



Coronavirus COVID-19

BC Centre for Disease Control | BC Ministry of Health



Ministry of Health - Overview of Visitors in Acute Care

November 1, 2021

This guidance supports safe, meaningful visits in acute care facilities while adhering to infection prevention and control requirements. The restrictions on visitation are grounded in public health guidance and [Ministry of Health policy communiqués infection prevention and control for novel coronavirus \(COVID-19\)](#) and [mask use in health-care facilities during the COVID-19 pandemic](#).



Ministry of
Health



BC Centre for Disease Control



Scope

Visitation restrictions apply to all acute care facilities in B.C.

Definitions

“Medical exemption”¹

- Only physicians licensed and registered with the College of Physicians and Surgeons of BC and nurse practitioners licensed and registered with the BC College of Nurses and Midwives can issue vaccine exemptions and deferrals in BC.
- According to the provincial health officer, the reasons outlined in the [deferrals to COVID-19 vaccination table](#) are the only valid reasons for a COVID-19 exemption or deferral.
- Evidence of medical exemption must:
 - Reference one of the valid reasons for exemption or deferral
 - Include the patient’s full name
 - Include the issuing physician or nurse practitioner’s name and signature (digital signatures are not valid).

“Proof of vaccination” means a vaccine card.²

“Vaccinated” means a person who is at least seven days post-receipt of the full series of a World Health Organization (WHO) approved vaccine against infection by SARS-CoV-2, or a combination of approved WHO vaccines.³

“Vaccine card” means the following:⁴

- a. in the case of a person who is more than 18 years of age, photo identification and proof in one of the following forms that the holder is vaccinated:
 - i. electronic proof or a printed copy of an electronic proof
 - (A) issued by the government in the form of a QR code, accessible through the BC Vaccine Card website at <https://www.healthgateway.gov.bc.ca/vaccinecard>; and
 - (B) showing the name of the holder;
 - ii. proof in writing, issued by the government for the purpose of showing proof of vaccination in accordance with orders made under the [Public Health Act](#);
 - iii. a type of proof, whether electronic or in writing, that is issued
 - (A) by the Government of Canada or of a province of Canada, and
 - (B) for the purpose of showing proof of vaccination in accordance with an order made in the exercise of a statutory power with respect to the protection of public health or the facilitation of international travel;

¹ The College of Physician and Surgeons of BC How to Verify a Legitimate COVID-19 Vaccine Exemption or Deferral (October 15, 2021) <https://www.cpsbc.ca/files/pdf/2021-10-15-How-to-Verify-a-Legitimate-COVID-19-Vaccine-Exemption-or-Deferral.pdf>

² Definitions as cited in the Order of the Provincial Health Officer *Hospital and Community (Health Care and Other Services) COVID-19 Vaccination Status Information and Prevention Measures*. <https://www2.gov.bc.ca/assets/gov/health/about-bc-s-health-care-system/office-of-the-provincial-health-officer/covid-19/covid-19-hospital-and-community-vaccination-status-information-preventive-measures.pdf>

³ Ibid

⁴ Ibid

- iv. For visitors from other provinces and territories in Canada and international visitors, visit the [proof of vaccination and the BC Vaccine Card site](#) for more information.
- b. in the case of a person who is 12 to 18 years of age, proof in a form referred to in paragraph a. (i), (ii), (iii) or (iv) but they are not required to show valid government photo identification.⁵

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.

All patients in acute care facilities will be permitted up to two visitors at a time. Exceptions may apply to specific care settings and guidance is provided below (see appendix A). Clinical decision-making will continue to guide unique circumstances.

The COVID-19 pandemic is ongoing and the re-opening of society will coincide with increased circulation of respiratory illness. Accordingly, updated visitation guidelines for acute care facilities must take a balanced, incremental approach which includes continuation of appropriate safeguards to protect health services, health-care workers (clinical and non-clinical), patients and families

Visitation guidelines are not intended to override public health orders or existing health authority visitation protocols required to address specific environmental factors (e.g., space in some units and shared care settings) or other unique and/or emerging situations.

Medical health officers will provide direction in the event of an outbreak or in response to regional needs.

Family and visitors who have care quality concerns or specific concerns regarding visitation in an acute care facility can request a review through the health authority's Patient Care Quality Office (see appendix B).

Vaccination

In recognition of the added layer of protection provided by the COVID-19 vaccines and given the vulnerability of patients in acute care even when fully vaccinated themselves, individuals visiting acute care facilities must be fully vaccinated against COVID-19. [Proof of vaccination](#) (BC Vaccine Card or equivalent for people who do not have B.C. identification, including visitors from other provinces, territories or countries) is required at the time of entry into the facility. Visitors who do not demonstrate that they are fully vaccinated will not be able to enter a facility, including passing through the facility to access an outdoor space.

