

Essential Care Partner Presence Policies During COVID-19

Considerations for Hospitals

SEPTEMBER 2021



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Acknowledgements and Reference

This guidance is intended to support hospitals in ensuring that flexible policies are in place to enable essential care partner presence for hospital patients during COVID-19. It was developed by the Ontario Hospital Association in partnership with the Ontario Caregiver Organization. The content is adapted from the policies released by the Saskatchewan Health Authority and Planetree International, to reflect the unique circumstances in the Ontario system.

Hospitals should consider this guidance within the context of their current local and regional circumstances to best determine how the presence of essential care partners can be expanded within their organization. This guidance is also provided for general information only and should not be relied on as legal advice or opinion. In the event of any inconsistency or conflict with guidance, recommendations, or advice from provincial or municipal authorities, including the Chief Medical Officer of Health, such guidance, recommendations or advice shall prevail over this document.



Background and Context

Ontario's hospitals deeply appreciate the invaluable role that essential care partners play in supporting family members and friends who are patients in hospitals. Due to the nature of COVID-19, restrictions on visitor and essential care partner presence were put in place early on in the pandemic to reduce the risk of COVID-19 transmission for patients, health care providers and the many vulnerable people in our communities. Since then, hospitals across the province have adopted various approaches to enabling essential care partner presence during the COVID-19 pandemic.

Prior to the onset of the COVID-19 pandemic, research and practice were shifting towards more open visitation policies that support patient and family-centred care — evidence shows that caregiver presence in hospitals is important in the delivery of high-quality patient and family-centred care¹. In considering the overall impact of visitor restrictions during the COVID-19 pandemic, organizations must weigh the benefit and risk to patient care and health outcomes, as well as the impact on health care staff in the absence of essential care partners².

While restrictions on general visitors may still be in place in many hospitals to ensure the safety of health care workers and patients, it is important to differentiate between visitors and essential care partners that play a critical role in patient health and well-being. Hospital policies that have allowed essential care partners during the COVID-19 pandemic have been shown to be beneficial for the patient and in sustaining high-quality care. Silvera, Wolf, Stanowski and Studer (2021) compared patient experience and safety outcomes of 32 hospitals across the United States prior to and during the pandemic and found that “differences in hospital performance during the pandemic were driven by hospitals that disallowed patient

visitations. Hospitals with closed visitations saw most pronounced deficits in their performance with regard to patient ratings of medical staff responsiveness, fall rates and sepsis rates.”³

In addition, research indicates that restrictive visitor policies are associated with potential harms across specific populations, including patients with cognitive impairment or special care needs, patients with (or at risk of) delirium, patients with communication barriers, labour and delivery patients, critically ill patients, patients with unique sociocultural needs, and patients at the end-of-life.⁴

As vaccination rates increase, Ontario health care organizations, including hospitals, are seeking to resume full services based on local/regional considerations and government directives, while also managing the continued challenges and uncertainties of COVID-19. Policies and strategies that safely enable the integration of essential care partners as valued members of the care team should be prioritized as an important part of quality care and the patient experience.



1 Canadian Foundation for Healthcare Improvement (CFHI). 2020d, November. *Policy Guidance for the Reintegration of Caregivers as Essential Care Partners*. https://www.cfhi-fcass.ca/docs/default-source/itr/tools-and-resources/policy_guidance_en.pdf?sfvrsn=292a980e_4; Canadian Foundation for Healthcare Improvement (CFHI). 2020, November. *Evidence Brief: Caregivers as Essential Care Partners*. https://www.cfhi-fcass.ca/docs/default-source/itr/tools-and-resources/essential-together/evidence-brief-en.pdf?sfvrsn=103fe5b3_4

2 Munshi L, Odutayo A, Evans GA, et al. Impact of Hospital Visitor Restrictions during the COVID-19 Pandemic. *Science Briefs of the Ontario COVID-19 Science Advisory Table*. 2021;2(31). <https://doi.org/10.47326/ocsat.2021.02.31.1.0>

3 Silvera, Wolf, Stanowski & Studer. Patient Experience Journal. 2021. *The influence of COVID-19 visitation restrictions on patient experience and safety outcomes: A critical role for subjective advocates*. <https://pxjournal.org/journal/vol8/iss1/5/>

4 Munshi L, Odutayo A, Evans GA, et al. Impact of Hospital Visitor Restrictions during the COVID-19 Pandemic. *Science Briefs of the Ontario COVID-19 Science Advisory Table*. 2021;2(31). <https://doi.org/10.47326/ocsat.2021.02.31.1.0>

Essential Care Partner Presence in Hospitals

For the purpose of this document, family caregivers are referred to as “care partners” or “essential care partners”. The term “designated care partner” or “designated caregiver” may be used by some hospitals.

