
TITLE: ESSENTIAL VISITORS DURING COVID-19 RESPONSE (NOVEL CORONAVIRUS)

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APPLICABILITY: All sites and facilities

RELATED POLICIES: 5-1-2-2-010: Personal Protective Equipment
4-1-1-070: Hand Hygiene
1-11-1-3-010: Droplet Precautions
5-1-2-5-080: Managing Disrespectful, Aggressive or Violent Behaviour of Visitors
5-3-1-040: Confidentiality

DOCUMENT QUICK LINKS

- British Columbia Infection Prevention and Control Requirements for COVID-19 in [Acute Care](#) and [Long Term Care and Seniors' Assisted Living](#).
- [COVID-19 Ethical Decision-Making Framework](#)
- COVID-19 Essential Visitors Poster – Acute Care (21209)
- COVID-19 Essential and Social Visitors Poster – Long Term Care (21200)
- COVID-19 Essential Visitors in Mat/Child/NICU poster (10-800-6022)
- Long Term Care Home Staff Script for Developing a Communication Plan, Delivery and Transfer of Personal Items and Visitation
- [Appendix A – Essential Visitor Decision Support Tool and Helpful Scenarios](#)
- [Appendix B – Guidelines for Specific Care Settings and Populations](#)

POLICY

COVID-19 is recognized as a significant threat to health and well-being and requires patient/resident isolation procedures to contain the virus. At the same time, family and friend support are very important for patients/residents during recovery or palliation.

This visitation policy was developed to balance the risks of infectious disease transmission to other patients/residents/family/staff, and the benefits of visitation for a patient/resident, using a person and family-centered care approach.

All patients/residents, including those that are COVID-19 positive or suspected of COVID-19 infection, are eligible for consideration for essential visitors.

Decisions will be made acknowledging the value of essential visitors as partners in care. As such, decisions will balance minimizing restrictions to visiting as much as possible

while protecting the health and safety of patients, visitors, staff, medical staff, contracted workers, and volunteers.

During the novel coronavirus pandemic, visitors in all care settings are restricted to essential visitors as outlined below. Residents in long term care and seniors' assisted living are also permitted family/social visits as directed by the [Ministry of Health - Overview of Visitors in Long-Term Care and Seniors' Assisted Living](#).

- These restrictions must be employed with empathy and respect.
- This policy supports the BC Ministry of Health requirements for preventing and controlling novel coronavirus.
- It is expected that when an individual is dying, at least one loved one will be with them. The care team and leadership will make every effort to mitigate risks and facilitate an in-person visit. If risk is present, family members will need to understand and accept a level of risk for the visit to occur.
- All staff will abide by this policy to protect patients, families, clinicians, health care workers, and the public.
- Orders from the Provincial Health Officer or a Medical Health Officer take precedence over this policy.

PROCEDURE

1. Clearly communicate essential visitor policy and information with patients and families.
 - Signage at all main entrances communicates visitation policies and provides a phone number to call if questions or more immediate assistance is needed at the site.
 - Efforts will be made to support a shared understanding with patients about the essential visitors policy. This may include orientation to the policy during the admission process.
2. Establish communication pathways with the patient's designated contact/spokesperson.
 - Secure the contact details for the family member who will be the designated contact. Document this using the Adult Inpatient Interprofessional Plan of Care (10-000-5143-009) or document in Cerner or on the patient's chart where all team members have access.
 - Initiate contact with the designated contact/spokesperson within 24 hours of admission. Work with the contact to create a communication plan between the health care team and the family to relay confidential patient information/updates:

- i. Determine schedule
 - ii. Confirm who on the care team will contact the designated contact/spokesperson (e.g., charge nurse, most responsible provider (MRP))
 - Provide the contact/spokesperson with a facility contact should they need to reach the facility outside of the scheduled times in the communication plan.
 - Document the communication plan in the patient's chart so all care team members are aware.
3. Northern Health staff determine if a visit is essential. Refer to [Appendix A: Essential Visitor Decision Support Tool](#) and example scenarios. Essential visits are defined by the BC Ministry of Health^{1, 2} as:
 - Visits for compassionate care, including critical illness, palliative care, hospice care, end of life, and Medical Assistance in Dying;
 - Visits paramount to the patient/client's physical care and mental well-being, including as follows:
 - Assistance with feeding, mobility 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;
 - 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 or out of a client's room; and,
 - Police, correctional officers, and peace officers accompanying a patient/client for security reasons.
4. Identify the essential need. This is done by the patient in collaboration with the care team to determine options for visitation, including whether the care team itself can provide the requested patient support. Refer to [Appendix A: Essential Visitor Decision Support Tool](#).
 - In all situations, patients can refuse to provide consent for visitation, and this must be respected.
 - Where situations are unclear, it is expected that staff will seek further input (e.g., care providers, Ethics Services, Social Worker, Aboriginal Patient Liaison, etc.) and take a patient-centred approach to decision-making.
 - Document decisions around essential visitors in the patient's medical record as part of a patient's care planning.

- Consider virtual options for visitation when an individual's care needs are not defined as requiring an essential visitor under this policy.
 - Family and visitors not deemed essential who wish to have an immediate review of the decision are to be provided the ability to speak to a manager as outlined in the Northern Health policy 2-6-1-010: [Patient Complaints and Compliments](#).
 - For family and visitors in long-term care and assisted living who wish to appeal the decision, follow the Visitor Appeal and Review Process on page 11 of the [Ministry of Health - Overview of Visitors in Long-Term Care and Seniors' Assisted Living](#).
5. Request the patient identify their essential visitor(s). If the patient is not able to make this designation, it is done by the substitute decision maker and the care team.
- Patients/substitute decision makers may identify a primary and alternate essential visitor/support person but they must attend one at a time.
 - Special considerations for additional essential visitors can be made based on care environments (see [Appendix B](#)) and exceptional circumstances, upon consideration by the clinical care team, and in the context of the clinical and facility situation. Visitors should attend one at a time, with some exceptions (e.g., an additional support person is permitted for labour and birth; additional supports can be considered at end-of-life; see [Appendix B](#)).
 - The most responsible clinician with the patient identifies a spokesperson for the family to assist in developing an essential visitor plan.
 - Use resources such as Social Workers and Aboriginal Patient Liaisons to support discussions, if appropriate.
6. All Northern Health facilities maintain a list of eligible essential visitors to manage visitation and allow for contact tracing if necessary.
7. The length and number of visits are determined by site management.
8. Screen all visitors for COVID-19 symptoms. If COVID-19 signs/symptoms/exposure are present the visit cannot proceed. Explore alternative opportunities including virtual options.
- In circumstances when an essential visit is not safe to proceed, communication with the patient and designated spokesperson is a priority, including rationale for a non-visit decision.
9. Ensure that visitors sign into the facility/unit on the [visitor sign in sheet](#).

10. Facilitate visitors to proceed directly to the patient's location and remain there until the end of the visit. Visitors are not to spend time in common areas in the facility and are to exit the site directly after the visit.
11. Ensure that visitors adhere to protective personal equipment (PPE) requirements. Visitors will wear a medical mask while in the health care facility as per [provincial policy](#). Refer to [Droplet Precautions](#). As per Ministry of Health direction, Northern Health staff are to teach visitors the appropriate donning and doffing procedures for PPE.
12. Treat a visitor breaching COVID-19 related policy/direction the same way as a visitor being disrespectful or non-compliant with any other Northern Health policy. Begin with an educative approach followed by progressive enforcement, up to and including (time-limited) exclusion from the property, taking into account the nature of or need for visitation and impact on the patient. Refer to [Managing Disrespectful, Aggressive or Violent Behaviour of Visitors](#) as needed.