The requirement that a visitor be vaccinated does not apply to young children under the age of vaccine eligibility, those with an approved medical exemption and in the care settings identified within these guidelines (see Appendix A).

⁵ Added for clarity

Practice Requirements for all Visitation

These practice requirements are intended to protect and support patients, families, patient support persons and health-care workers (clinical and non-clinical) in acute care facilities, as well as provide guidance about how to work together to minimize the risk of COVID-19 and communicable respiratory illness 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 visitors will continue to be [screened](#) at point of entry for signs and symptoms of COVID-19 and other communicable respiratory illness prior to every visit. Visitors who have signs and symptoms of COVID-19 or other communicable respiratory illness, as well as those under an order to quarantine, or have been told to self-isolate in accordance with public health directives, shall not be permitted to visit.
 2. All visitors (except young children under the age of vaccine eligibility, those with an approved medical exemption and visitors in defined care settings – see Appendix A) will be required to be vaccinated and provide proof of vaccination.
 3. All visitors, regardless of vaccination status, are required to follow and adhere to all infection prevention and control requirements including wearing a medical mask when entering and moving around any health-care facility, including clinical and non-clinical areas. All visitors shall be instructed when to perform hand hygiene and practice respiratory etiquette. Physical distancing is not required; however, personal space should be respected. When visiting with a patient requiring additional precautions (e.g., droplet and 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.
 4. Facilities must provide adequate staffing to provide screening on arrival and information on infection prevention and control practices.

Appendix A – Visitation Interpretive Guidance

This guidance supports a consistent approach for visits in acute care facilities that enables person-centered care and outlines expectations regarding visitation.

Guidelines for Visitation

Guideline	Application
Up to two visitors may visit a patient at a time.	<ul style="list-style-type: none"> • Patients and visitors are encouraged to work in partnership with care providers to determine how best to coordinate visits (e.g., it may be best to avoid visits during shift change or patient rounds). • Outdoor visits may be an option where clinical assessment permits and appropriate space is available. If outdoor space is accessed through a building, visitors must be fully vaccinated. • Patients can refuse to provide consent for a visit and this will be respected.

Guidelines for Specific Care Settings	
<p>a) Visits for compassionate care, including critical illness, palliative care, hospice care, end-of-life and medical assistance in dying.</p> <p>Vaccination requirement does not apply.</p>	<ul style="list-style-type: none"> • The limit of two visitors may be removed in consultation with the clinical care team. • 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 to 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.
<p>b) Visits for pediatric care, labour, and delivery.</p> <p>Vaccination requirement does not apply.</p>	<ul style="list-style-type: none"> • Siblings may accompany parents or legal guardians of a newborn/infant/child. • Exceptions for additional support persons or visitors may be permitted in consultation with the care team. • Cultural traditions and spiritual needs should be taken into consideration. Indigenous patient navigators can assist with the coordination of visits.

Guidelines for Specific Care Settings	
<p>c) Visitors shall be limited to one visitor per patient within the facility at a time in the emergency department and intensive care unit (ICU) except when death is anticipated as imminent.</p> <p>Vaccination requirement does not apply.</p>	<ul style="list-style-type: none"> • A child may be accompanied by two parents/guardians. Special considerations for additional visitors can be made on a case-by-case basis (e.g., a child requiring care or supervision may need to accompany parents or guardians in some situations). • Cultural practices and spiritual needs essential to a patient’s well-being should be considered. • While this visitation is encouraged, all visitation in the emergency department and ICU is at the discretion of the clinical team as conditions in these settings can change rapidly.
<p>d) Visits paramount to the patient’s physical care and mental well-being including:</p> <ul style="list-style-type: none"> • 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. <p>Vaccination requirement does not apply.</p>	<ul style="list-style-type: none"> • 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, 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).
<p>e) Visits for supported decision making:</p> <p>Vaccination requirement does not apply.</p>	<ul style="list-style-type: none"> • 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 (Public Guardian and Trustee, representative, power of attorney) such as updating advance care planning documentation (e.g., medical order for scope of treatment, end-of-life directives, etc.).

Appendix B: Review Process and Resolution of Complaints

To ensure timely, fair and consistent decision-making, health authorities are expected to ensure public access to clear information about the complaints process regarding visitor access. Visitors or patients can request a review of any decisions made related to visitor status through the health authority's Patient Care Quality Office. Health authorities must ensure that:

- An administrator or administrator-on-call with sufficient knowledge of the visitor guidance and authority to make decisions regarding visitation of current in-patients must be available.
- Patient Care Quality Office review is supported by a program contact independent of site staff and administration with sufficient knowledge of the visitor guidance and authority to overturn/issue final decisions regarding visitation.
- Signage is posted at the facility entrance to provide clear information about complaint processes, including the option to bring concerns to an administrator and the Patient Care Quality Office. Signage must include a contact phone number for the Patient Care Quality Office.
- Clear information about complaint processes is publicly posted on the health authority website.