

**Pandemic (Covid-19) Care Partner Visiting Guidelines**

**Purpose:**

GRH acknowledges the critical importance of having [care partners](#Care) (family members and friends) engaged in patient care. It has been necessary to restrict visiting to mitigate risk during the peak of COVID-19 pandemic, as declared by the World Health Organization on March 11, 2020. ***The GRH Pandemic visiting guidelines outlines restrictions to visiting*** in different stages of pandemic and recovery and aligns with Ontario’s COVID-19 response. The guideline ensures the protection of patients and staff and where appropriate allows for a flexible and adaptive approach, taking into consideration the patient circumstance, the role of the care partner, the hospital setting and the local Covid-19 situation. ***These guidelines may continue to be updated as the situation changes and new information becomes available.***

**Guideline:**

* Visiting by Care Partners (inpatient or outpatient) will occur according to the identified Pandemic Visiting Phase and in accordance with Mandatory Vaccine requirements ([Appendix L](#AppendixL)) and limited exceptions:
* All care partners will be required to enter and exit through designated doors and participate in screening activities. ([Appendix D Screening Process)](#AppD) and must:
	+ Be free of symptoms (classic or atypical signs and symptoms)
	+ • Is not required to quarantine as per the Federal Quarantine Act
	+ Has not had close contact with a person who has or is suspected to have COVID-19
	+ Is not living or working in a setting that is part of a Covid-19 outbreak
	+ Has not been advised to self-isolate or quarantine at home
	+ Has not been advised they are positive for Covid-19
	+ Must be18 years of age or older
* Care partners will:
	+ wear a hospital-provided mask at all times
	+ follow strict hand hygiene guidelines; gloves are not to be worn unless the patient is on additional precautions
	+ don additional PPE depending on the patient circumstances and treatment plan
	+ be at least 18 years of age; consideration will be given to younger care partners in exceptional circumstances/compassionate grounds
	+ comply with spatial distancing requirements in consideration of other patients, visitors and staff required to be in the space
	+ be restricted to the immediate area of the department they are in and will not.
	+ visit in identified areas as determined by the unit and hospital pandemic visiting phase
	+ Not be permitted to travel with the patient to other areas of the hospital if not required
	+ use public washrooms only (exception where essential criteria are met and the care partner cannot leave the room)
	+ Not eat or drink in the patient space. Additional restrictions regarding food/food delivery and personal items restrictions are outlined in [Appendix F](#Food)
* Care partners will be identified by the patient/SDM. Some pandemic visiting phases will required care partners to be designated in consultation with care team at the time of admission and/or as needed. Any future changes to the designates requires approval from the area Clinical Manager. See [Appendix G](#AppG) for escalation process if there is disagreement about the visiting restrictions.
* Generally, all patients will be permitted to have some level of care partner presence, daily, when possible: this will vary according to the current pandemic visiting phase (see [Table 2](#Tab2)).
* Other factors may affect GRH’s ability to support care partner presence including: unit outbreaks, environmental limitations and other safety factors.
* Patients who are COVID positive or suspect positive will generally not have in-person presence of care partners. If essential care partner visiting is necessary (see criteria below), then a planned visit will be coordinated between the clinical team, the care partner and Infection Prevention and Control (IPAC). Alternative options such as virtual visits and phone calls are strongly encouraged.
* Care Partners are encouraged to arrange in-person visits with the inpatient unit or outpatient clinic directly. In some pandemic visiting phases, visits must be pre-booked. When pre-booked, Care partners will be pre-screened when the visit is booked and provided information about restrictions/expectations of visit (length of time, restricted areas, infection control precautions etc.)
* Upon arrival Care partners will be logged/tracked to ensure the ability to contact trace.
* At the Care Partner’s first visit, as part of the screening/entry process, they will be oriented to expectations of their role and responsibilities of the organization.
* Upon arrival, care partners will follow the established sign-in process (green armband for essential visiting provided by the unit or verification of a scheduled visit)
* Care partners who fail the screening will be not be permitted to enter the hospital, and the visit will be cancelled. Exceptions:
	+ See [compassionate grounds exemption](#Compassionate) below.
	+ See information regarding exemptions to the [Quarantine Act](#Quarantine) below
* Care partners will be educated regarding infection control precautions, PPE requirements, spatial distancing requirements and any other restrictions
* **Visiting virtually or by telephone** continues to be strongly encouraged and facilitated by GRH staff as needed to minimize in person visits as much as possible. See Virtual & Telephone Visits [Appendix J](#AppJ)
	+ Note: Recordings related to virtual visits is limited as per administrative policy ADM-A-1080 (http://intranet.grhosp.on.ca/Default.aspx?cid=5785&lang=1)
* Care partners who are not cooperative with identified restrictions and infection control practices will be asked to leave.
* The approach to visiting is subject to change and individual visits may be cancelled in consideration of the patient circumstance, the role of the care partner, the hospital setting and the local Covid-19 situation

**Definitions:**

Care partner: Care partners are individuals identified by patients or substitute decision makers as being essential for their well-being and providing direction in their care, and/or whose presence enhances their stay and contributes positively to their overall healing process.

Care partners do not include general visitors who wish to bring their well wishes in person.

The Ontario Hospital Association states family caregivers are care partners and defined as follows:

*“Definition of Family Caregivers: Family is defined in the broadest sense. It refers to people – family, friends, neighbours, colleagues, community members — who provide critical and often ongoing personal, 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 (Change Foundation 2020)“Care Partners are distinct from casual “visitors.” Because they know their loved one best, they are uniquely attuned to subtle changes in their behavior or status. This makes the presence of Care Partners an important strategy for reducing the risk of preventable harm.” (Planetree International 2020)* (OHA 2020 p.3)

Essential visiting criteria**:** the criteria used to define an exceptional circumstance to support an exemption from the current visiting restrictions. Essential visiting criteria may apply in any pandemic visiting phase.

