



Coronavirus COVID-19

BC Centre for Disease Control | BC Ministry of Health



Ministry of Health - Overview of Visitors in Acute Care

August 30, 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 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

If you have fever, a new cough, or are having difficulty breathing, call 8-1-1.



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.

A majority of eligible British Columbians have now received their second COVID-19 vaccination and COVID-19 outbreaks in acute care have declined. Given these changes and with the support of public health guidance, it is now appropriate to update visitation in acute care facilities.

COVID-19 will continue in the province as an endemic disease 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. An incremental approach will also allow for monitoring of changes to visitation prior to peak influenza season and allow facilities to adjust to increased visitation.

At this time, health authorities and acute care facilities will cease differentiating between social and essential visits. All patients in acute care facilities will be permitted up to two visitors at a time. Exceptions apply to specific care settings and guidance is provided below. Clinical decision-making will continue to guide unique circumstances.

Changes to visitation guidelines are not intended to broaden or override existing health authority visitation protocols that may be required to address specific environmental factors (e.g., space on some units, shared care settings) or other unique and/or emerging situations.

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

Visitors

Essential and social visitors are now referred to generally as visitors.

Visitor restrictions do not apply to individuals or contractors entering for purposes related to facility operations.

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.

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 shall be [screened at point of entry for signs and symptoms of COVID-19 and other communicable respiratory illness](#) prior to every visit. Visitors with signs or symptoms of COVID-19 or other communicable respiratory illness, as well as those in self-isolation or quarantine in accordance with public health directives, shall not be permitted to visit.
2. Visitors are required to wear a medical mask when in patient care areas and 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.
3. Facilities must provide adequate staffing to provide screening on arrival and information on infection prevention and control practices.

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 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. • Patients can refuse to provide consent for a visit and this will be respected.
Exceptions:	
a) Visits for compassionate care, including: critical illness, palliative care, hospice care, end-of-life and medical assistance in dying.	<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.
b) Visits for pediatric care, labour, and delivery.	<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.
c) Visitors shall be limited to one visitor per patient within the facility at a time in the emergency department and intensive care unit	<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

Guideline	Application
except when death is anticipated as imminent.	<p>supervision may need to accompany parents or guardians in some situations).</p> <ul style="list-style-type: none"> • 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.
d) Alternative level of care (ALC) patients.	<ul style="list-style-type: none"> • Although receiving care in an acute care setting, ALC patients have been assessed as appropriate for, and awaiting access to, another setting. Visitation for ALC patients is encouraged. Outings may be considered for ALC patients awaiting transfer to long-term care or assisted living in consultation with the clinical care team. ALC patients remain subject to masking requirements for acute care patients.

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 are publicly posted on the health authority website.