Virtual Visitation

Virtual options for visiting are to be supported and facilitated as much as possible. Virtual visits for other than compassionate reasons and for a patient's/resident's connection with those who do not fall under the essential visitor definition should be encouraged. Support families/significant others to use technology when they are unable to visit in person and to supplement visits. This may include the use of telephone calls or virtual visits using smartphones or tablets.

ADDITIONAL RESOURCES

[Thinking about Cultural Safety during COVID-19](#)

[Practical Tips: Engaging People during COVID-19](#)

REFERENCES

1. BC Ministry of Health policy communique: Infection prevention and control for novel coronavirus (COVID-19). May 19, 2020. Retrieved November 19, 2020 from <https://www2.gov.bc.ca/assets/gov/health/about-bc-s-health-care-system/office-of-the-provincial-health-officer/reports-publications/covid-19-infection-prevention-control.pdf>
2. BC Ministry of Health and BC Centre for Disease Control: Infection Prevention and Control Requirements for COVID-19 in Long Term Care

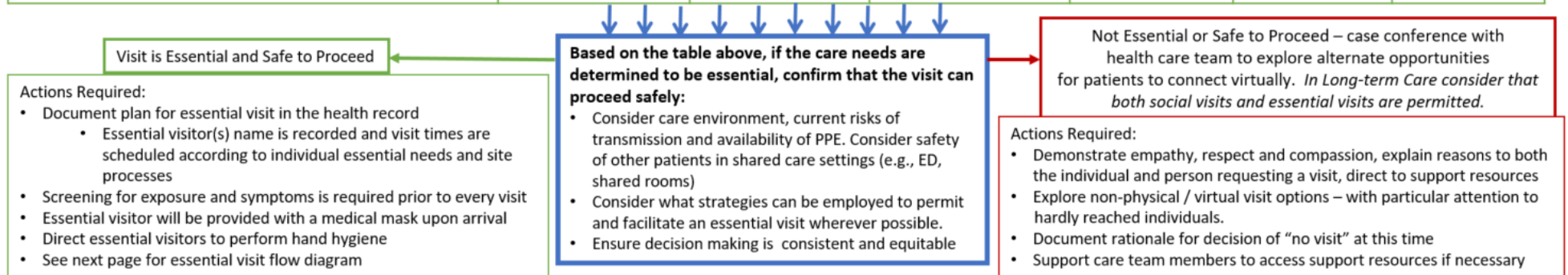
and Seniors' Assisted Living. June 30, 2020. Retrieved November 19, 2020 from http://www.bccdc.ca/Health-Info-Site/Documents/COVID19_LongTermCareAssistedLiving.pdf

3. Ministry of Health. Visitors in Acute Care Facilities: Interpretive Guidance. Draft v16 October 21, 2020.
4. Stall, N.M., et al. (2020). Finding the Right Balance: An Evidence-Informed Guidance Document to Support the Re-Opening of Canadian Nursing Homes to Family Caregivers and Visitors during the Coronavirus Disease 2019 Pandemic. JAMA, 21,10 Retrieved December 1, 2020 from <https://www.sciencedirect.com/science/article/pii/S1525861020306630?via%3Dihub>

Appendix A Essential Visitor Decision Support Tool (adapted from Island Health)