Visiting: in this guideline and throughout the phases of the pandemic, visiting refers to care partner presence

**Essential Care Partners by Patient Population (**[**Table 1**](#Tab1)**)**

To protect the safety of patients and staff during the pandemic, it is necessary to restrict care partner presence according the current Pandemic Visiting phases. In any phase, exceptions can be made based on essential criteria as outlined in [Table 1](#Tab1). The care partner category does not distinguish between family, friends or privately paid supports (e.g. sitters, private health care aids)(see Care Partner definition above). **Regardless of the phase, *essential care partner visiting only* may need to be implemented depending on the circumstances surrounding the individual patient, the hospital unit and the contextual considerations of the hospital and/or community during the pandemic.** Essential care partners are defined as per Category 1 & 2 below, providing some categorization for use through the phases.

**Risk Assessment: Determining Phase of Pandemic Visiting**

An organizational risk assessment will be completed to determine which risk level and which pandemic visiting phase is most appropriate to GRH. As circumstances change, risks will be re-evaluated while considering the benefits of care partner presence. An example of the risk assessment used by GRH is provided in [Appendix A](#AppA) whereby the probability of a risk factor occurring is evaluated in addition to the impact of the risk occurrence. Combined, these help GRH understand the overall level of risk in the situation. The model does not offer a numeric total risk score and there will be times risk levels for each area will be disparate, requiring the organization to consider the overall situation to make a determination.

**PANDEMIC VISITING PHASES (**[**Table 2**](#Tab2)**):**

As outlined below in the phases, generally care partners will be limited to ONE visitor at a time for a defined period, except on [compassionate grounds](#Compassionate) or as defined by essential criteria (see [Table 1](#Tab1)). Essential Care Partner criteria may be met in any phase. **GRH may need to restrict care partner presence to essential care partners only in the event of an outbreak, other hospital factors (such as staffing resources, PPE supply etc), local/regional variables or direction from Public Health.**

1. **Lockdown** (Maximum Measures): This phase will allow limited on site access. Patients may designate one care partner during their hospitalization. At the discretion of the clinical manager, a second care partner may be designated to provide relief to the first. Visits may occur once daily, must be scheduled in advance and according to unit specific process for up to 1-2 hrs.
2. **Restrict and Control** (Intermediate & Stringent Measures): This phase will allow moderate on site access, beginning a careful, staged approach to relax the visitation restrictions while ensuring safety for patients and staff as the main priority. Patients may designate two care partners during their hospitalization. Visits may occur once daily, one designated care partner per day, must be scheduled in advance and according to unit specific process for up to 1-2 hrs.
3. **Prevent and Protect** (Standard and Strengthened Measures): This phase allows more onsite access to a broader group of care partners per patient. Patients are not required to choose designates or limit care partners. Visits may occur once daily, one care partner per visit, must be scheduled in advance and according to unit specific process for up to 1-2 hrs.

Based on the GRH and regional risk assessment, care partner visiting will be gradually resumed for inpatient and ambulatory care areas. The phased approach will be flexible and adaptive, taking into consideration the patient circumstance, the role of the visitor, the hospital setting and the local Covid-19 situation. The approach will be balanced to reduce risk to patients, staff and visitors while supporting patient quality of life including mental, physical and spiritual needs. The approach in each phase is additional to the essential care partner criteria, and will increase the frequency, duration and number of care partners in a gradual way. General visiting (by individuals who are not care partners and wish to bring well wishes to patients) will return after recovery from the pandemic.

The implementation of each phase will be monitored for impact on patients, staff, visitors (workload, available PPE, patient needs, infection rates community/hospital). The length of time in a given phase or progression to the next phase may be impacted by this evaluation.

Compassionate Grounds Exemption

Definition: Exemptions to visiting guidelines will be considered on compassionate grounds on the basis that the patient is at or near end of life or is at high risk of last possible meaningful interaction.

The following applies for *care partners* with exemptions on compassionate grounds:

* 1-2 visitors (as chosen by the patient/SDM) at one time
* May be under 18 years of age
* Spatial distancing requirements must be maintained, except for members of the same household
* In semi-private or ward rooms, the presence of other patients/visitors must be taken into consideration for spatial distancing – contact IPAC for assistance as needed
* Consideration to using alternate space to better facilitate spatial distancing will be given, if space is available.

If there are requests by patient or family for spiritual, religious or cultural ceremonies, rituals and rites during the dying process or when death is imminent:

* Contact Spiritual Care through switchboard between 8:30-4:30pm Monday-Friday, and evenings and weekends through the After Hours Clinical Administrator. GRH spiritual care practitioners will continue to provide support and facilitate connection to faith community, traditional and cultural leaders as needed.

Requests to visit the morgue after the end of life cannot be accommodated at this time. Family members, loved ones, will be asked to coordinate visitation directly with the funeral homes.

Quarantine Act and Care Partner visits

For travellers returning to Canada to visit an ill or dying family member there is an exemption form required, found here

<https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/latest-travel-health-advice/compassionate-entry-limited-release-from-quarantine.html>

A letter of required support (from a physician) and the permission of the site document (signed by a member of senior team/senior team on call) is required to be approved by the Public health Agency of Canada.

In discussion with Public Health, they will support the visit if the visitors are exempt and approved. Please contact IPAC - IPAC will consult will consult with Public Health, communicate with the unit, and document these consultations and approvals in the chart.

