

Outings and Relocation from a Continuing Care Home During an Outbreak or Emergency Response

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Note: See Definitions for first use of terms in bold.

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For more information: continuingcare@ahs.ca

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**Seniors Health &
Continuing Care**



Policy, Practice, Access
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Introduction

Communicable disease outbreaks (outbreaks) and emergency responses, such as a pandemic or natural disaster (e.g., tornado or wildfire), are stressful. Supporting **residents** of continuing care homes (CCH) to remain safe during these events is a main priority. To support response to these situations, residents in CCH may need to be separated from loved ones and their community (e.g., evacuated from a fire zone) and may feel lonely (e.g., when isolated in their room due to symptoms of illness). As outbreaks and emergency responses may change the experience for residents living in a CCH, residents may choose to return/move to a personal residence during these events. This move may be for short periods of time or for the duration of the outbreak or emergency.

The decision to move a resident to a personal residence can be difficult and stressful. For older individuals, and those with respiratory, cardiac, or multiple chronic conditions, the risk of more severe symptoms and death from communicable diseases are greater.

The CCH must take steps to prevent the transmission of disease when considering the movement of residents, visitors, and staff in and out of CCHs, or within the community. CCHs may also be affected by directives they receive from the Regional Health Authority or other legislated authorities (e.g., Public Health).

This resource provides information residents, and their **designated family / support person(s)** (DFSP), should consider before moving to a personal residence during an outbreak or emergency response.

Outings

During an outbreak or emergency response, residents are encouraged to stay onsite except in the case of necessity. Residents may choose to leave the facility for a short period of time (an outing) unless otherwise directed by emergency personnel, local authorities or provincial directives. An outing is considered a necessity when it supports a resident's physical or psychological health, safety/security, or wellbeing. The resident can decide what is a necessity.

Should a resident choose to leave the CCH on an outing, the CCH operator must communicate any recommended or required safety and organizational practices to the resident (e.g., road closures, requirements for isolation or mask use upon return from the outing).

Relocation to a Personal Residence

A resident may:

- choose to return/move to a personal residence, or
- be required to relocate or evacuate due to a public emergency.
Note: In case of an evacuation, an alternate location of care will be offered but may not be acceptable to the resident.

Decisions to move a resident from a CCH to a personal residence must:

- be made with the resident, healthcare team, DFSP(s) and other individuals already living in the residence
- consider the resident's health and safety needs
- consider what circumstances led the resident to need a CCH, and
- consider if the resident's care needs have changed.

Conversation Guide

In any of the above circumstances, the resident must consider several factors to ensure they have support for all their care needs during their relocation. Use the information in this resource to guide questions when meeting with the healthcare team. It is best to request a meeting in advance so the healthcare team can be prepared to provide the needed information and resources. Below are some questions and points to consider during the conversation.

Topic	Considerations
Caregiver Commitment	It is important to consider the impact of a move on everyone in the home, even if they're not providing direct care to the resident. Providing care to a resident is physically demanding work. These resources may help decide if care can be managed in the home : Patient Care Handouts (alberta.ca) Additional considerations: • Has everyone in the home been informed and agrees, in advance, to the roles and responsibilities they may need to take on? • Are household members and caregivers willing and capable of taking on added/new responsibilities? • Has the resident reviewed their current care plan with the healthcare team? Note: This review will help identify the resident's care needs and ensures that proper equipment and resources are in place for providing safe care. • Are caregivers able to commit to care activities for an extended time? • Can care can be provided without home and community care services (HCC)? Note: During emergency responses, HCC may be limited. The resident may also not be eligible for HCC if they already are receiving CCH services. Local circumstances and resources vary. • Are there financial resources to hire private care? • Is private care available in the area?
Health and Wellness and Risk of infection	Resident's and caregivers may become ill at any time. Consider: • Is there a back-up plan for the resident's care if the caregivers and/or household members become ill? Note: Information regarding respiratory illness is available to support caregivers and household members to learn what respiratory illness is, how to assess it and how to care for it at Respiratory Illness. • Can the risk of infections can be effectively managed at home? • Are people living in the personal residence going places where they may be at risk of bringing home an infection? • Is the resident able to wash their hands properly by themselves? • Can the necessary cleaning of household surfaces/items to reduce transmission of infection be consistently managed?
Environment and Mobility	When thinking about the living area in the residence, consider: • Is it an accessible environment for the resident? • Is the resident able to use stairs and move around the home safely? • Do stairways have sturdy handrails (preferably one on each side)? • Does the resident need an adjustable bed? • Is there access to an electrical outlet for a powered bed? • Is it necessary to move furniture and area rugs to make space for the bed? • Are there options, such as privacy screens, if the bed is set up in shared areas of the home? • Is there a side table or over bed table to keep medications, glasses, and other supplies handy? • Are there sufficient sheets and blankets?

