



Category	COVID-19	Policy	
Title:	Family Presence and Visitor Policy During COVID – 19		
Document Owner	Patient Experience Specialist		
Issuing Body	Chief Nursing Executive Chief of Professional Staff	ID: COVID-COR-PPC-A-7.0	
Approved by	Executive Council		
Effective Date: June 26, 2020	Revised Date: January 13, 2021	Reviewed Date: January 13, 2021	
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Policy Statement

Bluewater Health is committed to our Mission of creating an exemplary health care experience with patients and families every time. In keeping with our mission, this policy guides staff in how to continue to work in partnership with the patient’s family or designated ‘care partner’ during a pandemic to balance public safety with individual need.

Context

On March 11, 2020 the World Health Organization declared the coronavirus COVID-19 pandemic. Ontario declared a state of emergency on March 17, 2020. The pandemic has required robust infection control practices and policies for the entire Ontario Health System. In working to create safe environments for staff, patients and families, temporary visitor policies are in place to limit the number and types of visitors to Bluewater Health.

During COVID-19, ‘designated’ family/care partners will be identified prior to coming in to the hospital. Individual preferences to not have a family or care partner present will also be honoured. Family/care partners are seen as distinct from the casual “visitor.” Visitors are those individuals not identified as family or partners in care. Patients define their support person and how they will be involved in the care, planning and decision-making.

Applicability of Scope

This policy applies to all health care team members, and infection control screening staff. All health care team members have a role to support safety and family/caregiver presence at Bluewater Health. The Infection Prevention and Control Committee and Executive Leadership will identify the phase of the Family Presence/Care Partner Policy with guidance from local and regional circumstances and Provincial orders. At any time, this policy could be brought back to an earlier phase as required by public health, the Chief Medical Office of Ontario or internally by Senior Leaders.

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Compassionate Exceptions:

Additional exceptions or appeals to the policy can be considered on a case by case basis by contacting the Patient Experience Office at extension 4436 or email patientexperience@bluewaterhealth.ca Consultation with Clinical Leaders, Social Work, Executive Leadership, the Infection Prevention and Control Team, the Most Responsible Physician (MRP), Indigenous Patient Navigator (IPN), Ethicist, and Infectious Disease Physician will be undertaken as needed. Exceptions or appeals can be brought forward by patients/families or staff and will be handled in a timely manner. If required after-hours, the Clinical Support Manager can be contacted.

Steps in compassionate exception requests:

1. Exceptions or appeals are first discussed with frontline primary care nurse/charge nurse and MRP as required to support decision-making.
2. Notify the Clinical Manager to ensure they are aware of exceptions.
3. If required, and if there is no resolution, the Manager consults with the program leadership team (Program or Medical Director) to find a resolution.
4. If there’s no resolution, this would escalate to the Executive on-call.
5. If needed, the Patient Experience Office may be notified at extension 4436 to initiate the feedback process and support the team with a resolution.

Emergency Measures Phase (Phase 1)

Phase 1 restrictions are in place first and foremost to ensure the safety of our patients and staff. This phase is strict and there is a high degree of program closures in alignment with provincial guidelines and mandated state of emergency directives. An overarching, ‘no family presence/visitor policy’ will come into effect with the following exceptions:

During emergency measures, one consistent family or care partner for:

- Woman in labour, delivery and post-partum
- Woman receiving a pregnancy ultra sound
- Paediatrics and Special Care Nursery
- Patients undergoing urgent surgery during pre and post op on the day of surgery
- Patients receiving difficult news or undergoing a test or procedure that may not have a positive outcome
- Patients with accessibility needs such as adults with cognitive, physical or mental disabilities. People requiring help such as a translator for language barriers
- COVID – positive patients who are actively dying. This caregiver cannot be COVID-positive, symptomatic, or practicing self-isolation

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During emergency measures, **immediate** family/care partner as defined by the patient or substitute decision maker, will be allowed for:

- End-of life (expected within 48 hours):
 - The selected immediate family/care partners will be allowed, two at a time when final goodbyes are anticipated as most meaningful as determined by the physician with the patient’s health care team

Virtual Visits for Family, Friends and Loved Ones

Family connections, virtual visits, and/or telephone calls can be scheduled through the Patient Experience office seven days a week for all patients. Other available options include:

- Electronic cards – delivered, read and posted
- Scribe letters to loved ones
- Digital photos to share with patient

Restart Phase (Phase 2)

This phase advances the Family Presence and Visitor policy pending Infection Prevention and Control Committee approval. Ongoing monitoring will be required to ensure safety for patients and staff as programs and services increase.

In addition to exceptions in Phase 1, a family member/designated care partner may be identified for a coordinated visit time for:

- Patients who have critical illness or serious medical condition (all inpatient areas)
- Patient identified by their healthcare team (MRP, nursing, allied health) that the visit is paramount to supporting the patient’s physical care and mental health (all inpatient areas)
- Patients whose families need discharge and health teaching for hands-on skills to take care of the patient at home (all areas)
- All paediatric and special care nursery babies (under 18 years of age) may have one parent and a second designated alternative care partner. Family Care Partners visit one at a time. If possible it’s preferred people are from the same residence.