**List of Appendices:**

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13. [APPENDIX K](#AppendixK): Managing Care Partners who are not compliant with restrictions
14. [APPENDIX L](#AppendixL): Pandemic (Covid-19) Care Partner Mandatory Vaccine Guidelines

**References**

MOH 2020, Acute Care Guidance document v. 6

MOH 2020, COVID-19 response framework: keeping Ontario safe and open. <https://files.ontario.ca/moh-covid-19-response-framework-keeping-ontario-safe-and-open-en-2020-11-24.pdf>

Toronto Region COVID-19 Hospital Operations Table, Access to Hospitals for Visitors (Essential Care Partners): Guidance for Toronto Region Hospitals (Acute, Rehab, CCC) During the COVID-19 Pandemic Version. Date: June 17, 2020

OHA, June 2020, *Care Partner Presence Policies During COVID-19: Considerations for Hospitals in Anticipation of Changes to Temporary Restrictions for Care Partner Presence During COVID-19*

MOH 2020, Directive #3, Long term care homes

MOH 2020, *Resuming Visits in Long-term Care Homes*

Hotel-Dieu Grace Healthcare Patient Visitation Plan June 4, 2020.

SMGH Care Partner Policy during COVID-19 Pandemic

**Table 1: Essential Care Partner by Patient Population**

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| **Category** | **Description** | **Patient Population** (applicable to patients in all setting, inpatient and outpatient) |
| **Category 1 (Essential Care Partner)** |
| Patient with **Life Altering Event** | Time limited, care partner absence may result in devastating long term emotional, psychological and other health effects | * Patients at end of life (or at high risk of last possible meaningful interaction),
* Patients requiring support during child birth, major surgery, a critical illness or receiving palliative care;
* Patients receiving a life altering diagnosis
* Patient having a mental health crisis
 |
| **Vulnerable Patients** | Care partner is the primary advocate for patient and/or is providing care to the patient.The absence care partner puts patients at risk and/or undue burden on healthcare team, or supports hospital flow | * Patients under 18 years of age
* Patients with a cognitive impairment (dementia, severe brain injury/stroke) or significant developmental and/or intellectual disability
* Patients unable to effectively communicate (aphasia, significant limits in English proficiency)
* Patients at risk for physical/psychological harm, heightened emotionality, delayed recovery, further decline, prolonged hospitalization and compromised treatment decision-making and care planning.
 |
| **Category 2 (Essential Care Partner)** |
| **Long Stay** Patients | Care partner provides emotional support, augments patient experience or other paid non-essential worker | Patients in hospital for longer than 2 weeks  |
| **Transition of Care support** | Care partner provides support for coordination of care at major transition times e.g discharge care, follow up instructions, new unit (long stay) orientation | Patients requiring support during significant transitions e.g. complex discharge or admission |
| **Category 3** (in the absence of other criteria,these patients may not have *in-person* care partner contact when essential care partner only visiting is applicable) |
| **Low acuity, short stay** patient | Care partner provides emotional support, augments patient experience or other paid non-essential worker | Patient’s condition is low acuity and they are in hospital for a brief period/short stay. |

**Table 2: Pandemic Visiting Phases: Care Partner Presence**



|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **GRH Pandemic Visiting Phase** | **PREVENT/****PROTECT** | **RESTRICT** | **CONTROL**  | **LOCKDOWN**  |  | **ESSENTIAL CARE PARTNERS ONLY VISITING** |
| Ontario’s Roadmap to Reopen/Public Health Guidance; Steps & Criteria | **Step Three:**70-80% adults have 1st dose and 25% have 2nd  | **Step Two:**70 % adults have 1st dose and 20% have 2nd dose | **Step One:** 60% adults have 1 dose of the vaccine; other indicators considered(hospitalizations, ICU occupanacy case rates etc) |  | **This level of visiting may be implemented in any or all areas, in response to unit, hospital and/or local/regional variables:** * **Individual patient circumstances**
* **Outbreak status: units/hospital sites**
* **Staff resources**
* **PPE supply**
* **Local and regional context**
* **Provincial context**
 |
| GRH criteriaLocal situation | * Active community transmission (case counts, positivity rate)
* Hospital case counts/outbreaks
* Hospital resources – PPE, screening supports, staffing
* Hospital physical environment – ability to meet distancing requirements

