

1. Introduction

1.1 Purpose

To establish guidelines and ensure consistent practices for patient directed family presence at all Providence Health Care (PHC) acute care sites) during COVID-19 Recovery. It is intended to replace the Family Presence Policy for all PHC sites on a temporary basis.

1.2 Scope

This policy applies to all PHC Staff (unionized and excluded), other credentialed professionals, volunteers, students, contractors and vendors (collectively, these individuals are referred to as “Persons”) who attend a Patient Care Location.

This policy also applies to the family as defined by the patient. When the patient is unable to define family, the patient’s **(Substitute Decision Maker (SDM))** provides the definition.

2. Policy

Patients admitted to an acute inpatient facility will be asked to identify a Designated Family/Support Person “Family” for visiting purposes during the patient’s hospital stay, except for Maternity unit, Surgical Day Care and Ambulatory Care areas.

“Family” is integral to the patient’s life and healing. “Family”, as identified by the patient, provide support, comfort, and important information during their hospital stay and as essential visitors during COVID-19 Response are welcome 2 hours once a day.

In light of the current pandemic, this policy is guided by best practices and direction from Infection Prevention and Control and Public Health Office and will be amended as required as public health needs change.

3. Responsibilities

3.1 Admission: Unit Requirements

- Patients will be asked to identify “Family” who may visit once a day for the duration of the acute care stay, for a maximum of 2 hours once a day.
- A substitute decision maker may identify the designated individual if the patient is not able to do so independently.
- The names of the “Family” will be noted in the patient plan of care and at visitor check-in location on the unit.
- “Family” may be involved in care to the extent the patient desires, in collaboration with the care team.
- Unit coordinator or a designate will record the date/time of the “Family” visit (For contact tracing purposes).
- Unit coordinator or a designate will properly COVID screen the “Family” before entering the patient room. If there are concerns regarding any of the answer the most responsible clinician may have a conversation with the family/support person.

- “Family” whose behaviour is disruptive or infringes upon others rights, or safety, may be asked to leave. Consultation with Integrative Protection Services (Security) may be necessary for assistance.
- During the hours of 8:00 pm - 6:00 am “Family” is required to enter through the designated after hours entrance.
- Individuals who have signs and symptoms of communicable disease and present a risk of transmission of illness will be asked to leave or postpone their visit in order to maintain the safety of the patient and/or staff member. “Family” members should speak with their care team for more information.
- A member of the health care team will provide and review instructions for “Family”.

3.2 Written Instructions for “Family” will include:

- Information to advise that all “Family” is required to adhere to risk mitigation strategies to keep all persons safe – including screening at the hospital entrance, traveling directly to and from the unit, avoiding congregating in hallways or common spaces, maintaining 6 feet of distance (2 meters) from others, performing frequent hand hygiene and proper PPE donning and doffing if required.
- Information that “Family” must not enter the hospital if they meet any of the following criteria:
 - They have any symptoms of an illness or are feeling unwell.
 - They are self-isolating for COVID 19
 - They are being tested for COVID 19
 - They have tested positive for COVID 19 and are not yet cleared by Public Health.
- Information on maximum length of visit being 2 hours once a day.
- Information about maintaining safe social distance from others in a shared room. If the patient room is spacious enough to maintain 6 feet of distance between all persons (taking into account other patients in the room).
- Visits must take place in the patient’s room.

3.3 Children

Children age 16 years or under may be a designated “Family” visitor if accompanied by an adult.

3.4 End of Life

All persons considered to be at the end of life can have “Family” with them as much as required, and as much as can be safely accommodated in the clinical space. For further clarity, if the room is large enough (considering other patients) up to two individuals may be permitted at a time. However, there is no limit on the number of different individuals who can visit overall, although visits need to be coordinated with the care team.

3.5 Maternity

In this area, just one “Family” member is welcomed with each patient and has access for greater than 2 hours each visit following screening process. In consultation with the care team, one other support person such as a doula is welcomed.

3.6 Outpatient

Patients may identify “Family” to accompany them while accessing ambulatory or emergency care services. There may be circumstances where physical distancing with other patients within clinic areas will not allow for “Family”. In these cases, staff will communicate this to the patient and discuss options based on patient need.

3.7 Surgical Day Care

Patients may identify “Family” to accompany them for planned day surgery procedures. There may be circumstances where physical distancing with other patients and “Family” within clinical areas will not allow for the “Family” to remain in attendance. In these cases, staff will communicate this to the patient and family and discuss options based on patient need.

4. Compliance

Any Persons found in violation of this policy may be subject to remedial and/or disciplinary action up to and including termination of employment, cancellation of contract and/or revocation of privileges.

Any “Family” found in violation of this policy may be denied access to hospital.

5. Supporting Documents

5.1 Related Policies

- 5.1.1 Hand Hygiene
- 5.1.2 Respect at Work
- 5.1.3 “Family” Presence

6. Definitions

“End of life” is a time frame that is difficult to determine for each patient living with a life limiting or serious illness and usually reflects a period of days to short weeks of life until death is expected.

“Disruptive behaviours” are defined as those that place patient, family, friends, staff, Persons, or facilities at risk and infringe upon others’ rights and/or safety.

“Family” is defined by the patient. When the patient or resident is unable to define family, the patient or resident’s substitute decision maker provides the definition. “Family” is the person who provides the primary physical, psychological, or emotional support for the patient. Family is

not necessarily blood relatives. “Family” is encouraged to be involved and supportive of the patient or resident and are integral to the overall well-being of the patient or resident.

“**Patient**” is an individual under the care of the hospital who has his or her own set of beliefs and habits, and his or her own unique family and support group.

“**Patient directed visiting**” allows access to the patient or resident when they desire in collaboration with his/her care team. This includes evenings, weekends, or any other time a patient or resident so desires family to be present. In situations where the patient or resident lacks capacity, the patient or resident’s SDM establishes parameters in collaboration with the care team.

“**Substitute Decision Maker (SDM)**” means any of a Representative, a Committee of the Person, or a Temporary Substitute Decision Maker as defined below:

- **Representative** means a person chosen by the patient when the patient was capable, who meets basic criteria and has entered into a Representation Agreement as part of advance care planning.
- **Committee of the Person** means a person appointed by court order of the Supreme Court of BC under the Patients Property Act, giving them broad decision-making powers on behalf of the patient. This order will usually be in force for a long period of time.
- **Temporary Substitute Decision Maker (TSDM)** means a person temporarily appointed under the Health Care (Consent) and Care Facility (Admission) Act as a substitute decision maker. The health care provider must choose the first of these, who is available and qualifies:
 - a.) the patient’s spouse (in the case of a married person who is separated but in a common law relationship, the common law spouse should be selected);
 - b.) the patient’s child;
 - c.) the patient’s parent;
 - d.) the patient’s brother or sister;
 - e.) the patient’s grandparent/grandchild;
 - f.) anyone else related by birth or adoption to the patient;
 - g.) a close friend of the adult
 - h.) a person immediately related to the adult by marriage.¹

7. References:

¹ Health Care (Consent) and Care Facility (Admission) Act, Section 16.1
Institute for Patient and Family-Centered Care website Accessed on July 22, 2013, via:
<http://www.ipfcc.org/advance/topics/supporting-family-presence.html>