ESSENTIAL VISITOR DECISION SUPPORT TOOL to Determine if Care Needs are Essential

Does Individual have Compassionate Care Needs?	Does Individual have Needs Essential to Their Physical Care & Mental Well-Being such as:					
Critical Illness Palliative & End of Life or Hospice Medical Assistance in Dying	Assistance with Feeding	Mobility & Personal Care	Translation & Communication	Emotional Support	Decision Making	Pediatric Care, Labour and Delivery
<p>It is expected that when an individual is dying, at least one loved one will be with them. The care team and leadership will make every effort to mitigate risks and facilitate an in person visit.</p> <p>Does individual have a significant life threatening condition/ health change event? (a condition that could reasonably be expected to have significant complications in the next 12-24 hours i.e, sepsis, stroke, myocardial infarction requiring interventional procedure, etc.)</p> <p>Does individual have a life limiting condition with a high risk of dying in three months?</p> <ul style="list-style-type: none"> Goals of care focus on comfort through to the end of life as indicated by Medical Orders for Scope of Treatment (MOST) M1, M2 or M3 palliative care, hospice care, and end-of-life care pertains to caring for individuals with life limiting conditions, registered with the palliative care program or palliative performance scale (pps) 30% (bedbound). <p>Is Individual imminently dying? Imminent death is a clinical decision. Exceptions to general guideline may apply</p> <p>Essential visitors include Clergy and Notary</p>	<p>Is Individual at risk for:</p> <ul style="list-style-type: none"> nutritional decline? significant weight loss? <p>Does individual need special time/attention to get enough nutritional intake and the required supports cannot be provided by the on-site staff?</p>	<p>Does individual need support to move, get to and from their care area, practice exercises, and/or complete Activities of Daily Living (ADL)s –to prevent functional decline and required supports cannot be provided by the on-site staff?</p> <p>Does individual need support during discharge activities to ensure a safe and successful transition home?</p>	<p>Does individual need support to:</p> <ul style="list-style-type: none"> understand and/or keep track of important information? demonstrate relevant care-planning details? communicate with the health care team? 	<p>Does individual need:</p> <ul style="list-style-type: none"> specialized support due to a disability? a therapeutic mental health strategy involving social connection to support their recovery process? spiritual or cultural support that is essential to their wellness? 	<p>Does individual need support to:</p> <ul style="list-style-type: none"> speak on their behalf / share and articulate their wishes? inform medical decision making as a substitute decision maker? navigate circumstances when they may feel vulnerable in their care environment? 	<p>Parents or legal guardians of a neonate/infant/child are considered essential visitors</p> <p>Essential visitor(s)/support person(s) are permitted during labour and birth</p>



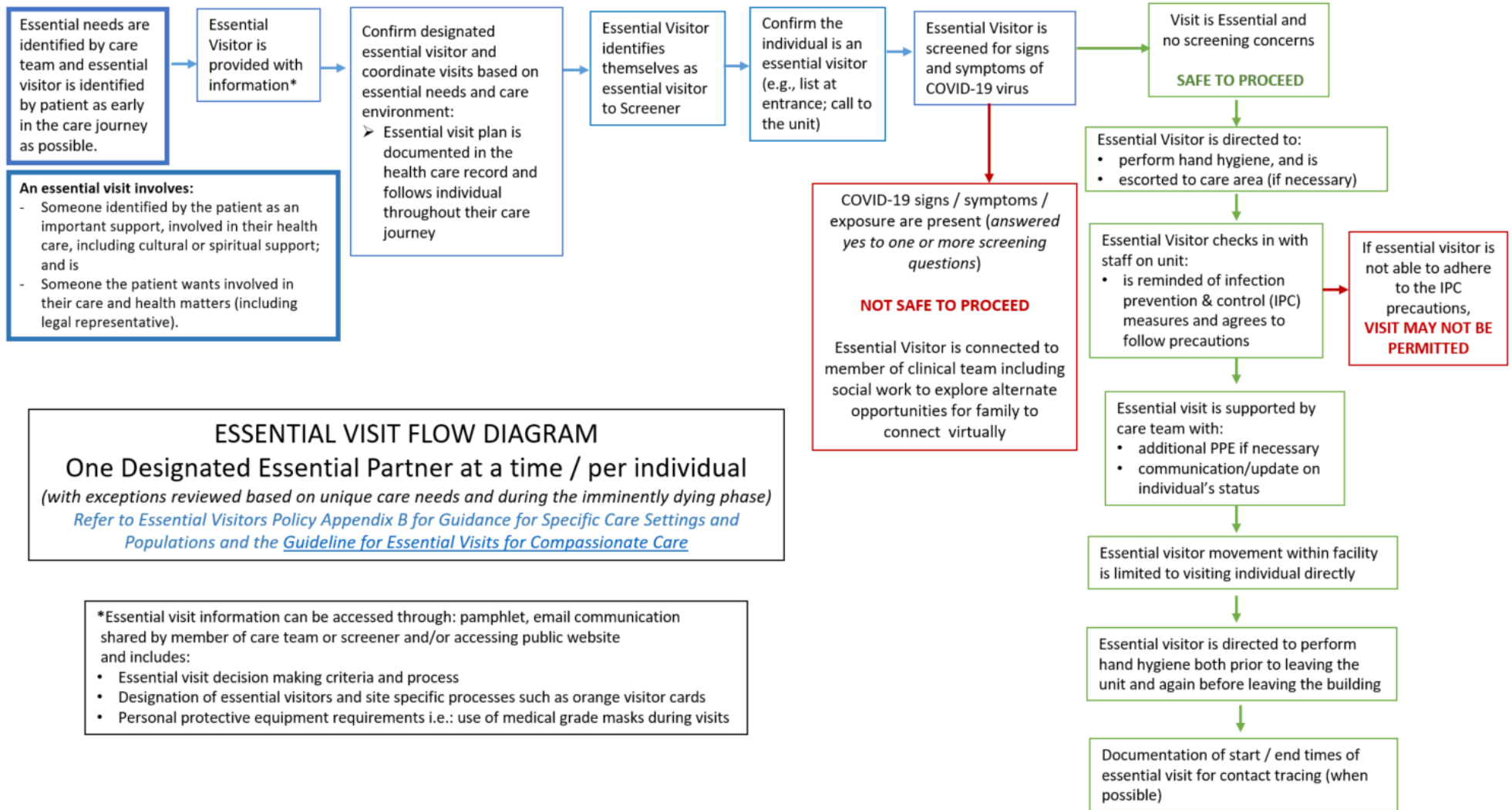
Based on the table above, if the care needs are determined to be essential, confirm that the visit can proceed safely:

- Consider care environment, current risks of transmission and availability of PPE. Consider safety of other patients in shared care settings (e.g., ED, shared rooms)
- Consider what strategies can be employed to permit and facilitate an essential visit wherever possible.
- Ensure decision making is consistent and equitable

Not Essential or Safe to Proceed – case conference with health care team to explore alternate opportunities for patients to connect virtually. In Long-term Care consider that both social visits and essential visits are permitted.

Actions Required:

- Demonstrate empathy, respect and compassion, explain reasons to both the individual and person requesting a visit, direct to support resources
- Explore non-physical / virtual visit options – with particular attention to hardy reached individuals.
- Document rationale for decision of “no visit” at this time
- Support care team members to access support resources if necessary



Essential Visitor Determination Scenarios

Scenario	Is this an Essential Visitor?	Discussion/Next Steps
<p>Patrick, an 86 year old male living at home, came to the Emergency Room with shortness of breath and confusion; his daughter was deemed an essential visitor for accurate history collection. Patrick was admitted to hospital and two days later improved significantly, now independent with self-care and communication. Staff are not sure if daughter is still an essential visitor.</p>	<p>At the time of his presentation to the Emergency Department, Patrick's daughter was an essential visitor because Patrick needed help with communication. If Patrick is communicating independently and does not require assistance with care in Acute Care then his daughter would no longer be qualified as an essential visitor.</p>	<p>No social visits are permitted in Acute Care during COVID-19 response. Staff should support Patrick and his daughter to stay connected through virtual or phone communication. Ongoing assessment of Patrick's ability to understand and retain important health related guidance will support staff in determining if Patrick's daughter should be reconsidered as an essential visitor, particularly during discharge teaching and discussions regarding follow-up care and treatment.</p>
<p>Jessica, a 29 year old woman, presents at her local hospital for delivery of her first child. Her partner and their doula plan to accompany her for the birth. Are the partner and/or the doula accepted essential visitors?</p>	<p>Yes, the doula is a member of the care team so not considered a visitor if noted on the birth plan. The partner would be considered an essential visitor; both the partner and the doula should be screened for COVID-19 symptoms upon entering the facility.</p>	<p>Care team would consist of physicians, nurses, and labour support (doula), through planned or unplanned developments leading up to and during the birth, other members may be added to the care team. The essential visitor is the designated partner, with accommodation of additional surrogate/adoptive parents (i.e., cultural support) added through discussion with the family and care team. It is important to take into consideration the ability of the facility to support the presence of members of the care team and the safety and comfort of other patients.</p>
<p>Mary, a 76 year old female in long term care, has three daughters. Her middle daughter provides assistance with meals twice per day.</p>	<p>Mary's middle daughter is an essential visitor.</p>	<p>Mary can have both social visitors and an essential visitor in long term care. Essential visits are limited to one visitor per resident at a time. Mary can also have up to two adult visitors (+1 child) at a time inside the facility for a social visit (that must be booked in advance). An outdoor</p>