 (See Appendix A for more detail on risk assessment) |
| **1. Hospital Areas** |
| **Inpatient Areas** | 2 care partner visits daily, one at a time, more by exception as approved by managerNo time limit | 1 care partner visit daily, **one at a time,** up to 5 designates (exceptions by manager approval), 1-2 hrs | 1 care partner visit daily, one at a time, for 1-2 hrs, may designate up to 2 care partners,  | 1 care partner visit daily, for 1-2 hrs. A second designate may need to be identified at the discretion of the manager. |
| **Emergency Dept** | 1 care partner may accompany patients into the Emergency Department. Patients being seen for non-urgent needs (ambulatory area) will only be allow a care partner for exceptional/essential reasons | 1 care partner may accompany patients into the Emergency Department. Patients being seen for non-urgent needs (ambulatory area) will only be allow a care partner for exceptional/essential reasons | 1 care partner may accompany patients into the Emergency Department. Patients being seen for non-urgent needs (ambulatory area) will only be allow a care partner for exceptional/essential reasons | 1 care partner may accompany patients into the Emergency Department. Patients being seen for non-urgent needs (ambulatory area) will only be allow a care partner for exceptional/essential reasons |
| **Outpatient Areas** | One care partner in areas that can accommodate physical distancing, or by exceptional circumstances  | Essential care partners only | Essential care partners only | Essential care partners only |
| **2. Exceptions by hospital area** |
| **Inpatient Oncology** Note: Exception to POGO program for children <18 years | As per inpatient areas above | 1 designated care partner visit or designated alternate daily | 1 designated care partner or designated alternate visit per week; two visits if stay is longer than 2 weeks | 1 designated care partner or designated alternate visit per week; two visits if stay is longer than 2 weeks |
| **Surgery** | As per inpatient areas above | 1 designated care partner or alternate daily Visits after 3-4 days | 1 designated care partner or alternate daily Visits after 3-4 days | 1 designated care partner or designated alternate for 2 visits weekly |
| **Child Birth**Includes Antepartum and Postpartum | 2 designated care partners may be present at the same time; 1 care partner overnight | 1 designated care partner/support person and designated alternate **concurrently** daily | 1 designated support person for labour support (once decision to admit determined) and to stay as long as the mother requires assistance with care for infant | 1 designated support person for labour support (once decision to admit determined) and to stay as long as the mother requires assistance with care for infant |
| **Pediatrics; Child Adolescent Inpatient Psychiatry** | 2 designated care partners may be present at the same time; 1 care partner overnight | 2 designated care partner, concurrently  | 1 designated care partner or designated alternate daily with no overlap | 1 designated care partner or designated alternate daily with no overlap |
| **3****.Essential Care Partners** |
| **End of Life** (Including MAID), High Risk of Dying in the next 2 weeks**Patients receiving palliative care** | No maximum care partners, More than 1 visitor may be present e.g. son, daughter, wife and mother with proactive planning involving IPAC and clinical team to ensure adequacy of space etc., no time limitsCultural or spiritual practices to be honoured and enabled whenever possible Care team/Manager discretion as required |
| **Significant Developmental or Intellectual Disability** | 2 designated care partner, concurrently | 2 designated care partner, concurrently  | 1 designated care partner or designated alternate daily with no overlap | 1 designated care partner or designated alternate daily with no overlap |
| **Life Altering Surgery** | 1 designated care partner prior to surgery; minimum visit as per phase and the need for more reassessed by team based on patient need |
| **Critical illness; u**nstable patient, precipitous decline; **Mental Health Crisis; Life Altering Diagnosis** (includes inpatients and outpatients) | Minimum visit as per phase and the need for more reassessed by team after 24hrs based on severity of patient status |
| **Cognitive Impairment; Unable to Effectively Communicate; Absence of care partner puts patients at risk**; **Supporting fundamental care needs;** **Transition Support; Long stay** | Minimum visit as per phase and the need for more reassessed by team based on patient need; frequency and time to be tailored to the specific needs of the patient. |

**Appendix A: Risk Assessment**

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| Grand River Hospital Assessment November 20 2020- Overall Risk Determined to be Moderate |
| Risk Factor | Likelihoodrare, unlikely, possible, likely, almost certain | Impactinsignificant, minor, moderate, major, catastrophic | Risk Levellow, moderate, high, critical |
| Community of In Hospital Burden of COVID 19 |
| Widespread, active community transmission | Possible | Major | High |
| Widespread, active in hospital transmission | Rare | Major | Low |
| Expected Changes in Total Volume of People Entering |
| Increase of 20% expected in next 2-4 weeks possible | Possible | Moderate | Moderate |
| Efficacy of Identification of COVID 19 |
| Inadequate local testing abilities | Unlikely | Moderate | Moderate |
| Inadequate screening resources | Unlikely | Moderate | Moderate |
| Ability to Appropriately Use PPE/Critical Resources |
| Unavailable PPE/Critical resources for both staff and visitors | Possible | Major | High |
| Inadequate staffing to support visitors presence (e.g. education, reinforce appropriate PPE use) | Possible | Moderate | Moderate |
| Ability to Physically Distance |
| Does the physical layout of the space cause concern for appropriate physical distancing | Possible  | Moderate | Moderate |

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**APPENDIX B:**

**Procedure: Essential Care Partner visiting**

1. The patient home units/programs, in partnership with patients/SDM, are responsible for identifying which visitors are care partners: care partner designates will be documented in Cerner in the admission history or Care Partner Power form. Managers are responsible for providing approval of these visitors. Cancer Center will have their own process for ambulatory patients.
2. Patient care teams, in consultation with patient/SDM will determine the frequency, appropriate timing and duration of the visit on a case-by-case basis utilizing [Table 2.](#Table2)
3. Care partners who are approved to visit will be provided with a green armband (booked visits, sticker provided at screening entrance) or green armband (provided by unit for in/out privileges) for easy identification wherever possible.
4. Screening staff will call unit directly to verify the visitor is approved if they are not wearing a green armband. Units will have a designate (clerical/charge nurse) who can receive calls from the screening station to verify the visitor if required.

**APPENDIX C:**

**Procedure: Care Partner visit scheduling**

1. The patient/SDM, in partnership with the care team as appropriate, will identify which care partners will be designated to visit; units will maintain a schedule of visits/visitors including name, contact information and patient MRN.
2. Patient care teams, in consultation with patient/SDM will determine the appropriate timing and duration of the visit as per the current phased in ([Table 2](#Table2)) unit specific restrictions.
3. The patient unit delegate will book visiting time with identified visitors and at the time of booking will:
	1. Pre-screen for appropriateness to visit as per screening guidelines (see [Appendix E](#AppE) for script)
	2. Educate visitor about restrictions and requirements (screening upon arrival, visiting areas, time restrictions, PPE etc)
4. The approved visitor schedule will be provided to the screening team; the screening team will record when the visitor arrives as part of the screening process. These records will be retained by the unit managers for contact tracing purposes if required.

**APPENDIX D: Screening Process at Hospital Entrances**

1. **Procedure: Screening Process at Hospital Entrances**

When care partners arrive at the designated entrance, they will be screened in a 2 step process: screening for symptoms and verification of *care partner* status or approved visit. For first visits, screeners will review the Care Partner Hospital Visiting Acknowledgement form (Procedure, providing education and orientation to expectations.

