

Patient Visitation Policy During COVID-19 - Public	Section: General
Effective Date: 6 th July 2020 (Final V4 – Working Document)	Original Date: 6 th July 2020 Revision Date: 8 th December 2020 Revision Date: 14 th December 2020 Revision Date: 18 th December 2020

Purpose:

During the COVID-19 pandemic, health systems are under extraordinary pressure necessitating robust infection prevention and control practices. Safety is imperative for health care workers, patients and community members alike. Families, loved ones and care partners are essential to the physical, emotional, social and spiritual wellness of patients at Headwaters Health Care Centre (Headwaters). This policy is temporary and provides a foundation to balancing connecting patients with loved ones with the need to provide a safe environment for health care workers, patients and visitors.

Any applicable orders or directives under the Health Protection and Promotion Act and/or the Emergency Management and Civil Protection Act will take precedence over the content of this policy and procedure.

Please be patient with us. This situation is changing rapidly. We are committed to delivering high quality care, listening to understand your needs while also addressing the changing demands. It is a challenging time and we appreciate you and thank you for your support. No barriers were intended in the creation of the policy and procedure.

Guiding Principles:

- Headwaters will follow most current Ontario Health (OH) and Ministry of Health (MOH) guidance regarding patient visitor recommendations. Aligning with the Province’s “Framework for Reopening our Province” a phased approach for reopening to visitation will be employed. Determining when to reopen (or reduce) visitation will depend upon:
 - Virus spread and containment in the local area (Dufferin & Caledon) and at Headwaters.
 - Health system capacity in acute care, Long Term Care (LTC) and at Headwaters.
 - Personal Protective Equipment (PPE) supply.
 - Staffing and resources.
 Refer to Appendix A
- Minimize the risk of COVID-19 exposure to staff, physicians and patients.
- Minimize the risk of patient safety by preventing community spread of infection into HHCC as per Ministry of Health (MOH) guidelines reducing the number of visitors and family members entering the facility.
- Support the emotional wellbeing of patients using innovative methods in facilitating connection and communication using technology.
- Manage the use of personal protection equipment (PPE) and other resources vital to controlling the exposure and spread of COVID-19.

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- The following substantive values were identified as most important in the development of our guidelines and visitor restrictions; proportionality, trust, reciprocity, stewardship, equity, compassion. (see Appendix B for further details)

Definitions:

For the purposes of this policy:

Visitor is defined broadly as any person who is entering the hospital to be physically present with a patient. This is inclusive of the definition of essential visitors articulated in the Ministry of Health COVID-19 Operational Requirements: Health Sector Restart. The term visitor may be used interchangeably with essential visitor/care partner/family caregiver/designated visitor.

Visitors may include, but are not limited to, family members, care partners, caregivers, support persons and friends.

The patient if capable, or the substitute decision-maker (SDM) of a patient who is incapable, will identify who the designated visitor(s). SDMs will suggest designated visitor(s) based on knowing what the patient preferences may be and to the best of their knowledge.

Essential Visitor (care partner): a person who provides personal, social, psychological, emotional and physical support, enable process of care and patient flow; and discharge from hospital.

Family Caregiver: Refers to any support person defined by the patient as family and is close with patient and may be taking care of or providing emotional and social support to the patient when they are transitioned home. Family is defined in the broadest sense and refers to people, family, friends, neighbours, colleagues, community members who provide critical and often ongoing person, social, psychological and physical support, assistance and care, without pay for people in need of support due to frailty, illness, degenerative disease, physical/cognitive/mental disability, or end of life circumstances.

Designated Visitor: This is the designated essential visitor/care partner/family caregiver that is the most familiar with the patient's diagnosis and health status and have been performing health care, treatment and person tasks for a patient with complex needs and attuned to subtle changes in their behaviour or status.

Critical Illness: Refers to patients who are in grave physical and morbid conditions (e.g. cancer, heart attacks and strokes)

Developmental Disability: A group of conditions due to an impairment in physical, learning, language, or behaviour areas. May impact day-to-day functioning and usually last throughout a person's lifetime.

Intellectual Disability: Involves problems with general mental abilities that affect functioning in two areas: intellectual functioning (such as learning, problem solving, and judgement) adaptive functioning (activities of daily life such as communication and independent living).