	- Does the resident need help to get into bed, onto a toilet, or into a shower? Note: Discuss with the healthcare team how to support the resident with mobility, lifts, and transfers while at home. - How will continence care (going to the bathroom) be managed? - Does the resident need a commode (a chair with wheels used to help a person go to the toilet due to illness or disability) or continence supplies (e.g., absorbent pads)? - Does the house have carpet or high transition strips between rooms? Note: Equipment with wheels needs to roll easily on a smooth surface. - Do door widths accommodate a wheelchair or walker? - Will the resident be able to go home in the household vehicle? - What options are available if medical transportation is needed (e.g., stretcher, medical transport company)? - Are there potential access issues to getting into the home (e.g., stairs, narrow doors)? Note: This is important to consider for ongoing appointments or outings as well as the initial transportation home.
Equipment and Supplies	Discuss equipment needs (including any vendors/suppliers needed) with the healthcare team and establish a plan for obtain required items. This may include, but is not limited to: - Oxygen - Medications - Transportation - Mobility aides: bed, commode, wheelchair, transfer/grab bars - Nursing supplies (wound care, incontinence) - Nutrition supplies (thickener, supplements) Supplies differ based on the needs of the resident but may include: - continence supplies including disposable briefs, wipes, and skin care products - extra face cloths and towels for washing and cleaning - basin or large bowl for bed baths - body wash, shampoo - tissues and lotions - shirts and nighties (these can be cut up the back with scissors up to the neck, but not through the collar, to accommodate care in bed) - mouth care including soft toothbrushes, denture supplies, mouth rinse or club soda, swabs - straws and non-spill cup - garbage receptacle - gloves for handling bodily fluids - extra pillows (regular and small-sized) for repositioning - video/audio monitor/device or bell so the resident can call for assistance
Personal Belongings	In certain care settings, there may be a need for the facility to use the resident's room while they are on leave. If this situation occurs the care team will reach out to discuss. - Can the resident leave their furniture and personal belonging in their room while they are away? - Does the resident have valuables, either in the room or held securely by the CCH operator, that they want to take with them?
Emergency Medical Care/ Goals of Care Designation	There may be times with the resident gets sick while away from the CCH. - Who will be called if the resident gets sick? - Will the resident have access to the same doctor they had in the CCH? - Is there an understanding of the resident's Goals of Care Designation? - Does the resident have a Green Sleeve?

Medications	Most residents living at a CCH receive support from the healthcare team with their medications. • How will the resident access medications? • Who will assist with medications? • Do they need instructions or support to give medications through different routes? Note: This may mean learning to give medication in a needle, helping the resident use an inhaler, apply and remove medication patches and/or give a suppository into the rectum.
Oxygen	If the resident needs/uses oxygen: • This will need to be arranged and available before the resident relocates. • The healthcare team may be able to advise on a local vendor/provider who will provide instructions on how to use it.
Wounds and Dressings	If the resident has an injury to their skin and needs wound care: • Ask the healthcare team for wound care instructions. • Ensure the resident knows how and where to get wound care supplies.
Nutrition	If the resident has and difficulty chewing and/or swallowing food or fluid: • Is the resident at risk for choking? • Is there an emergency response plan if the resident has a choking event? • Are there unique food/fluid needs such as thickened or pureed foods, allergies, and sensitivities? • Can the nutrition needs be managed in the home?
Dementia and Memory	If the resident has a diagnosis of dementia or needs support to remember day to day activities: • Is there a safety plan to keep the resident and others safe in the home (e.g., in case of fire)? • Is the resident at risk for elopement (leaving unexpectedly)? • Will the resident have access to potentially unsafe areas of the home (e.g., kitchen, basement, attached garage)?
End of Life Care Considerations	If the resident is receiving end-of life-care or may need end-of-life care: • There are many details caregivers need to consider if they are preparing for a death in the home. • Speak to the healthcare team, including palliative care services / palliative care resource nurse, to discuss what will need to be done to prepare everyone in the home to provide this specialized care.
Special Considerations	There may be special considerations for each household when planning to provide care in the residence. • Is there a plan for addressing any added costs? Note: If the facility charges rent or accommodation fees, they must continue to be paid if the resident plans to return. • Are there other people in the home who require care such as young children, people with special needs or someone who is immune compromised or prone to illness? • Is there someone to provide relief care to cover rest periods or run errands? • Can the resident return to the facility during the outbreak or emergency response?
Permanent Relocation / Discharge	If a resident is discharged from the facility (e.g., no longer paying accommodation fees and/or gives notice in accordance with their residency agreement) and they later decide a return to a CCH is needed, the individual will require a reassessment. They will be supported to choose a CCH to be waitlisted for that meets their assessed needs. • Refer to the Moving to a Continuing Care Home: Information Guide for more information about this process.

Information to Share

If the decision is made to relocate, regardless of the length of time, the resident must ensure they share information about the relocation with the CCH. This includes, but is not limited to:

- Planned date of move
- Contact information for the location where the resident will be living:
- Contact name
- Phone number
- Address

Information to Receive

Prior to the resident relocating, the healthcare team must ensure the resident has all the information to communicate their needs to caregivers and other healthcare providers. This includes, but is not limited to:

- Comprehensive care plan
 - Goals of Care and Green Sleeve
 - Contact information for the CCH
- Note: It will be the resident's responsibility to keep in contact with the CCH and notify the healthcare team contact of any changes (e.g., health, return date, living location, etc.).

Definitions

Designated family / support person(s) (DFSP) means one or more individuals identified by the patient as an essential support, and who the patient wishes to be included in any encounters with the health care system, including, but not limited to, family, relatives, friends, and informal or hired caregivers.

Resident means all persons, inclusive of patients and clients, who receive or have requested health care or services from Alberta Health Services and its health care providers. Resident also means, where applicable, a co-decision-maker with the person or an alternate decision-maker on behalf of the person.