* 1. Care partners will be asked to perform hand hygiene and provided a hospital mask to wear.
	2. Screening for symptoms:
		1. Assess for purpose of the visit/confirm person is a care partner.
		2. Assess for symptoms & request proof of vaccination status
			1. **Screening Passed:**
				1. Perform hand hygiene and proceed to care partner check-in staff (located behind screeners)
			2. **Screening Failed:**
				1. Advise the individual that they cannot visit. Request the care partner to leave and encourage them to contact patient/care team by telephone and to arrange for virtual visits if desired. If the Care Partner does not agree with the restriction, encourage them to contact the unit manager to request a review. (see Appendix G Visiting Escalation process)
				2. If the purpose of the visit is for [*compassionate grounds*:](#Compassionate)/exceptional circumstances

Ask care partner to wash/sanitize hands, put on a surgical mask and to wait in designated area

Staff will call the unit Manager/delegate/After Hours Admin onsite and advise of the failed screening.

Manager will come to meet with care partner and review situation with care team/IPAC to determine if further exception should be made on compassionate grounds.

If exception is made on compassionate grounds, further arrangements will be facilitate by Manager to ensure appropriate infection control procedures are in place.

The visit should be as short as possible and STRICTLY controlled to the room/bed space of only that patient to minimize the risk of exposure of other patients

Confirm that the care partner attempt to stay 2 meters from all interactions to limit exposure to other staff, physicians, care partners, etc.

* 1. Verification of Care partner Status:
		+ - 1. Care partners with a green armband have been pre-approved and may be allowed to proceed
				2. Care partners *without* a green armband – staff will allow access as per Pandemic visiting phase.
				3. One or two care partners (without armband) *accompanying* partners of women in the Childbirth services or Pediatric Patients. Unit will apply armband upon arrival.
				4. One essential care partner (without armband) *accompanying* a patient they are caring for is permitted. Unit will apply armband upon arrival
	2. Screening for care partners takes place at the main entrances (KW & FP) from 0900 hrs to 2100hrs Monday to Saturday and Sunday 0800 - 1700hrs. Cancer Centre screening takes place 0730 to 1730 hrs Monday to Friday.

Outside of regular hours, care partners in exceptional circumstances will need to gain entry via the ED as per usual after hours process.

**B. Form: Care Partner Hospital Visiting Acknowledgement**

During this pandemic Care Partner safety and that of our staff and patients is our priority. Before visiting your loved one in the hospital, please read and sign below to acknowledge that you will abide by all of them. **We cannot support in-person visits if you choose not to follow all of the expectations shown below:**

**I agree that I will:**

* Wear a mask for the entire visit and will encourage my loved one to do so as well (if possible).
* Hand sanitize frequently
* Provide my full name and phone number to the screener before going to the unit for my pre-booked visit.
* Check at the team station to verify where my loved one is located before starting my visit.
* Not eat or drink during my visit, unless an exception has been arranged with the care team (such as for extended visits). See information sheet for further instructions about bringing food for your loved one.
* Stay 2 metres (6 feet) away from my loved one and others during my visits, unless arrangements have been made with the Care Team for me to provide physical care to my loved one.
* Only visit my loved one in the area I have been given to have the visit. Failure to do so will result in my in unit visits being stopped.
* Not ask my loved one to leave the hospital to visit with me; if I do, I agree that my in-hospital visits will be stopped.
* Understand if changes occur and access to the hospital may change at any time and this may impact my visit with my loved one.
* Treat everyone in a kind and respectful way and that abusive behaviour will not be tolerated.

GRH will ensure that as a Care Partner, you will receive updated information about our care partner presence guidelines, processes and safety protocols.

Care Partner Name Signature Date

**APPENDIX E: Resources for pre-screening and booking visitors**

1. **Visitor Log and Schedule**
2. **Script for booking and pre-screening**
3. **Visitor information sheet**

**GRH - Visitor Log and Schedule** UNIT: \_\_\_\_\_\_\_ UNIT EXT: \_\_\_\_\_ DATE:\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Time | Name of Visitor | Visitor Phone # | MRN of Patient | Door Screener to check if Visitor arrived |
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**Script for booking & pre-screening approved visitors of KW Campus patients**

We are starting to re-open visiting with patients in a careful, thoughtful way starting with some of the inpatient areas at GRH. \_\_\_\_\_\_\_\_\_\_\_ (Patient name) has identified you as someone that we can contact to arrange a visit. We are supporting 30-60 minute visits with one visitor per patient. Can we arrange a time for you to visit? These are times available\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

At this point, I need to ask you a few question and go over some details to support a safe visit for everyone:

* 1. Do you have any of the following symptoms?
		1. Fever? New or worsening cough?
		2. Difficulty breathing? Sore throat?
		3. Runny nose/sneezing or congestion
		4. Diarrhea? Vomiting
	2. Do you have any other new and unexpected symptoms?
	3. Have you travelled outside of Canada in the last 14 days?
	4. Have you had close contact with a person who has or is suspected to have COVID-19 ?
	5. Are you living or working in a setting that is part of a Covid-19 outbreak?
	6. Have you been advised to self-isolate or quarantine at home?
	7. Have you been advised you are positive for Covid-19

When you arrive, we will provide you with instructions, however I’d like to go over some of the changes that we have made:

* Please try to avoid arriving too early, 10-15 minute is recommended to get through the screening.
* When you arrive, you will be asked questions about any symptoms you might be experiencing.
* We will also ask you for your name and phone number to verify that you have a scheduled visit. This helps us to track who is in the hospital on a given day, should we need to contact you later.
* You will be asked to sanitize your hands and wear a mask throughout your visit. The hospital will provide you with a mask.
* Please go straight to the courtyard and do not enter other areas during your visit. If you need to use the washrooms, please follow the signs to use the “visitor washrooms”.
* We will bring your loved one down to the courtyard for your visit.
* Please continue to physically distance from our staff, and your loved one. This will help to reduce the spread of illness.
* Do not come to the hospital to visit if you are feeling unwell; we can re-book your visit for another day.