Scenario	Is this an Essential Visitor?	Discussion/Next Steps
		visit can be arranged that aligns with current PHO guidance on outdoor gatherings.
<p>Sarah, a 42 year old patient, has been admitted with an acute illness and because no beds are available on the medical ward she is being kept in the Emergency Department. During the evening, John, a healthy 14 year old boy who has been injured playing basketball with his brother, is admitted to the Emergency Department. John's mother and his older brother are with him and they are in the bay next to Sarah separated by a thin curtain. John, accompanied by his mother and brother, is waiting for the doctor to stitch his wound. The mother and older brother are taking family pictures to post to social media.</p>	<p>John is a pediatric patient so the presence of his mother as an essential visitor is appropriate.</p> <p>John's brother would not be an essential visitor and the mother should be encouraged to seek alternate accommodations for the older son.</p>	<p>Patients and essential visitors need to be encouraged to consider the safety and comfort of other patients in shared spaces.</p> <p>The Audio Recording, Photographing and Videotaping by Visitors and Patients Policy should be shared with visitors and family as appropriate.</p> <p>Sharing the Essential Visitor Policy with patients and families could support fair and consistent decision-making.</p>
<p>Christopher is a palliative patient in long term care. Six family members want to spend time with Christopher before he dies.</p>	<p>Yes, provincial guidance supports essential visits for compassionate care including visits to palliative patients nearing end of life.</p>	<p>Christopher and his family would designate a spokesperson for the family who would schedule visits for the six family members. The number of visitors allowed at one time for compassionate palliative care visits would be dependent on facility capacity and safety.</p>
<p>Fredrick comes to visit wife Jane three times a day to help his wife eat in long term care.</p>	<p>Yes, Fredrick is an essential visitor as his presence is essential for assisting Jane with eating.</p>	

Appendix B

Guidelines for Specific Care Settings and Populations

Compassionate Care
<ul style="list-style-type: none"> • Northern Health Regional Guidance for Essential Visits for Compassionate Care
Emergency Departments (ED) (and other outpatient environments)
<ul style="list-style-type: none"> • Particularly in the context of EDs, “visits” (and/or visitors) may be unfamiliar language – the intent is to focus on patient support persons. • Patients may identify a primary and alternate essential visitor/support person (to attend one at a time) to accompany them while accessing ambulatory, emergency, or urgent care services when absolutely necessary. To avoid overcrowding in ambulatory care spaces and waiting rooms, patients should be asked to use virtual supports. • All support persons must be over the age of 14 for adult clinic visits. • A child’s attendance, when accompanying an adult, may require exceptions in emergency situations. • Breastfed infants shall be able to accompany their mother. • Northern Health Essential Visitors to Medical Imaging and Lab Appointments
Inpatient Settings
<ul style="list-style-type: none"> • Patients may identify a primary and alternate essential visitor/support person while admitted to an inpatient unit in an acute care facility but they must attend one at a time. • A designated facility screener/navigator should greet the essential visitor/support person to conduct the health screening and verify if the person is authorized to enter the site. • For pediatric/NICU care, in consultation with the Most Responsible Provider (MRP) on a case-by-case basis, two essential visitors/support persons may be permitted at a time. • For pediatric/NICU care, special consideration may be given to an asymptomatic designated essential visitor/support person who is under isolation. • Northern Health Essential visitors for maternity, neonatal intensive care unit (NICU), and Pediatrics during Covid-19 response (Novel coronavirus) • Northern Health ICU Assisted Communication Toolkit • In consultation with the MRP on a case-by-case basis, a stable symptomatic support person of a patient who is exclusively breastfeeding or a child who would endure trauma from separation from a primary caregiver would be permitted if Infection Prevention and Control protocols can be followed. • Breastfed infants shall be able to accompany their mother. • Cultural traditions should be taken into consideration. Aboriginal Patient Liaisons can assist.
End-of-Life Care (non COVID-19+ Patient Population)
<ul style="list-style-type: none"> • Palliative/end-of-life/hospice patients (non COVID-19+) will be supported with the designation of a primary and alternate essential visitors/support persons, but they should attend one at a time. <ul style="list-style-type: none"> ○ Exceptions can be considered based on unique care needs; during the imminently dying time (i.e., disconnection of ventilator), family members/support persons may