Life altering Event: Have an effect that is strong enough to change someone's life (e.g. end of life, childbirth, major surgery, critical illness, mental health crisis).

Mental Health Crisis: Any situation in which a person's actions, feeling and behaviours can lead to them hurting themselves or others, and/or put them at risk of being unable to care for themselves or function effectively in the community.

Screening: Refers to the process by which those entering the hospital are screened for symptoms of the virus through use of a screening questionnaire.

Vulnerable Patient: Someone who is or may be for any reason unable to protect and take care of themselves against significant harm or exploitation (e.g. patient under 18 years of age, has a cognitive impairment, significant developmental and/or intellectual disability or is unable to effectively communicate.)

Policy Statement:

Visitors who meet the following criteria will not be allowed entry:

- Have COVID-19 symptoms (see Appendix C)
- Have been outside of Canada in the past 14 days
- Has been tested positive for COVID19 and has not been cleared by Public Health
- Have had close contact with a confirmed or probable case of COVID-19 without wearing appropriate Personal Protective Equipment (PPE)
- Under the age of 16 years, unless accompanied by a designated visitor who is an adult.

Exceptions to the criteria above for visiting are reviewed on a case by case basis and decisions will be made in conjunction with Infection Prevention and Control (IPAC) Lead (e.g. children of patients who are end of life).

If visitors are not successful at COVID-19 screening stations, they will not be allowed entry to the facility and will be advised to go to the Assessment Centre for testing and given further advice and guidance.

Visiting Restrictions

We are taking a phased approach and gradually increasing visiting, following guidance from the Ministry of Health. The return of visitors will be different from before the COVID-19 pandemic period. **There will not be a return to open visiting at this time.** We will review and revise the visitor restrictions on a regular basis. Decision to reduce and heighten restrictions will be reviewed on an ongoing basis utilizing the guidance set out in Appendix A

Visitors at this time are deemed "essential visitors". Not all patients will be eligible for "essential visitors". This will be assessed on a patient by patient basis by the care team. The number of essential visitors is being restricted for the safety of all patients and staff, as COVID-19 continues to be present in our community.

Patients who are COVID-19 positive will not be allowed visitors unless in exceptional circumstances and this will be reviewed with IPAC for recommendations (e.g. End of Life).

Here are some of the important points you need to know about visiting at this time:

- Patients who are admitted and assessed to have essential visitors, must have visits scheduled with the care team.
- All patients who have been assessed for essential visitors can choose up to two people to designate as their essential visitors, however only one of the essential visitors may visit at any one time.
- Patient who are attending outpatient appointments, will be assessed if they require an essential visitor at the time of booking their appointment/treatment. Only 1 essential visitor can attend the appointment with the patient.
- The essential visitor will be restricted from moving freely around the hospital. Public washrooms and cafeteria are available for use.
- All essential visitors will be screened at the entrances. If screening is not successful, the essential visitor will not be allowed to enter the hospital.
- Essential visitors are expected to wear a medical grade face mask. Essential visitors for patients on the inpatient unit must wear a medical grade combination mask/visor, all other essential visitors must wear medical grade face masks. Masks will be provided to essential visitors at screening.
- If a visitor (or patient) refuses to wear a medical mask, they will not be permitted to enter.
- If a patient or visitor presents to screeners and indicates that they cannot tolerate a mask, they will be trusted in good faith and requested to wear a full-face visor for the duration of their visit.
- If a patient refuses to wear a full-face visor, they may be denied entry following consultation with their physician. (Exception for children under the age of 2 and in exceptional circumstances).
- Persons seeking care in the Emergency Department will be strongly encouraged to wear a mask, but not be denied care. If a patient is seeking care without a mask or face shield, please consult with the clinical team {including physician} responsible for the patient's care).
- If additional personal protective equipment (PPE) is required, it will be provided, and staff are available to advise and assist.
- Essential visitors must follow good hand hygiene practices and are expected to use hand sanitizer when moving between areas of the hospital. The care team will provide support and guidance as required.
- Essential visitors must maintain social distancing when appropriate (unless the patient requires physical support for walking, transitioning).
- Essential visitors should interact with their loved one ONLY and not anyone else in the facility. Please proceed or remain with the patient you are visiting/supporting and exit the hospital directly afterwards.
- Visitors must notify staff if they are not feeling well while visiting. If they begin to feel unwell, they will be instructed to call their healthcare provider or Telehealth Ontario.