Thank you for your patience and support. The safety and wellness of our patients and staff are our priority. If you have any questions or concerns about visiting, or these guidelines, please contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

**APPENDIX F: Managing food, personal items, deliveries**

**Food**

* Food products brought in by care partners will be managed by the care partner, removed at end of each visit and not left in the patient room. Reusable containers, if used, must be cleaned/managed by the care partner.
* Any food brought in for the patient needs to be individually packaged and cannot be shared. All leftovers must be discarded and cannot be kept in unit fridges in the unit kitchen.
* Care partners are not permitted to use the unit kitchens.
* Food deliveries (by family member or food delivery service) are required to be in disposable containers and will be received by the screeners at the front door. Delivery to the patient is expected within 1-2 hrs but cannot be guaranteed.
* Care Partners are asked not to consume food or drink during their visit. If they are present for an extended visit, arrangements for an exception can be made with the care team.
* To avoid the need to exit/re-enter the hospital, food may be brought from home and eaten within the patients bed space for ***extended visits only*** (to be approved by the unit) unless the patient is in Additional Precautions (Droplet, Contact, Airborne, etc)
	+ **For paeds/Childbirth program: If the patient is COVID positive or has an essential visitor who cannot leave the room** (e.g., parent of a child unable to leave the patient’s room), GRH will provide in-room meals for the family member/parent/caregiver. GRH unit staff will assist with accessing meals.
* Practice good hand hygiene at all times, including when entering/leaving the hospital and before eating food.

**Cafeterias and Food Vendors**

* Cafeterias and food vendors at our sites have modified their hours and operations. Food service offered at locations remaining open will be limited to take-out options only.
* Cafeteria seating areas and front lobbies are for staff only to allow them to practice physical distancing while on break, as per Public Health Guidelines.

**Personal Items**

Patients may want to receive personal items such as clothing, toiletries or other essential items for their care. ONLY the APPROVED ITEMS listed below may be dropped off at the Screening entrances at each of the sites during its hours of operation. Staff will ask that items be transferred into a clear plastic bag that will be provided at the screening station; staff will write the patient’s name and room number on the bag.

Approved Items:

• Clean clothes only

• Toiletries and grooming items (new items or can be wiped down)

• Personal items – books, magazines, puzzle books, family photos, etc.

• Electronics such as tablets and cell phones, if the patient is able to operate the item on their own; please note that these items must be wiped down with disinfectant wipes before taken up to the unit

• Medications from home for a loved one who has just been admitted

Non-Approved Items:

\* Food permitted as per above guidelines

\* No vitamins, natural remedies/ over the counter remedies unless approved by your healthcare team.

\* Expensive, valuable items (jewelry etc.) cannot be accepted

\* Exceptions for non-approved items can be made at the manager’s discretion upon request.

\* The hospital is not responsible for any lost stolen items (link to patient belongings policy)

(See visiting information sheets for care partner/patient version)

**APPENDIX G: Visiting Escalation Process**

If a care partner disagrees with current visiting restriction, please follow the steps below:

1. Manager/delegate or team member gathers all details of situation from patient, family member, care team, patient relations and physician as appropriate.
2. Manager/delegate to weigh risk/benefit of making exception for visiting. (needs of the patient, precedence setting, sustainability)
3. Manager/delegate consult with team members to determine ability to accommodate exception to help make decision
4. Confirm decision to allow exception with director to ensure organizational consistency i.e. ongoing ramp up of services, changing visiting restrictions timeline
5. If exception granted, communicate key messages including criteria to be followed during visit i.e. PPE, number of family members, location of visit, time of visit
6. If exception denied, communicate rationale for decision
7. Consider collaboration and support from patient relations, communications as needed

Discussion points/variables to consider:

1. Physician involvement to determine exception: not required unless needed for determining acuity, mobility or cognition.
2. Unit specific patient medical care i.e. functional issues, pre-admission baseline, difficulty providing medical history, making current medical decisions: language barriers, plan of care discussions, behaviour management, deemed palliative
3. For this escalation process, who should be involved and when? i.e. Patient Relations, Communications, Director, VP, other team members, Security.
4. First line of response: Unit manager/delegate or after hours admin, security if needed; Second line: director, patient relations, vp as needed

**APPENDIX H: TELEPHONE AND VIRTUAL CARE PARTNER VISITS INFORMATION SHEET**

For \_\_\_\_\_\_\_\_(insert unit/program name)

Telephone and virtual visits provide a safe alternative to in-person visits during the pandemic. In this guideline, telephone and virtual visits are for social connections and not clinical purposes. Patients may use their own personal devices to connect with their family and friends. Wifi is free of charge during the pandemic, and can be accessed by selecting “GRH-Guest-Wifi” from your device network connections.

For those patients who do not have their own devices and/or require assistance to participate in a virtual visit, GRH’s unit staff or Virtual Booking Team (Screening Team) will be available to assist.

**Telephone access**:

During Lockdown/grey phase or during an outbreak, when care partner visits are restricted, a telephone will be provided at the bedside free of charge, if patients do not have their own mobile phones. In some units, telephones are not available at the bedside and in these situations, a patient may use a courtesy phone (mobile) upon request.

**Assisted Virtual visits:**

Patients who do not have their own devices may request to borrow one from the unit in order to have a virtual visit. Ipads or android tablets are available and support Zoom, Skype and Facetime. If needed, the unit staff or Virtual Booking Team can assist with scheduling the visit and setting up the device with the patient at the time of the visit:

Virtual visits can be arranged between the hours\_\_\_\_\_\_\_\_ on any day of the week, and can be booked up to 30 minutes per visit. Alternate arrangements can be made if required.

