1.0 BACKGROUND

Temporary changes have been made to the Visitation Policy to keep patients, families and staff safe while the novel coronavirus (COVID-19) situation continues to evolve. In alignment with recommendations from the Ministry of Health, LHSC is taking this additional precaution. LHSC remains committed to patient and family-centered care and will make every effort to ensure that the needs of patients and families are met while these temporary measures are in place.

2.0 PURPOSE

The purpose of this policy is to define the visitation rules and processes for visitation. This policy aims to balance the needs of safety to minimize the risk of infection and consider all aspects of patient's/family members well-being.

3.0 POLICY

- During the pandemic, LHSC restricts all visitation to **essential visitors** only.
- **Essential visitors include:**
    o Visitors for patients who are actively dying (within 48-72hrs)
    o One support person for a woman in labour
    o Parent/guardian of an ill child or youth
- **Essential visitors will be required to:**
- Pass the screening criteria at the visitor entrance and obtain approval for entry. If a potential visitor fails the most up to date screening criteria, they will be restricted from entering.
- Wear an ID badge while in hospital that will be provided at the screening desk, which identifies that they have been screened and the current date.
- Wear masks or other personal protective equipment as directed by the clinical unit

3.1 Outpatient Clinics & Inpatient Responsibilities for Communication

- Outpatient clinics and Inpatient Units should implement proactive communication with patients/families for planned visits whenever possible, notifying them of visiting restrictions in effect, including patient food/belongings rules.
    o Children's Hospital inpatient units (including PCCU, NICU) to communicate with parents regarding process and adherence to the visitor restrictions that apply.
    o Women's Care to communicate with anticipated birthing parents that support person should be prepared to stay in hospital until discharge.
    o Adult outpatient clinics to communicate that no patient will be allowed a support person, and an alternative may be a virtual appointment if appropriate.

3.2 A Patient Who is Actively Dying (or has planned withdrawal of life-support)

- There are no visitors for patients with confirmed or suspected COVID-19, due to the extremely high risk to patients, staff, and visitors. Virtual visits for these patients will be supported using technology such as iPads.
- For other patients, two visitors may visit at a time when the most responsible physician (MRP) determines the patient is actively dying (within 48-72hrs)

3.3. Woman in Labour

- One visitor (support person) will be chosen by patient
- The essential visitor must be age 18 or older.
- If Woman in Labour is confirmed or suspected COVID-19
  - Visitor must remain with the patient at all times during the delivery,
  - The health-care team can provide the visitor with a safe environment and teaching necessary for infection control.
  - The visitor will report to Public Health as they may be required to self-isolate, depending on test results
- Following the birth, the visitor becomes essential visitor for the newborn and must remain the bedside until discharge.
- The mother is not allowed a separate visitor post-delivery.
- If the essential visitor leaves the hospital after the birth, they cannot return, and no additional visitors will be permitted.

3.4 Children's Hospital

- At the time of admission, up to 2 parent/guardians may be identified and recorded on the unit level.
- Only 1 parent/guardian can be at the bedside at any given time.
- The 2 identified parent/guardians can switch once every 24-hour interval.
- Two visitors may be at bedside when the doctor determines the patient is critically ill or palliative.

3.5 Personal Item Drop Off

- Food or other personal items will not be accepted for delivery to a patient's room.
- Patient's being imminently discharged, who may require glasses, hearing aids, dentures, one personal cell phone/tablet, or clothing may have those items dropped off at a hospital visitor entrance. The items will be taken to a patient's room by LHSC Portering staff.
- Women admitted to the Antenatal Program, may receive a one-time drop off toiletries and a change of clothes.
- All personal items will be put in a plastic bag, and room tagged prior to delivery to the patient's room. (please refer to infection control processes related to the reception of personal items.)

4.0 PROCESS

4.1 Outpatient Visitation Process:
- Out-patients requiring an essential visitor/caregiver approved through the exception review process below will have this information communicated by the outpatient clinic in advance of the appointment to the Screening Team, including the name of the patient, the name of the caregiver and the name of the clinic. This information should be reported to the Screening Hotline at ext. #71712.

- Voicemails can be left after hours on the Screening Hotline.
- The Screening Team is required to enforce the visitation policy to the best of their ability. They will not be able to approve exceptions to the visitation policy.

4.2 Inpatient Visitation Process
- If an essential visitor is coming to see an inpatient, the name of the patient, their room number and the name of the visitor must be reported to the Screening Hotline at ext. #71712. (Voicemail can be left after hours)
- If multiple visitors are anticipated for a dying patient, the names of all planned visitors and a plan for how they will limit visitation to 2 individuals in the building at a time will be provided to the Screening Hotline.
- The Screening Team is required to enforce the visitation policy to the best of their ability.
- Local area leaders are required to enforce the visitation policy on the floor if too many visitors for a patient enter the building.

5.0 POLICY EXCEPTIONS

In rare circumstance, where the policy does not sufficiently address the situation of the patient/visitor, the following process will be used to determine exceptions.

5.1 Exceptions in Emergency Departments & Out-Patient Visits

- The clinic/service will conduct a risk assessment to determine the risks posed to the patient, other patients and the visitor.
- Where possible, the clinical team will communicate the desire for an exception review to Patient Relations in advance of the appointment.
- Patients with profound disabilities, or their Substitute Decision Maker (SDM) may work with the clinical team to identify whether they require an essential visitor to provide support while they are at hospital. If it is determined they require an essential visitor, 1 will be allowed and will be required to remain with the patient for the entire visit or in a space designated by the clinical team if a procedure requires it.

5.2 Requests for Exception for In-Patients

- If a family member wishes to seek an exception to the visitation policy, they need to contact Patient Relations at 519-685-8500 ext. 52036
- Patient relations will communicate with the clinical team first, but if needed will initiate a review process including Ethics and Patient Experience.
- A Patient Relations Specialist will contact the family member once the review process is complete to provide an answer.

5.3 Exceptions Review
- Exception inquiries will be conducted according to the Ontario Hospital Association Patient Relations processes and local policy; and will include consideration of the patient, family and care team perspectives.
- Requests will be triaged by Patient Relations according to timing (specific appointment), urgency as determined by readily available patient information, and other factors.

- Exception requests and decisions will be tracked to maintain consistency and equity based on evolving circumstances.
- Exceptions will be regularly reviewed to determine if policy changes are needed.

This policy will be regularly reviewed to ensure it always maintains a balance between protection of staff/patient safety and the psychosocial needs of patients/families.

/end