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Visiting Restrictions by Department

Area	Days of Week	Visiting Hours	# of Essential Visitors if patients are eligible	Guidance
D Wing	Monday Wednesday Saturday	10:00am – 11:00am 11:00am – 12:00pm	1 visitor per patient per 1hr block	Must proceed and stay at patient bedside. Must sign/in out visitors log on the unit.
E Wing	Tuesday Thursday Sunday	6:00pm – 7:00pm 7:00pm – 8:00pm	Includes Paediatric patients.	
F Wing	Monday Wednesday Saturday		Must be scheduled via care team	
Critical Care Unit/Stepdown	Daily	24 hours	1 visitor per patient	
Obstetrics	Daily	24 hours	1 visitor per patient	Birth partner and Doula accompany for support in labour, birth and post delivery while in private room only.
Ambulatory Care	Daily	8:00am – :040pm	1 visitor per patient	Accompany for support. Will be assessed at the time of booking your appointment.
Dialysis	Monday, Wednesday, Friday	7:00am – 11:00pm 7:00am – 6:00pm	1 visitor per patient	Accompany for support. Space constraints exist and essential visitors will

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	Tuesday, Thursday, Saturday			be reviewed on a case by case basis.
Emergency Department	Daily	24 hours	1 visitor per patient	Accompany for support. Remain at patient bedside. Will be assessed by the care team.
Diagnostic Imaging	Daily	7:30am – 5:00pm	1 visitor per patient	Accompany for support. Will be assessed at the time of booking your appointment.

Staying Connected Virtually with Patients and their loved ones

We recognize the impact of isolation for patients and families during this difficult time and we are doing everything we can to help patients and loved ones stay connected. If you have a loved one at Headwaters Health Care Centre, please consider these alternatives to in person visits:

- The hospital supports the use of technology to connect with your loved ones through virtual options, like FaceTime, Zoom or telephone calls.
- Headwaters’ Wi-Fi is available free of charge, for patients to enable video calls to family and friends. The guest network can be found in your wireless settings with entry of a contact email address.
- Call a loved one in their room through the switchboard at 519-941-2410 – 0
- Patients can bring their own devices when possible to stay connected to loved ones through FaceTime, Skype, Zoom etc.
- When patients do not have access to their own personal devices, assistance may be provided to access to technology and assist with virtual visitation.

Personal Item Drop Off - Inpatients

- When patients are ready for discharge, personal items can be dropped off such as glasses, hearing aids, dentures, personal cell phone and clothing.
- All personal items must be bagged and tagged with the patient’s name, unit and bed number.
- Food cannot be dropped off for delivery to a patient’s room.
- Items can be dropped off at the Ambulatory Care Entrance between 6am – 8pm and will be picked-up by a member of staff from the unit indicated and delivered to the patient’s room.

Appeal Process

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Persons who are declined visitation may appeal the decision to restrict them. They can dispute a visitation decision made by the clinical team by following the appeals process, this includes dispute by the patient, the designated essential visitor or another member who has connection with the patient (e.g. family member who was not designated as an essential visitor by the SDM). Appeals should proceed in a timely manner. It is expected that the initial dispute will be communicated to the Patient Care Manager in the specific area.

Urgent Assessment: same day response, includes weekends.

- Patient with life altering event.
- This type of appeal should be reviewed by the Leader of the Department/Unit and escalated to the Visitor Appeal Panel immediately.
- The Leader will enter the visitation complaint into the hospital safety system.
- After hours the Hospital Services Coordinator (HSC) must be informed by the clinical team and a decision may be reached in consensus with the Administrator on-call.
- A decision will be made on the day the appeal was raised.

Non-Urgent Assessment: within 48 hours

- All patients, except those with Life Altering Events
- Leader of the Department/Unit to review appeal and enter details into the hospital safety system.
- Quality Team and Leader to review and consult with Visitor Appeal Panel and necessary stakeholders for review and decision.
- A decision will be made within 48 hours of the appeal being raised.