At the time of admission, unit staff will discuss the option of virtual visits with the patients (or substitute decision maker (SDM) if applicable). Patients, family and/or friends may request a virtual visit – the patient/SDM must be agreeable. The hospital’s ability to assist with virtual visits could be limited by high demand, the condition of the patient or activities related to treatment.

Things to consider about virtual visits and use of personal devices:

* Can visit with multiple people from any or many locations ☺
* Screening and masks are not required ☺
* Please be mindful of others around you:
	+ Respect the privacy of others and never include anyone in video/camera without their permission.
	+ Consider potential to disturb others with volume/noise – wear headphones or earbuds if possible

A virtual visit on \_\_\_\_\_\_\_\_\_(insert name of unit) can be requested by calling the nursing station at \_\_\_\_\_\_\_\_\_(ext) OR by contacting the Virtual booking team at \_\_\_\_\_\_\_\_(insert number) or by email \_\_\_\_\_\_\_\_\_\_.

**APPENDIX I:**

**Information regarding: Care partner visits at Grand River Hospital:**

Thank you for your patience. We know that contact with friends and family is important to the health and recovery of our patients. We are taking a cautious approach to moving forward so that we are able to keep everyone safe and healthy.

**To book a visit with a patient:**

At this time, we are providing access to the hospital to approved Care Partners for scheduled visits only. Care Partners are identified by patients as being vital to their health and wellness, and helping to provide direction on care. Please speak with your loved one and their care team to determine how you can be part of a care partner visit

**How we are keeping our patients and staff safe as we accommodate visits with care partners:**

* Care partner visits must be pre-approved and scheduled, and only one visitor per patient: this helps us to ensure physical distancing and reduce the spread of illness while you are in hospital. Any exceptions to this will be based on the patient’s unique circumstances and must be approved by the unit manager
* Everyone who enters the hospital will be screened for symptoms of COVID: please reschedule if you are feeling unwell.
* We will ask you to sanitize your hands, wear a green armband/sticker, and wear the mask we provide to you at all times: this is important to reduce the spread of illness.
* We will ask for your name and phone number when you arrive to verify your visit.
* Please use public washrooms *only* to prevent the spread of illness.
* Please speak with your loved one’s care team to discuss other options to stay in touch. We are able to support virtual visits.
* **Please check in with the care team on the unit, after you have screened at the entrance and before visiting with your loved one; there may be additional precautions they will ask you to follow.**
* **Please physically distance from your loved one and from others.**
* **Please remain with your loved one for the duration of the visit: do not enter other areas of the unit. There are no in-and-out privileges at this time**

We have a duty of care to protect our patients and our staff. These processes will help to reduce the spread of illness and keep our hospital – and those inside it - safe. GRH **cannot support in-person visits if care partners choose not to follow all expectations – individuals who are not compliant will be asked to leave.**

**Questions:** If you have questions or concerns, please speak with a member of your loved one’s care team, or contact our patient relations department at 519-749-4300, ext. 2966 or patient.feedback@grhosp.on.ca.

We thank you for your support. We will continue to look at ways that we can safely bring visitors back to the patients that we all care for.

**See next page for additional information about personal items, food and deliveries:**

**Food: Refrigeration is not currently available on the units.** Food products brought in for a patient by care partners will be managed by the care partner, and taken home at end of each visit (not left in the patient room). Containers, if used, must be cleaned/managed by the care partner.

Any food brought in for a patient should be individually packaged and cannot be shared. All leftovers must be thrown away or taken home and not kept in unit fridges on the care unit. Care partners are not permitted to use the unit kitchens at this time.

Food deliveries must be in disposable containers and will be received by the screeners at the front door. Delivery to the patient is usually within 1-2 hrs but cannot be guaranteed.

We ask that you not consume food or drink during your visit, unless an exception has been agreed upon with the care team (eg. An extended visit).

Practice good hand hygiene at all times, including when entering/leaving the hospital and before eating food.

**Cafeterias and Food Vendors:** Cafeterias and food vendors at our hospital have modified their hours and operations. When they are open, are limited to take-out options only for care partners.

Cafeteria seating areas and front lobbies are for staff only to allow them to practice physical distancing while on break. If you approved for an extended visit, to avoid the need to exit/re-enter the hospital, food may be brought from home and eaten within the patient’s room unless the patient has additional precautions (Droplet, Contact, Airborne, etc).

For the Children’s and Childbirth programs: if the patient has COVID or has an essential visitor who cannot leave the room (e.g., parent of a child unable to leave the patient’s room), we will provide in-room meals for the patient and the family member/parent/caregiver. GRH unit staff will assist with accessing meals.

**Personal Items: ONLY the APPROVED ITEMS** listed below may be dropped off at the hospital entrance for patients during business hours. Staff will provide you with a clear plastic bag to put items in, and write the patient’s name on and room number on the bag. Arrangements to drop off time sensitive items (medications/medical equipment) outside of business hours can be made directly with the unit to which your loved one is admitted.

Approved Items:

* Clean clothes only
* Toiletries and grooming items (new items or can be wiped eg. electric razor)
* Personal items – books, magazines, puzzle books, family photos, etc.
* Electronics such as tablets and cell phones, if the patient is able to operate the item on their own
* Medications from home for a loved one who has just been admitted

Non-Approved Items:

X No vitamins, natural remedies/over the counter remedies unless approved by your loved one’s healthcare team.

 X Expensive, valuable items (jewelry etc.) cannot be accepted.

Exceptions for some non-approved items can be made with the unit manager. The hospital is not responsible for any lost or stolen items

**APPENDIX J: Guidelines for Supporting Patients with Virtual Visiting**

**Guidelines for Supporting Patients with Virtual Visiting**

**Purpose**

GRH acknowledges the critical importance of patients maintaining social interaction/connection with family and friends. It has been necessary to restrict visiting to mitigate risk during peak activity of the COVID-19 pandemic.

