Ministry of Health - Overview of Visitors in Acute Care

May 12, 2021

This guidance supports safe, meaningful visits in acute care facilities while adhering to infection prevention & control requirements. The restrictions on visitation are grounded in public health guidance and Ministry of Health policy communiques infection prevention and control for novel coronavirus (COVID-19) and mask use in health-care facilities during the COVID-10 pandemic.
Scope
Visitation restrictions apply to all acute care facilities in B.C.

Definitions and Foundational Information
Visitation restrictions aim to protect patients, health-care workers, and the public in acute care facilities from COVID-19, while continuing to ensure that patients are provided with essential supports to ensure safe and supportive care.

Health authorities and acute care facilities shall continue to support visitors for essential visits only. Social visits are not permitted.

Essential Visits
- **Essential visits** meet an **essential need** that cannot be met in the absence of the essential visit. Health-care staff will determine if a visit is essential.

**An essential visit includes:**
- Visits for compassionate care, including critical illness, palliative care, hospice care, end-of-life, and medical assistance in dying;
- Visits paramount to the patient’s physical care and mental well-being (e.g., assistance with feeding, mobility, personal care or communication, or assistance by designated representatives for persons with disabilities);
- Visits for supported decision-making;
- Visits for pediatric care, labour, and delivery;
- Existing registered volunteers providing the services described above;
- Visits required to move belongings in/out of a patient’s room;
- Police, correctional officers, and peace officers accompanying a resident for security reasons;

Essential visits shall be limited to one visitor per patient within the facility at a time (except in the case of palliative/end-of-life care, pediatric care, labour and delivery). An essential visit is not a social visit. Essential visitors may also be referred to as **patient support persons** recognizing the terms “visit” or “visitors” may be confused with general social interactions.

Essential visits are permitted in a facility that has an active COVID-19 outbreak, under guidance and direction from the local medical health officer.

**A permitted essential visit involves:**
- Someone identified by the patient as a necessary support including cultural or spiritual support; and is
  - Someone the patient wants involved in their care and health matters; and is
  - A relative, legal representative, close friend, or formal / informal caregiver.

**Social visits that are not permitted involve:**
- Someone not involved in the patient’s health-care or support needs; or
- Someone whose time with the patient is discretionary and usually temporary; or
- Visiting for purposes that are more social in nature.
Not every situation can be anticipated or addressed in detail. Where there is uncertainty, individuals are encouraged to employ cultural safety and humility, and take a person and family-centred approach that appropriately balances risk of transmission. Virtual options for visiting will be supported as much as possible.

Visitor restrictions do not apply to individuals/contractors entering for purposes related to facility operations. Family and visitors can request an immediate review of the decision and shall be provided the ability to speak with an administrator or administrator-on-call. Further review of a decision can be requested through, or facilitated by, the health authority patient care quality office (see appendix for details on the review process).

Practice Requirements for Essential Visitation
These practice requirements are intended to protect and support patients, families, patient support persons, and health-care staff of acute care facilities and provide guidance about how to work together to minimize the risk of COVID-19 transmission in these facilities.

These practice requirements may be updated as required with renewed direction from the Ministry of Health and the provincial health officer. This document should be read in conjunction with infection prevention and control policy and guidance set out in the following documents:

- Ministry communique infection prevention and control for novel coronavirus (COVID-19);
- Ministry communique mask use in health-care facilities during the COVID-19 pandemic; and
- COVID-19 Infection Prevention and Control: Guidance for Acute Health Care Settings

1. All essential visitors shall be screened for signs and symptoms of COVID-19, prior to every visit. Visitors with signs or symptoms of COVID-19, as well as those in self-isolation or quarantine in accordance with public health directives, shall not be permitted to visit.

2. Essential visitors shall be instructed when to perform hand hygiene, respiratory etiquette, and safe physical distancing. All visitors are required to wear a medical mask. When visiting a patient requiring additional precautions (e.g., ‘droplet & contact precautions’), all visitors shall be instructed on how to put on and remove any required personal protective equipment (PPE). If the visitor is unable to adhere to appropriate precautions, the visitor shall be excluded from visiting.

3. Facilities must be able to safely provide monitoring and oversight for essential visits, including adequate staffing to provide pre-screening, screening on arrival, providing information on IPC, and to ensure visitors go directly to the patient they are visiting and exit the facility directly after their visit.

