While patient visitation and family presence are considerably restricted at this time the guiding principles of the Family Presence Policy (AD-QR-020) will guide our approach.

This document provides guidance for managing these restrictions and respecting the need and right for patients to have family involved in their care.

**Guiding Principles and Values**

**Patient Autonomy:** The Patient has the right to decide who is and is not part of their Family Presence care team. At this time some patients may not be able to have any visitors and in exceptional circumstances it is limited one person.

**Family Support and Respect:** The Family/Primary Support Person is respected as an essential member of the health care team helping ensure quality and safety.

**Criteria: Family or Primary Support Person is limited to the following (exception for compassionate and supportive care):**

- Supports for individuals receiving palliative care or MAID
- One designated support person per patient for labor and delivery room;
- One parent/guardian for children and babies;
- One support person/substitute decision maker as required for patients needing assistance including but not limited to cancer care, some emergency, outpatient or critical care situations, discharge planning (a healthy individual to pick up discharged patients).

**Questions from the COVID 19 Screening Tool:**

- Have you returned to Canada from another country within the past 14 days?
- Do you have a fever higher than 38C, a new cough or a cough that’s getting worse?
- Have you been in close contact (within 2 metres) with someone who has returned from another country in the past 14 days and who has a fever higher than 38C, a new cough or a cough that's getting worse?
- Have you been in close contact (within 2 metres) with someone with a confirmed case of COVID-19?
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Family Presence for Designated Family or Primary Support Person for Patients Meeting the Criteria

1. Patients (or their Substitute Decision Makers) should identify one person who will be their family/primary support person and act as spokesperson for the patient upon registration and admission to NSHA if the patient is unable to do so themselves.

2. Care team explains restrictions in place due to COVID-19 to both the patient and designated support person:
   a. Family/Primary Support person must take the COVID-19 self-screening located here before being allowed to visit/attend the patient’s visit.
   b. Family/Primary Support will not be allowed to visit/attend the patient if:
      • They are on self-isolation for COVID-19; or
      • They are being tested for COVID-19; or
      • They have tested positive for COVID-19. They will not be allowed to visit until they have recovered and receive clearance from medical officials.
   c. Family/Primary Support person who have met the following additional criteria will not be allowed to visit/attend the patient:
      • They have an illness that can be transmitted (symptoms including fever, cough, loose stools, rash, or feeling unwell); OR
      • They are immunocompromised.
   d. Children will not be allowed to visit. This restriction is in place, as we know that children do not necessarily show symptoms of COVID-19, and could therefore pose an unknown risk to the health of patients and staff. Exceptions to this restriction need to be reviewed and approved by the unit manager/nursing staff on case-by-case basis.
   e. For each visit the Family/Primary Support person is asked to check in with the site manager/unit manager/nursing staff before entering the patient’s room.
   f. Family/Support person must be provided with a family presence sticker/badge so that a patient’s Family/Support person can easily identify themselves – these stickers/badge are available for download on the intranet under Resources/Patient Resources – see Family/Support person Badge. You can also order a supply through Dalhousie Printing Services, order #MC0058.
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g. Health care providers will provide Family/Support person with instruction on their proper use of Personal Protective Equipment (PPE) during family presence, hand hygiene practices, and restrictions on the use of shared space (TV lounges, kitchenettes etc.). Staff must orient the Family/Support person to proper hand hygiene and the use of masks, gowns and other protective equipment. Family/Support persons must wear PPE as directed by unit staff.

h. The Family/Primary Support person will be required to leave during specific medical procedures and at any time deemed necessary by care team.

i. The Family/Primary Support person will be required to perform hand hygiene with an alcohol-based hand rub or soap and water when entering and leaving the patient room and when entering and leaving the healthcare facility.

j. The Family/Support person cannot stay overnight during this time. Compassionate or emergent situations will require an infection control consultation in collaboration with the Patient and Family/Support person and the unit manager.

3. The health care team records the information on the chart and communicates consistently and comprehensively with the Family/Support person.

4. The health care team encourages the Family/Support person to share questions/concerns/options regarding the patient’s daily needs, care goals, and readiness for discharge.

5. The Family/Support person acts as the spokesperson to facilitate effective communication among extended Family members who are not able to visit and hospital staff.

**Additional Infection Prevention and Control Practices**

- Health care staff ask the Family/Support person to **NOT** be present if they are feeling unwell, or experiencing the following, including but not limited to: infection, cold and flu symptoms, fever, diarrhea, nausea or vomiting.

- Health care staff ask the Family/Support person to **NOT** be present if they have a communicable disease, symptoms of a communicable disease, or have been exposed to a communicable disease to which they have no immunity.
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Conduct and Behavior

- Health care staff ask the Family/Primary Support person to leave the facility if their behaviour becomes disruptive to families, staff, or other visitors, or interferes with patient care.

- Health care staff inform the Family/Support person about the privacy and confidentiality of all patient information.

- Family/Support person has access to information about the safe use of NSHA electronic infrastructure.

How to handle interactions with family if the patient does not meet criteria for visitation:

- At this busy time even patients who cannot have an in person Family/Primary Support person should designate a single person to act as their spokesperson with other family members.

- The name and contact information for this Family/Primary Support person should be documented in the chart. Determine the best method of contact (phone, email, or both) and obtain appropriate consent to communicate with them in that manner from the patient according to the e-messaging policy AD-AO-045.

- If you have access to a virtual care platform approved by NSHA for a Virtual Visit you may also engage family members this way.

- You may also consider allowing the patient to connect with their Family/Primary Support person via a video call on their personal device (be sure to follow infection control guidelines if handling the device).

- If you receive an inquiry from someone other than the designated person you may forward the call to the patient’s room if they are able to take calls or direct them to contact the designated Family/Primary Support person. You may not share the contact information of the Family/Primary Support person with callers due to privacy concerns.

- Regular contact should be maintained with the Family/Primary Support person regarding the patient’s status and care planning. Develop a plan for method of contact and frequency with the patient and the Family/Primary Support Person that is specific to the patient’s condition, needs, and the current pandemic situation.

- When patients are discharged ensure that discharge information is sent with them. A conversation with the Family/Primary Support person should take place prior to discharge.