by a different name).
- Allocate time in your schedule to spend with residents. Likely you will need to spend a good half of your day with residents who may need reassurance, who may wish to talk about what is going on or may be upset. Provide assistance with communication between them and their family members. Likely, you will need the help of other staff outside of your department, such as the activity department, who could do a combination of activity and social service 1:1s with individual residents.
- During the 1<sup>st</sup> week of restricted visitor access, write an incidental note that reflects how the individual is adapting to the change.
- All staff need to be educated on dealing with individual resident issues, feelings, and frustrations. Give suggestions on what they can and cannot say to individual residents and to family members. Stress to staff the importance of their role in this process
- In-service staff about monitoring for change in mood, cognition, behavior, or appetite. If observed, report to nursing or social services. In-servicing can be done individually with staff (Have sign-in sheet to reflect that it has occurred).
- Any changes in the resident's mood/behaviors related to this change in visitation needs to be care planned. Monitor for other changes that may be taking place as result of this change and ensure this is noted in the care plan.
- Since this process will be in place at least for a few weeks, consider trying to schedule times family members can talk to residents versus having everyone call in and wanting to speak with their loved ones at the same time. Attempt to come up with a schedule of who you will need to assist (residents and families) in maintaining communication with each other so that you can manage your day as well.
- Plan to make 1:1 visits with those residents who are showing signs of frustration or sadness over not seeing their family. Document these visits and incorporate on the care plan
- Make sure that during interactions you have with residents and families you are documenting if the resident is upset or is displaying a mood/behavior problem what that is, what you did about it and what the outcome of your interventions were.



## **Advance Directives Guide (related to COVID-19 situation)**

Go through each resident's advance directives:

1. If the resident has a representative to make decisions on his/her behalf, contact the representative to ensure this is still accurate. Make sure you have a copy of the HCPOA/Guardianship/Surrogate document and needed staff do also.
2. If not and resident is cognitively able to appoint someone, discuss with resident
3. If resident is not able to make own decisions, initiate the healthcare surrogate process
4. Check resident's POLST – confirm with resident/representative what wishes are and if wishes remain the same
5. Keep in mind with the current corona virus situation that some individuals may wish to change their wishes (in the short-term) and can change it back at a different time
  - a. Check your facility policy at this time on treating residents with corona virus. If your plan is to send to hospital – review what the POLST says. If resident wants comfort measures but the plan is to send to hospital with corona virus this would need to be addressed with patient/representative
6. Let resident and/or representative know that you and the facility are here to help and support them
7. Document discussions in resident's chart