

## COVID-19 Caregiver and Visitor Policy

At the Pembroke Regional Hospital (PRH), the safety of our patients and our staff is paramount. Throughout the pandemic response to COVID-19, organizations have been required to restrict visitors to ensure the safety of patients, staff and communities. As the COVID-19 pandemic continues, PRH will frequently assess the impact of restrictions. Different levels of restriction are outlined in Appendix A.

Changes to the level of restriction will be based on risk and will be communicated to staff, patients, and the public. All patients are entitled to identify an essential caregiver/care partner, regardless of the level of visitor restriction.

Note: For the purpose of this policy, Clergy will be considered as a visitor/caregiver.

### SCOPE:

This policy applies to all visitors and essential caregivers in all clinical areas at PRH during the period of Pandemic Operations.

#### 1. GUIDING PRINCIPLES:

**Compassion:** PRH's vision is "delivering the safest and highest quality of care to every person, every encounter, and every day." This extends to policies for visitors and essential caregivers during the COVID-19 pandemic.

**Proportionality:** The policy for visitors should be proportionate to the level of risk. As PRH follows public health directives, we will respond to the changing levels of risk appropriately.

**Equity:** Following Catholic tradition, we will meet the physical, emotional and spiritual needs of all. Patients with similar needs should be viewed and managed similarly.

**Transparency:** The policy should be clearly communicated to patients, staff and visitors with a clear message that the organization will revise as necessary and will always focus on compassion.

#### 2. POLICY DETAILS:

##### Requirements of Caregivers and General Visitors:

The following requirements are applicable to all visitors and essential caregivers, regardless of the restriction level:

- a. All visitors and essential caregivers must complete and pass COVID-19 screening (passive or active)
- b. All visitors and essential caregivers must sign in upon arrival to the clinical unit for contact tracing purposes.
- c. Visitors and essential caregivers should be observed completing hand hygiene upon arrival to the Hospital, prior to donning/doffing PPE and prior to entering and when leaving a patient's room.
- d. Visitors and essential caregivers must follow COVID-19 Personal Protective Equipment (PPE) protocols, including universal masking with a medical grade mask at all times during their visit to PRH. Anyone visiting a patient on additional precautions must follow additional PPE protocols as indicated.
- e. Visitors and essential caregivers must minimize movement throughout the building, and must restrict their presence to the patient's bedside.
- f. Visitors and essential caregivers must comply with Infection Prevention and Control (IPAC) and PPE requirements once inside the Hospital. In circumstances where there is a lack of adherence, individuals may be asked to leave. This will be up to the discretion of the health care team/leader. Continued non-adherence may result in a temporary suspension of access.
- g. Patients with confirmed COVID-19 will not be permitted visitation by caregivers or visitors, except for patients at end-of-life or for exceptional circumstances. Visitors and essential caregivers visiting patients with confirmed COVID-19 must follow IPAC and PPE protocols. Visitors and essential caregivers visiting patients with confirmed or suspect COVID-19 must be provided with an un-fit tested N95 respirator, gown, gloves and eye protection. These exceptions should only be considered for essential purposes and should be approved by the Clinical Manager/Director (or delegate). The IPAC team should be consulted for assistance and guidance.
- h. Patients with suspect COVID-19 will not be permitted visitation by caregivers or visitors, except for patients' end-of-life or for exceptional circumstances until COVID-19 is ruled out. Visitors and essential caregivers visiting patients with suspect COVID-19 must follow IPAC and PPE protocols. These exceptions should be approved by the Clinical Manager/Director (or delegate). The IPAC team should be consulted for assistance and guidance.
- i. Visitation of children will only be permitted subject to the following requirements:
  - The child must be able to follow and comply with instructions regarding hand hygiene, the need to restrict movement to the bedside, and other recommendations provided by staff or the IPAC team.
  - Any child must be constantly supervised by an adult companion.
  - If staff determines that a child is unable to comply with these requirements, they may determine that the child needs to leave the facility.

- If the patient is positive for COVID-19, children will not be allowed unless they can effectively use PPE, which may not be possible with many children.
- j. If there is an outbreak in hospital or the community, guidelines for caregiver and visitor presence may be changed, in accordance with infection control policies for PRH.

### **3. Resuming Visits at PRH**

A coordinated approach is necessary to allow safe visitation. It is also important to maintain an approach for essential caregivers and visits for essential reasons, given that greater visitor restrictions may need to be reintroduced at various stages of the pandemic response, and because additional considerations or permissions may apply to patients in those categories.