Recover Phase (Phase 3)

This phase will determine advances to the Family Presence and Visitor Policy that maintain a coordinated visit for one family care partner.

- All inpatient areas will now be able to schedule one family care partner to support the patient’s physical care and mental well-being, a provide assistance with:
 - Meals
 - Mobility
 - Personal care, decision making and discharge planning.
- Emergency Department

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- All outpatient areas

Responsibilities/Accountabilities

Bluewater Health will:

- Provide standard screening, infection prevention and control instructions
- Designate foot pathways to the patient’s unit and family/care partner washrooms

Employees will:

- Demonstrate the physical distancing prevention behaviors, hand hygiene and universal masking policies at all times in all patient and non-patient care areas
- Educate others and keep informed and updated about the infection prevention and control policies in the organization
- Remind the visitors of caregiver presence policy processes and monitor this while they are visiting
- Provide the appropriate PPE to visitors while they are on the unit, including instructions on how to don and doff the required PPE

Managers/Directors will:

- In collaboration with unit leaders, identify the designated patient’s family/care partner upon admission and offer the times for family care partner presence
- Delegate appropriate personnel to provide name and scheduled visit of the Family/Care Partner to the Coordinator and Screening Team (unit and hospital need to know how many people are in the building and where – review at daily safety huddles)
- Ensure information and materials are readily available for employees, patients and their families to successfully follow all the infection control and prevention guidelines
- Monitor the family presence impact, and the physical distancing on units
- Follow up immediately with any expressed or observed violation of the safety guidelines

Most Responsible Physician will:

- In collaboration with clinical unit leaders, as necessary, identify appropriate patients for family / care partners where deemed required for patient care and well-being
- In collaboration with health care team support visits for patients who may need exceptions to the policy.
- Follow up with patients, families and staff as required to consider the risks from a patient well-being and infection control perspectives

Executive Team will:

- Promote and enforce all aspects of the Family Presence and Visitor Policy
- Follow up on any concerns or trends shared by leaders
- Consult when exceptions to the policy are needed

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Patient Experience Office will:

- Monitor the impact of the Family Presence and Visitor Policy
- Support the integration of families and the public health safety
- Facilitate the concerns identified through exceptions to the policy
- Collaborate with the health care team on all aspects of the policy
- Consult with Patient Experience Partners

Family and Designated Care Partners will:

- Use the designated entrance door
- Participate in screening and health assessment upon entry
- Wear a mask and follow the instructions on PPE, physical distancing, and hand hygiene entering and exiting the hospital
- Agree to minimize community contacts while participating in patient care
- Follow the limitations on movement within the hospital and follow the designated path to and from the area. Care partners may not wait in any common area nor visit any other area or patient within the hospital.
- Follow the scheduled time specified for the visit
- **Violation of the requirements may result in cancelling the coordinated visit**

Contact information

For clarification of this policy please contact the Patient Experience Specialist.

Evaluation

This policy will be reviewed in accordance with Bluewater Health’s Standard of every three years or as needed.

Authority

This policy was authored in consultation with the following stakeholders:

- Infection Prevention and Control Committee
- Patient Experience Partner Council
- Re-establishing Services and Programs
- Professional Practice
- Medical Affairs

This policy is issued by Patient Experience and Professional Practice and approved by Executive Council

Definitions

Designated Care Partner: the person(s) identified by the patient and documented by the team as the person who is involved in the care and will be screened for entry into the hospital setting and provided

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personal protective equipment as needed.

Family/Care Partner: People who provide critical and often ongoing personal, social, psychological and physical support, assistance and care, without pay, for people in need of support due to fragility, illness, degenerative disease, physical/cognitive/mental disability or end of life circumstances. The support persons may provide emotional and or social support, physical and cognitive assistance and comfort according to the patient preferences.

Related Documents

[CPM-PPC-A-56.01 Family Presence Policy](#)

Appendices

[COVID-COR-PPC-E-7.1 Staff Handout for Family and Visitor Policy](#)

[COVID-COR-PPC-E-7.2 Phone Script for Calling Designated Care Partners](#)

[COVID-COR-PPC-E-7.3 Frequently Asked Questions for Staff and Physicians](#)

[COVID-COR-PPC-E-7.4 Patient Handout - Requirements of Family Designated Care Partners](#)

[COVID-COR-PPC-E-7.5 How To Wear A Mask](#)

[COVID-COR-PPC-E-7.6 Frequently Asked Questions for Families and Care Partners](#)

[COVID-COR-PPC-E-7.7 Family Presence and Visitors During COVID-19 Algorithm](#)

[COVID-COR-PPC-E-7.8 Family and Care Partner Sign-In Form](#)

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