
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](#)

DEFINITIONS: **Designated caregiver/support person** - A designated caregiver/support person is an asymptomatic person that may visit or remain with the patient throughout the admission.

DOCUMENT QUICK LINKS

- [COVID-19 Essential Visitors Poster](#) (10-800-6009)
- [COVID-19 Essential Visitors in Mat/Child/NICU poster](#) (10-800-6022)
- [COVID-19 Ethical Decision-Making Framework](#)
- [Long Term Care Home Staff Script for Developing a Communication Plan, Delivery and Transfer of Personal Items and Visitation](#)

POLICY

This visitation policy was developed and implemented to balance the risk of infectious disease transmission and the promotion of person and family-centered care³. These guidelines apply to all patients/residents including those that are COVID-19 potential or positive.

During the novel coronavirus pandemic, visitors in all care areas are restricted to essential visitors only as outlined below.

- These restrictions must be employed with compassion.
- Adhering to protective personal equipment (PPE) requirements during essential visits is mandatory and the agreed upon visiting routine must minimize visitor use of PPE. Refer to [Droplet Precautions](#).
- This policy supports the BC Ministry of Health requirements for preventing and controlling novel coronavirus
- All staff must abide by this policy to protect the patients, families, clinicians, health care workers and the public.

PROCEDURE

1. All visitors to health care facilities must be screened for COVID-19 symptoms. This includes Long Term Care and Assisted Living facilities.

- [NH Emergency Department Regional Response Guideline](#)
2. Determine if visit is essential.

BC Ministry of Health¹ indicates that essential visits include:

- Visits for compassionate care (e.g., imminent end of life and during critical illness);
 - Visits considered paramount to patient/client care and well-being, such as providing medically necessary care, and emotional support during times of crisis or other violent/traumatic events.
 - Visits by designated representatives for communication assistance for persons with hearing, visual, speech, cognitive, intellectual or memory impairments.
3. All visitors to the facility/unit must sign in on the [visitor sign in sheet](#)
 4. All efforts will be made to 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. It is essential that open lines of communication between health care teams, the patients and their families are established immediately. Personal items may also be dropped off by family members. Refer to [guidance for staff](#) and [guidance for patients/family](#).
Additional resources to support communication with patients on ventilators include [ICU Assisted Communication Toolkit](#).
 5. Visitors should be restricted to one asymptomatic (respiratory) essential visitor at a time, but this may be increased on a case by case basis, in exceptional circumstances, upon consideration by the clinical care team and in the context of the clinical and facility situation. To ensure clarity for the health care team as to who to notify in the event of a rapidly changing health status, the patient/resident should designate up to three people to be essential visitors, again ensuring only one visitor at a time unless otherwise agreed to by the health care team. Refer to the specific care setting guidelines below for additional information regarding Long Term Care and Assisted Living facilities.
 6. In situations that involve large families or many community members that would like to visit, the most responsible clinician is to request a spokesperson for the family to assist in developing an essential visitor plan. Please use Indigenous Health resources such as Aboriginal patient liaison workers to support discussions if appropriate. Use of technology is encouraged to facilitate connecting the patient/resident virtually with those who are not able to visit; however, the importance of in-person visitation for indigenous communities cannot be understated and accommodations should be made to support culturally safe care.
 7. As per Ministry of Health direction, Northern Health staff must teach visitors the appropriate donning and doffing procedures for PPE. Visitors must follow direction from physicians and staff at all facilities. Visitors are not to spend time in

common areas of the facility and are asked to exit the facility immediately after their visits.

8. Guidelines for specific care settings and populations:
 - [Patient and family visiting guidelines](#) (10-800-6003)
 - [Essential visits for compassionate care](#)
 - Designated support person for a victim of domestic abuse, sexual assault or other violent/traumatic event may include a victim service or support staff member from a social service agency
 - [Essential visitors for maternity, neonatal intensive care unit \(NICU\) and Pediatrics during Covid-19 response \(Novel coronavirus\)²](#)
 - [Family/social visitation in Long Term Care and Assisted Living facilities](#)
9. 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](#).

REFERENCES

1. BC Ministry of Health policy communique: Infection prevention and control for novel coronavirus (COVID-19). March 20, 2020. Retrieved April 21, 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 Women's and Children. (March 27, 2020). COVID-19 Visitor Restrictions. Retrieved April 21, 2020 from <http://policyandorders.cw.bc.ca/resource-gallery/Documents/Infection%20Control/C-0506-11-60580%20COVID-19%20Visitor%20Restrictions.pdf>
3. Government of Canada. (2020.) Infection Prevention and Control for coronavirus disease (COVID-19): Interim guidance for acute healthcare settings. Retrieved April 21, 2020 from <https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/health-professionals/interim-guidance-acute-healthcare-settings.html#a4.8>

REVISION HISTORY			
Initial Effective Date:	May 1, 2020		
Approved By:	Northern Health Emergency Operations Centre		
Author Title:	Associate Chief Operating Officer (NI Rural)		
Revision History:	Effective Date:	Description of Changes:	Reviewed or Revised by:
	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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