The process outlined in **Appendix A** will be used to coordinate and facilitate visits. The Senior Leadership Team (SLT) is responsible to identify which phase of restrictions applies to the organization, based on the level of risk. Additionally:

- Visitors must continue to follow the guidance listed under section 2: Requirements of Caregivers and Visitors.
- Visitors will be permitted during regular visitor hours (1130-2030).
- Patients may have a visit from their clergy/faith leader if they have passed screening at the hospital entrance.
- For outpatient services, visitors will not be permitted. It will not always be possible to accommodate essential caregivers for outpatient services due to significant issues with physical space in many outpatient areas. In circumstances where patients and/or their substitute decision maker believes an essential caregiver is needed for safety, mobility or other exceptional reasons, every possible effort will be made to accommodate.
- Outdoor visits may be organized by the Clinical Team, if approved by the departmental manager/director, and only if appropriate coordination, screening, masking and supervision can be accomplished.

### **4. Essential Caregivers and Visits for Essential Reasons**

It is important to distinguish between visitors and essential caregivers. An essential caregiver is someone who might support with feeding, mobility, personal hygiene, cognitive stimulation, communication, meaningful connection relational continuity and assistance in decision-making. All patients are entitled to identify an essential caregiver regardless of the level of restriction.

Care teams will work with patients to understand needs, concerns, and identify a safe plan for their essential caregiver. These plans may include continued emphasis in the importance of minimizing unnecessary visits, and identification of alternative strategies to address patient concerns.

In circumstances where there is an outbreak or other overriding health and safety concern that cannot be mitigated, it may be necessary to restrict essential caregivers.

Other visitors should be permitted to see patients for essential reasons, regardless of restriction level, including:

#### **4.1 Patients at End-of-Life (applies to all levels of restriction)**

- a. Considerations applicable to all cases when patients are dying:
  - These end-of-life exceptions apply to all patients with palliative goals and are not limited to those who are imminently dying. Prognostication is challenging and allowing visitors only in the final days or hours reduces the opportunity for patients and families to have meaningful visits.
  - Visits should generally occur during regular visiting hours. Under exceptional circumstances where a patient is imminently dying, additional visits should be allowed at any time.
- b. Patients at End-of-Life with COVID-19

Limited numbers of individual should be allowed with the following considerations in mind:

- Loved ones will require appropriate PPE, as well as education on how to use PPE effectively. They must be observed donning and doffing PPE. Essential caregivers/ loved ones visiting patients with suspect or confirmed COVID-19 must be provided with an un-fit tested N95 respirator in addition to gown, gloves and eye protection.
- No more than two persons will be permitted to visit a suspected or confirmed positive patient at the same time regardless of room size, subject to the availability of PPE and staff who can assist with donning and doffing.
- Loved ones for a patient who is positive for COVID-19 may fail future screening and/or be subject to public health requirements for self isolation if they do not utilize PPE appropriately or use the correct PPE when visiting.

c. Patient at End-of-Life without COVID-19

These patients should be treated similarly to COVID-19 positive patients, although they may not require the same level of PPE.

A maximum of four people will be permitted to visit at one time. It may not be possible to accommodate the maximum number of visitors based on many factors, including the type of patient accommodation.

## **4.2 Maternal and Newborn Care**

### 4.2.1 (High and Intermediate Restrictions)

a. Labour and Delivery and Postpartum

- One support person for labour, delivery (including induction and operating rooms births) and postpartum stay. Must stay at the patient's bedside.

b. Postpartum reassessment

- Patients/babies who are readmitted for assessment may have their one support person with them.

### 4.2.2 (Low Restrictions)

a. Labour and Delivery and Postpartum

- Two individuals (visitors or essential caregivers) can be present at the bedside at the same time, with physical distancing. Exceptions may be required for units on outbreak.

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b. Obstetrical Ultrasound

- One support person may accompany patients

## **4.3 Emergency Department (applies to all levels of restrictions)**

Patients in the Emergency Department (ED) present with unique challenges with respect to caregivers/visitors as many patients are accompanied to the ED by someone and some of these patients may be at significant risk or dying.

a. Patients at risk of dying

- If loss of life is a concern, loved ones should be permitted. An appropriate number of loved ones will be determined by the care team, with consideration of physical space, distancing requirements and availability of PPE.

b. All other patients in ED

- Once screened at entry, one person may accompany a patient to triage

- The triage nurse will determine if the patient requires a caregiver to provide safe care. If permitted, the caregiver must restrict movement to the patient's bedside.
- Once a patient is admitted to the Hospital, caregivers may not be able to accompany the patient, based on other requirements outlined in section 2 of this policy.