Visitor Appeal Panel

- During business hours the Visitor Appeal Panel consists of, members of the Quality Team, Department/Unit Manager, IPAC, Bioethics.
- After hours the urgent visitor appeals will be addressed by the Hospital Services Coordinator, and Administrator on-call.
- A minimum of three members should review appeals (i.e. Quality Team member, unit/department manager, IPAC, bioethics).

Appeals Information

- Information required in order to assess appeals: name of patient, name of essential visitor(s) and their contact information, patient location, patient reason for admission/visit, details explaining the reason for the appeal, expected length of hospitalization, days admitted, reason why the visitation is being denied.
- A consistent appeals criterion should be used (see Appendix D and decision making should be guided by Ethical Process values (see Appendix E).

- Appeals decisions should aim for consensus; when consensus is not feasible majority opinion should override.
- Visitation appeals metrics will be produced monthly from the hospital safety system by the Quality Team.

Appeals Decision

Visitation appeal decisions will be entered into the hospital safety system and the Unit/Department Manager will communicate to the person raising the appeal:

- the decision
- the rationale for the decision and,
- any recommendations or next steps including timeframes.

Approval Date	Approval Body	Approval Signature:
TBD	Joint Health & Safety Committee	 Kim Delahunt, President & CEO
TBD	Patient and Family Advisory Partnership	
TBD	Infection Prevention & Control Committee	
6th July 2020	Senior Management Team	
TBD	Executive Leadership Team	

References:

Ontario Hospital Association (June 2020). Care Partner Presence Policies During COVID-19.

Hotel-Dieu Grace Healthcare (June 2020). HDGH Patient Visitation Plan.

Humber River Hospital (June 2020). Visitor Policy During COVID-19 Draft.

The Ontario Caregiver Organization (March 2020). COVID-19.

Windsor Regional Hospital (May 30, 2020). Visitation Policy During COVID-19 May 30, 2020.

Windsor Regional Hospital (no date). Visiting the Hospital.

Ontario Health, Framework for Reopening our Province (April 27, 2020).

Change Foundation 2019. Spotlight on Ontario's Caregivers Report (https://changefoundation.ca/wp-content/uploads/2019/11/Spotlight-on-ontario-caregivers-2019_final.pdf)

Ontario Health, Toronto Region COVID-19 Hospital Operations Table Guidance Documents, March 20, June 17, June 23, 2020

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Appendix A – Criteria to consider – Determining when to ease Family Visitation Restrictions

Headwaters will utilize the following four criteria outlined in the Ministry documents (Framework for Reopening our Province) when considering moving to the next stage in our policy. These will be evaluated at the regular intervals and will identify one of the following actions:

- Revert to the previous stage
- Remain at the same stage
- Progress to the next stage

 Virus spread and containment	 Health system capacity	 Public health system capacity	 Incidence tracking capacity
<p>Ensures loosening of measures is appropriately timed with the progression of the epidemic in Ontario.</p>	<p>Ensures there is an effective response to any potential case resurgence.</p>	<p>Ensures there is an effective public health response to any potential case resurgence.</p>	<p>Ensures that any potential resurgence in cases can be identified promptly.</p>
<ul style="list-style-type: none"> • A consistent two-to-four week decrease in the number of new daily COVID-19 cases. • A decrease in the rate of cases that cannot be traced to a source. • A decrease in the number of new COVID-19 cases in hospitals. 	<ul style="list-style-type: none"> • Sufficient acute and critical care capacity, including access to ventilators, to effectively respond to potential surges. • Ongoing availability of personal protective equipment (PPE) based on provincial directives and guidelines. 	<ul style="list-style-type: none"> • Approximately 90 per cent of new COVID-19 contacts are being reached by local public health officials within one day, with guidance and direction to contain community spread. 	<ul style="list-style-type: none"> • Ongoing testing of suspected COVID-19 cases, especially of vulnerable populations, to detect new outbreaks quickly. • A shift to new and other ways of testing and contact tracing to promote widespread tracking of cases.