4. If the patient is in a shared room, health-care staff will, in conjunction with IPC staff, determine whether more than one essential visitor can safely be present at the same time.
5. There may be circumstances where the amount of available space within a clinic or other area will not allow for a support person to be present. In this case, staff will communicate this to the patient and their family/support person, and discuss options based on patient need.

Visitor Appeal and Review Process for Essential Visits
To ensure fair and consistent decision making, visitors can request an immediate review of any decisions made related to visitor status, and shall be provided the ability to speak with an administrator or administrator-on-call. A request for further review of a decision can be made through, or facilitated by, the health authority patient care quality office.

- For further information and guidance, a supplemental document will be available to support health authorities in interpretation to ensure consistent application of the requirements for visitation (see appendix).
- A clear process for complaints/appeals will be established (see appendix).
Appendix – Visitation Interpretive Guidance

This guidance supports a consistent approach for visits in acute care facilities that enables person-centered care and outlines expectations regarding the provision of essential visits. It also identifies the process for resolution of complaints related to visitation.

Guidelines for Essential Visits

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<td>Health authority or facility staff, in collaboration with the patient/or</td>
<td>• Essential visits will be evaluated in partnership with the patient (or their substitute decision-maker), based on current circumstances: clinical assessment, risk of transmission, the environment, the ability to maintain physical distancing, and the availability of PPE, if required.</td>
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| substitute decision-maker and health-care team, will determine essential   | • Patients can refuse to provide consent for a visit, and this will be respected.  
| visitor status.                                                          | • In circumstances when an essential visit is denied, communication with family will be a priority, including the rationale for a non-visit decision. The person should be informed of how they can appeal the decision.  |
|                                                                           | • In circumstances where an essential visit is not indicated, consider other options that might meet the needs of the patient. Options for non-physical/virtual visits should be explored.  |
|                                                                           | • If immediate decisions are required, escalation mechanisms shall be activated without delay.  |

Essential visits include, but are not limited to:

a) Visits for compassionate care, including: critical illness, palliative care, hospice care, end-of-life and medical assistance in dying.

b) Critical illness refers to a significant life-threatening condition or health change event; a condition that could reasonably be expected to have significant complications in the next 12-24 hours (e.g., sepsis, stroke, or myocardial infarction requiring interventional procedure).

- For the purposes of this document, palliative care, hospice care, and end-of-life care pertains to caring for individuals whose condition is considered end-of-life, and death is anticipated as imminent (e.g., palliative performance scale 30% or lower, totally bed bound).

- A physician or nurse practitioner determines if the patient’s condition is considered end-of-life.

- When death is anticipated as imminent, family members/support people may have extended visits or a vigil in consultation with the care team.
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| b) Visits paramount to the patient’s physical care and mental well-being including:  
  • Assistance with feeding, mobility, and/or personal care;  
  • Communication assistance for persons with hearing, visual, speech, cognitive, intellectual, or memory impairments;  
  • Assistance by designated representatives for persons with disabilities, including provision of emotional support; | • For situations requiring additional support that is documented in the patient’s record as part of a patient’s care planning, and support sustained patient health (e.g., weight maintenance, functional strength, or mobility, hygiene, etc.)  
• Personal care refers to activities of daily living such as bedding, feeding, and bathing.  
• Visits paramount to mental well-being can include situations where a patient’s mental health is acutely deteriorating, and the care team and/or patient believe that a supportive visit may improve patient well-being (e.g., dementia with behavioral issues, delirium, depression, anxiety, psychosis) |
| c) Visits for supported decision making. | • If the patient requires support to speak on their behalf, share and articulate their wishes and/or inform significant decision-making as a substitute decision maker (PGT, representative, power of attorney) such as updating advance care planning documentation (e.g., medical order for scope of treatment, end-of-life directives, etc.) |
| d) Visits for pediatric care, labour, and delivery. | **Inpatient NICU/Pediatrics**  
• Parents or legal guardians of the newborn/infant/child are considered essential visitors/patient support persons.  
• The care team, in consultation with the most responsible provider and on a case-by-case basis, may permit two essential visitors at a time.  
• Breastfeeding infants can accompany their mother.  
**Labour and Delivery/Postpartum**  
• The care team,\(^1\) in consultation with the MRP on a case-by-case basis, may permit other support persons (e.g. surrogate parent(s), or “auntie”) in addition to the one designated essential visitor/support person to provide support during labour and birth.  
• Cultural traditions should be taken into consideration.  
Indigenous patient navigators can assist with the coordination of visits.  
• Breastfeeding infants can accompany their mother. |