have extended visits or a vigil in consultation with the care team. Clergy and notaries can be considered for essential visits.

- Cultural traditions should be taken into consideration. Aboriginal Patient Liaison can assist with coordination as appropriate.
- Special consideration may be given to an asymptomatic designated essential visitor/support person who is under isolation. Symptomatic support persons are not to be permitted.

COVID-19+ Patient Populations (Droplet and Contact Precautions/Airborne Precautions)

- COVID-19+ 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 PPE, as appropriate, and be informed of all the risks. NH will provide appropriate PPE.
- If the essential visitor/support person is unable to adhere to appropriate precautions, the visitor shall be excluded from visiting. Virtual options will be supported as possible.
- If the patient is at end-of-life, in a cohorted COVID Unit with Aerosol Generating Medical Procedures (AGMP) occurring and airborne precautions in place, essential visitors are permitted with a test-fit N95 respirator. This also applies to COVID-19+ patients in an individual isolation room where AGMP is occurring. Care team consultation is required and risks communicated to the visitor.
- If possible, patients may be moved to individual private isolation rooms for end-of-life.

Maternity / Postpartum

- [Northern Health Essential visitors for maternity, neonatal intensive care unit \(NICU\), and Pediatrics during Covid-19 response \(Novel coronavirus\)](#)
- Parents or legal guardians of a neonate/infant/child are considered essential visitors
- The care team, in consultation with the MRP on a case-by-case basis, may permit other support persons (e.g., surrogate parent, or “auntie”, or doula) in addition to the one designated essential visitor/support person during labour and birth.
- Cultural birthing traditions shall be honoured.
- Designated essential visitors/support persons on a maternity ward must be 14 years of age or older. However, for compassionate reasons (such as at end-of-life) and on a case-by-case basis, exceptions will be considered in consultation with the MRP.
- Breastfed infants shall be able to accompany their mother.
- Special consideration may be given to an asymptomatic designated essential visitor/support person who is on isolation. Symptomatic support persons are not to be permitted.

Adapted from Ministry of Health. Visitors in Acute Care Facilities: Interpretive Guidance. Draft v16 October 21, 2020.

Long Term Care and Assisted Living

- [Script for Long-term Care when Calling Families](#)
- [Family/social visitation in Long Term Care and Assisted Living facilities](#)

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Author Title:	VP, Pandemic Response		
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	May 11, 2021	Revisions to reflect new Visiting Guidelines in Long-term Care and Assisted Living	Elder Services Program, VP Pandemic Response
	December 23, 2020	Addition of decision making guide and guidance for specific care settings and populations	VP Pandemic Response
	July 9, 2020	Further revisions to reflect current visitation recommendations.	Regional COOs; VP Pandemic Response
	May 1, 2020	Issued	Regional COOs; NH EOC
Contact policiesstandards@northernhealth.ca if further information is required.			
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