As the province eases public health measures, these criteria will also serve as the framework for ongoing monitoring of progress and identifying when a change in direction is required. For example, the Chief Medical Officer of Health may also advise reapplying certain public health measures to manage the risk of recurring surges, outbreaks or future waves.

Appendix B – Substantive Values

Substantive values taken from Ethical Framework, to maintain a compassionate stance and ensure that care is aligned.

Proportionality requires that restrictions to individual liberty and measures taken to protect the public should not exceed what is necessary to address the actual level of risk. Restrictions therefore need to balance the current risk and circumstances, using the least restrictive measures.

Trust is an essential component in the relationships between clinicians, patients, family caregivers, staff, and the hospital. Early and sustained engagement with patients and family caregivers will help maintain confidence in the trustworthiness of the organization and their health care team.

Reciprocity requires that society supports those who face a disproportionate burden in protecting the public good and takes steps to minimize their impact. Given that family caregivers are asked to make significant sacrifices pertaining to 2 visiting and caregiving for loved ones, organizations should make every effort to maximize opportunities for alternate communication (e.g. daily updates, virtual visits).

Stewardship requires organizations to responsibly manage scarce resources, supplies and health human resources during a pandemic. Personal Protective Equipment (PPE) is in very short supply and will be needed for staff and physician protection and ability to deliver care.

Equity in our approach requires treating similar cases similarly, and different cases differently so to ensure all persons in the same category (at different levels of urgency/acuity) are treated in the same way. Health equity impacts must be considered against all decision and policies created related to visitation (e.g., a single mother would not be prohibited from bringing her child into hospital).

Compassion encompasses caring about the wellbeing of others and providing latitude in dealing with exceptional circumstance. It can be argued that on compassionate grounds, dying patients should have visitors when others may not.

Appendix C– COVID-19 Patient Screening Guidance Document (Version 4.0 – June 11, 2020)

http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/2019_patient_screening_guidance.pdf

Due to the changing nature of this guidance it is advised to go to the website to ensure current version is being referenced.

Appendix D – Appeals Criteria

Criteria	Description
Safety, security and well-being of patients	<ul style="list-style-type: none"> • Patient’s safety and well-being will be compromised significantly without a visitor. • Crisis, harm or dysfunction is foreseeable or occurring as a result of lack of access to visitors. • There is an imminent risk to patient, staff or others (e.g. violent/dangerous behaviours, falls risk) that is reasonably foreseeable or occurring as a result of lack of access to visitors.
Essential to the patient or visitor’s well-being	<ul style="list-style-type: none"> • There is a significant potential for long term harm or severe short-term harm without visitation (i.e. dying patient with young children, existential crisis of a patient considering changes goals of care from curative to palliative). • Patient is declining overall without visitor or losing functional ability.
Patient wishes	<ul style="list-style-type: none"> • Patient has articulated a strong wish for the visitor(s).
Health equity impact	<ul style="list-style-type: none"> • Granting the appeal will address health equity concerns (e.g. a single mother who needs to bring a child with her).
Mission, vision, values	<ul style="list-style-type: none"> • The decision is consistent with the purpose, strategic directions and values of Headwaters.



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Appendix E – Ethical Process Values

When reviewing appeals, the following values will help to ensure a fair decision-making process is achieved.

Value	Description	Example
<i>Accountability</i>	Decision makers must be accountable for those decisions—that is, they should justify their decisions and be held responsible for them. Defense of decisions should be grounded in the ethical values and principles outlined in this document.	Hospital executives are accountable to their Boards, staff and patients.
<i>Inclusiveness</i>	Decisions should be made explicitly with stakeholder views in mind and there should be opportunities for stakeholders to be engaged in the decision-making process.	Decision-making related to visitors should include the input of stakeholders.
<i>Openness & Transparency</i>	Decisions should be transparent to the public. This means that the process by which decisions were made must be open to scrutiny and the basis upon which decisions are made should be publicly accessible to affected stakeholders.	There should be a communication plan developed in advance to ensure that information can be effectively and transparently disseminated to stakeholders.
<i>Reasonableness</i>	Decisions should be based on reasons (i.e., evidence, principles, values) that stakeholders can agree are relevant to meeting health needs in a pandemic crisis.	Decision makers should provide a rationale(s) for permitting, limiting or precluding visitors.

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