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\(^1\) A registered Doula or one who has completed training from a recognized certification program is considered part of the care team and is not an essential visitor. BCCDC COVID Guideline for the Admission and Hospital Management of Pregnant Women/Individuals Who Are a Confirmed or Suspect Case of COVID-19. September 4, 2020. Accessed at: [http://www.bccdc.ca/Health-Professionals-Site/Documents/Pregnancy-COVID19-Hospital-Admission-Treatment.pdf](http://www.bccdc.ca/Health-Professionals-Site/Documents/Pregnancy-COVID19-Hospital-Admission-Treatment.pdf)
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<td>e) Existing registered volunteers providing the services described above.</td>
<td>• Facility-specific guidelines regarding volunteers should be consulted.</td>
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<td>f) Visits required to move belongings in or out of a patient’s room.</td>
<td>• One essential visitor is permitted for this purpose.</td>
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<td>g) Police, correctional officers, and peace officers accompanying a patient for security reasons.</td>
<td>• One or two essential visitors are permitted for this purpose (based on agency-specific policy).</td>
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**Essential visits can occur with a COVID+ patient.**
- Essential visitors/support persons must be advised of risks and be able to adhere to IPC/PPE protocols or the visit shall not occur. Virtual options will be supported when possible in these scenarios.
- COVID+ patients on droplet and contact precautions may identify a primary and alternate essential visitor/support person, but they must attend one at a time.
- The essential visitor should be supported in performing rigorous hand hygiene and donning and doffing of PPE in accordance with IPC guidelines.

**Essential visits shall be limited to one visitor per patient within the facility at a time (except when death is anticipated as imminent).**
- Visits limited to one visitor per patient within the facility at a time.
- Special considerations for additional essential visitors can be made on a case-by-case basis (e.g., a child requiring care or attention may need to accompany a parent or guardian in some situations).
- Special considerations for alternating an essential visitor (e.g., some ambulatory care, emergency, or urgent care situations) can be made on a case-by-case basis when absolutely necessary.
- In cases where a child is considered an essential visitor (e.g. compassionate circumstances), they may be accompanied by an adult.
- Cultural practices and spiritual needs essential to a patient’s well-being should be considered.
- Visitor ability to adhere to social distancing in any care environment should be considered.

**Review Process and Resolution of Complaints**
To ensure fair and consistent decision-making, health authorities are expected to ensure public access to clear information regarding the complaints process and mechanism for appealing decisions regarding essential visitor status. Visitors can request an immediate review of any decisions made related to visitor status and shall be provided the ability to speak with an administrator or administrator-on-call. A further review of a decision can be made through, or facilitated by, the health authority patient care quality office. Health authorities must ensure that:
• An impartial health authority staff member will make decisions regarding essential visits, and an administrator or administrator-on-call is required to receive concerns and review decisions, if requested.

• Signage is posted at the facility entrance to provide clear complaint processes and a contact phone number for the designated decision-maker and site administrator.

• Clear complaint processes and a contact phone number for the designated decision-maker and site administrator are publicly posted on the facility/operator website.
Visitor Appeal and Review Process

Reviews of decisions will proceed according to the process outlined in the algorithm below.

**Step 1: Initial Decision**
Initial decision-maker considers request to visit in context of practice requirements and parameters for essential visits.

- Visitor status granted
- Visitor status denied & reasons given

**Step 2: Site Administrator**
A designated site administrator assesses whether the initial determination was appropriate.

- Decision upheld, visitor status denied. Reasons given with information about how to apply for further review
- Decision overturned

**Step 3: Escalation**
Regional health authority patient care quality offices (PCQO) receive all concerns regarding visitor restrictions that have not been resolved at the facility level. PCQO prioritizes intake of concerns regarding visitor restrictions and facilitates timely resolution through referral to the health authority program contact as designated by each respective health authority.

The health authority program contact works with the family and program leadership to pursue timely resolution of the concern which may include a request for reconsideration of the review and decision at step two (site administrator) or a recommendation for escalation to step four (request for reconsideration).

**Step 4: Request for Reconsideration**
Unresolved complaints/concerns specific to visitor restrictions in acute care facilities can be escalated to the HA vice president responsible for acute care operations for review and final decision.

- Final Decision

**Patient Care Quality Review Board (PCQRB)**
Patients / families who remain unsatisfied may choose to engage in a formal PCQRB review process.