#### **4.4 Meetings for Consent and Care Planning (applies to high and intermediate restrictions)**

In some circumstances, it may be necessary to allow substitute decision-makers for the purpose of obtaining informed consent and engaging in critical care planning discussions. The substitute decision maker(s) and one support person will be allowed, as required. Alternative means of communication should be attempted first.

#### **4.5 Children and Youth Patients (applies to high and intermediate restrictions)**

- One essential care partner should be permitted to accompany children and youth, whether in outpatient setting, or Emergency Department.
- In exceptional circumstances, two essential family caregivers may be permitted

### **CONFLICT RESOLUTION AND ISSUES MANAGEMENT**

For conflict resolution and issues related to this policy, continue to follow existing Patient Relations Process as outlined on the PRH website.

If a patient or caregiver has a concern during their stay, assure them that raising a concern or issue will not negatively impact their care in any way.

1. Encourage them to speak with any member of the care team. Try to address the concerns.
2. Refer the patient or caregiver to the Manager and/or Director for the clinical unit if they feel their concerns have not been addressed by the care team.
3. After regular business hours, refer the patient or caregiver to the Clinical Resource Nurse.
4. If resolution is not found escalate to the Visitor Committee.

### **VISITOR COMMITTEE**

The visitor committee will objectively review any issues/concerns related to caregiver/visitor eligibility at PRH during the COVID-19 pandemic. The committee will

consist of PRH Ethicist, Spiritual Care Coordinator, Patient Relations Delegate, Clinical Manager and Director of the unit involved. Decisions will be made on a consensus basis.

## APPENDIX A: Process for Resuming Visits During Pandemic Response

1. As clinical risk and community prevalence changes, PRH can move between these various stages to manage visitors in a clear, fair and transparent manner.
2. Movement between the stages will be determined by Senior Leadership Team (SLT)/Operations Committee, based on prevalence and feedback from community partners.

<p><b>FULL PANDEMIC RESTRICTIONS</b></p> <ul style="list-style-type: none"> <li>• Essential Caregivers and visitors for essential reasons only.</li> <li>• In cases where there is an outbreak or other overriding health and safety concern in a particular area that cannot be mitigated, essential caregivers and visitors for essential reasons may need to be restricted.</li> </ul>
<p><b>INTERMEDIATE PANDEMIC RESTRICTIONS</b></p> <ul style="list-style-type: none"> <li>• Patient may designate two visitors and two essential care givers only.</li> <li>• One visitor per patient per day.</li> <li>• Essential caregivers (one at a time only) may be present at the bedside at the same time as the visitor.</li> <li>• Stagger visits to avoid congestion.</li> <li>• Visitors to attend PRH only during regular hours of visitation (1130-2030).</li> <li>• Maintain exceptions for essential caregivers and visitors for essential reasons.</li> <li>• For outpatients, essential caregivers only if safety can be maintained.</li> </ul>
<p><b>LOW PANDEMIC RESTRICTIONS</b></p> <ul style="list-style-type: none"> <li>• Two individuals (visitors or essential caregivers) can be present at the bedside at the same time, with physical distancing. Exceptions may be required for units on outbreak.</li> <li>• Essential caregivers should continue to be identified by the patient to facilitate integration and communication.</li> <li>• For outpatients, essential caregiver only if safety can be maintained.</li> <li>• For patients at end-of-life, follow guidance outlined in section 4.1.</li> <li>• For Maternal and Newborn Care, . Two individuals (visitors or essential caregivers) can be present at the bedside at the same time, with physical distancing.</li> <li>• For Emergency Department, follow guidance outlined in section 4.3.</li> </ul>
<p><b>RETURN TO NORMAL VISITOR POLICY- NO RESTRICTIONS</b></p> <ul style="list-style-type: none"> <li>• Pre-COVID process and policy.</li> </ul>



## **REFERENCES:**

The Ottawa Hospital, COVID-19 Protocol: Exceptions and Ethical Considerations for Visitors and Essential Care Partners During COVID-19, 2021

Directive for EOC, Framework: Exceptions and Ethical Considerations for Visitors during COVID 19, March 19, 2020

Directive for EOC, Framework: Recommended Approach for Visits at End-of-life for Palliative Patients, December 3, 2020

Bruyere Hospital, Essential Visitor Committee and COVID 19 End of Life Visitor Restrictions and Definitions Policy, April 2<sup>nd</sup>, 2021

Ontario Hospitals Association, Care Partner Presence Policies During COVID-19, June 2021