Through the support of the GRH Foundation, GRH offers the ability for all patients receiving care at Grand River Hospital to connect with their personal supports through virtual means. Wifi is complimentary and patients may use their own devices. iPads have been made available in all inpatient areas; patient may borrow these and if needed will receive assistance in the scheduling and set up of virtual visits.

**Guidelines for Use (borrowed devices)**

* Purpose of use is to enable patient video contact with family/friends for personal social support; the use is not intended for clinical discussions with the care team due to privacy issues.
* Devices are for limited use by patients upon request (Appendix 1)
* Devices are not to be kept at a bedside, nor held by the patient for ongoing personal use
* Devices have been standardized to support the following applications: FaceTime, Zoom and Skype
* Learning aides are provided in Appendix 2 and are also accessible at <http://intranet.grhosp.on.ca/Default.aspx?cid=7299&lang=1>
* Downloads, access to gaming and social platforms e.g. Facebook, Instagram or internet searches are not permitted.
* Unit staff or the Virtual booking team are responsible for making a device available to patients, providing set-up support for the visit if needed, and ensuring the device is returned after use.
* Generally visits will be scheduled up to 30 minutes according to the unit specific schedule – some exceptions may be required and will be review/approved by the Clinical Manager/delegate.
* Sign out sheets will be used to track device use and location (Appendix 3).
* A patient contact list (Appendix 4) can be used to track contact information for purpose of coordinating calls
* iPads will be stored in a central, secure location on each unit as determined by the Manager/Leadership.
* The Virtual booking will manage devices for visits that they arrange and support
* The devices must be cleaned with Oxivir wipes after each use and recharged
* Units/virtual booking team are responsible to develop a process to ensure applications (FaceTime, Zoom and email) are cleared of contact information to maintain patient and family/supports privacy (instructions are included in platform specific learning aids, Appendix 2)

**Appendix 1**

**Appendix 2 – iPad learning aids**

1. How to Connect to the Internet
2. How to Use FaceTime
3. How to Use Zoom
4. How to Make a Skype Call

Learning aids are accessible on Lotus Link: <http://intranet.grhosp.on.ca/Default.aspx?cid=7299&lang=1>

**Appendix 3 - iPad/Tablet Sign Out Worksheet**

***To be completed with every patient who uses device every time it is used***

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Patient Name** | **Facilitator Name** | **Verbal Consent for use of hospital device** | **Time Device was Signed Out** | **Time Device was Returned** | **Deleted Contact Information in Device****(yes/no)** | **Initials of Patient and Staff** |
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**Appendix 4 - Patient Contact List Worksheet**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Patient Name** | **Family/Support Member Name** | **Family/SupportMember Device type (e.g. iPhone, android\_** | **Phone Number****(Required Field)** | **Email Address****(Required Field)** |
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**APPENDIX K: Managing non-compliant Care Partners**

GRH acknowledges and supports the importance of patient access to their Care Partners to support treatment and recovery. Care Partners are informed and educated about expectations regarding infection control protocols to help keep everyone in the hospital environment safe. If staff observe Care Partner(s) who are not following the expectations, please follow the below:

1. Remind the Care Partner of the practice(s) they are required to adhere to. Provide information/education as needed. The Care Partner may have missed or misunderstood the requirements.
2. If the Care Partner continues to disregard what is required (same day or subsequent day) escalate this to the area manager, charge Nurse or After Hours Admin onsite.
3. The Manager, Charge Nurse or After Hours Admin will communicate to the Care Partner that choosing not to follow GRH infection control precautions will lead to suspension of visiting. Security may also be included if there are concerns about escalating behaviour on the part of the Care Partner or patient.
4. If the Care Partner continues to disregard the required practice(s) (same day or subsequent day), escalate to area manager or to the after hours clinical admin onsite and security. The Care Partner will be requested to leave.
5. Notify the Care Partner booking team and/or the Screening desk that care partner visits are suspended.
6. Clinical Manager will connect with Patient Relations and arrange telephone meeting with Care Partner to review what will be required in order to resume visits at some point in the future if this appropriate depending on the context.

**Appendix L: Pandemic (Covid-19) Care Partner Mandatory Vaccine Guidelines**

**Purpose:**

GRH acknowledges the critical importance of having [care partners](#Care) (family members and friends) engaged in patient care. It has been necessary to restrict visiting to mitigate risk during the peak of COVID-19 pandemic, as declared by the World Health Organization on March 11, 2020. ***The GRH Pandemic visiting guidelines outlines restrictions to visiting*** in different stages of pandemic and recovery and aligns with Ontario’s COVID-19 response. The guideline ensures the protection of patients and staff and where appropriate allows for a flexible and adaptive approach, taking into consideration the patient circumstance, the role of the care partner, the hospital setting and the local Covid-19 situation. ***These guidelines may continue to be updated as the situation changes and new information becomes available.***

**GUIDELINE:**

**Care Partner Mandatory Vaccine:**

The care partner vaccine guidance outlines that all care partners provide proof of full vaccination for COVID 19. At each entry to the hospital care partners will continue to be screened and proof of vaccination will be required. The limited exceptions (including medical exceptions to vaccinations) for proof of full vaccination include care partners for:

* Patients that are at the end stage of life(48-72 hours);
* NICU and pediatric patients (including child adolescent inpatient psychiatry)
* Childbirth patients;
* Emergency patients acutely ill, and/or with physical, cognitive or developmental disabilities; and
* Other patients on a case by case basis

The care partner will be escorted to the patient and not be permitted to travel or access other areas of the hospital. All other care partner guidelines continue to be applicable including the number of identified care partners, number of visits/day, etc.

Note: The guideline will continue to follow the existing processes as outlined below including:

Appendix D- Screening process

Appendix G – Visiting/Care Partner Escalation process