Patients should be the one to determine who they would like to designate as their essential care partners. This can include a loved one, friend, religious/spiritual care provider, paid caregiver, or other support person of the patient’s choosing. A patient may designate someone other than their substitute-decision maker as an essential care partner.

Hospitals should have policies in place that enable essential care partners to support the person they are caring for and be integrated as essential partners in care. Patient Family Advisor Committees and other patient or family care partner groups should be engaged to inform changes to family presence policies and how to implement them smoothly for essential care partners and visitors.

When developing policies, hospitals are encouraged to consider the important distinction between a visitor and an essential care partner. Essential care partners can often be an extension of a patient’s care team and help alleviate some of the health human resource constraints felt by hospitals. Hospitals may choose to modify or create separate policies for care partner presence vs visitor presence.



It is recommended that essential care partner presence include, but not be limited to:

- Those with critical illness, palliative care, hospice care, end of life, medical assistance in dying and the deceased;
- Those receiving a significant diagnosis or prognosis;
- Presence to support discharge and transitions to other care settings;
- Presence paramount to the patient’s physical care and mental well-being for in-patient and outpatient care, including:
 - Assistance with meals;
 - Assistance with mobility;
 - Assistance with personal care;
 - Communication assistance for persons with hearing, visual, speech, cognitive, intellectual or memory impairments;
 - Communication assistance for persons with limited English proficiency or specific ethno-cultural needs;
 - Assistance by designated representatives for persons with disabilities;
 - Provision of emotional support;
 - Supported decision making; and
 - Pediatric care, labour and delivery.
- Volunteers providing the services described above; and
- Presence required to move belongings in or out of a patient’s room.

NOTE: These essential care partner criteria can be defined differently by each hospital based on the local public health situation. Hospitals are encouraged to engage and seek input from patients and essential care partners in the development of care partner presence policies.

Safety Requirements of Essential Care Partners in Hospitals

When integrating essential care partners into hospitals, the following health and safety requirements should be considered:

- Essential care partners should be encouraged to be fully vaccinated and comply with hospital policies on vaccination.
- Essential care partners must be verified, informed about Infection Prevention and Control (IPAC) policies, and undergo a COVID-19 screening before entering the hospital.
- Everyone should be required to perform hand hygiene (hand washing and/or use of hand sanitizer) when entering and leaving the hospital and when entering and leaving the patient's room.
- Essential care partners must follow existing public health orders and guidance.
- Face masks must be worn while inside the hospital. In some circumstances, additional personal protective equipment may also be required.
- Essential care partners may not be allowed to wait in waiting rooms or other common areas and may be required to limit movement within a site or in and out of the building. Hospitals are encouraged to create essential care partner spaces if a patient is not in a private room. Essential care partners should be allowed to exit and return to the site on the same day and/or multiple days without penalty or exclusion.
- Physical distancing where possible and adherence to designated pathways.

- Policies are encouraged to include considerations for enabling safe essential care partner presence during outbreaks in the hospital or community, in accordance with IPAC policies for that specific hospital.
- If essential care partners do not comply with applicable public health requirements during their time at the hospital, they should be asked to leave. This will be at the discretion of the healthcare provider and/or healthcare leader.

Essential care partners provide physical, psychological and emotional support, as deemed important by the patient. This care can include support in decision making, care coordination and continuity of care. Essential care partners are identified by the patient (or substitute decision maker) and can include family members, close friends or other caregivers.⁵

– Healthcare Excellence Canada

“Care Partners are distinct from casual “visitors.” Because they know their loved one best, they are uniquely attuned to subtle changes in their behaviour or status. This makes the presence of Care Partners an important strategy for reducing the risk of preventable harm.”⁶

- Planetree International



⁵ Healthcare Excellence Canada's definition of an Essential Care Partner

⁶ Planetree International, Person-Centered Guidelines for Preserving Family Presence in Challenging Times (May 28, 2020)

Additional Requirements to be Determined by Each Hospital

- Hospitals are encouraged to enable open and flexible essential care partner presence as much possible in order to enhance patient outcomes and experience, given organizational and regional considerations.
- Determine whether times need to be pre-arranged or whether drop-in times are manageable.
 - Determine whether essential care partners who are permitted under these criteria are required to, or requested to pre-schedule times to be in the hospital. This can enable a pre-screening before arriving at the hospital and help avoid scheduling conflicts.
 - Specify the process for essential care partners to enter the hospital. For example, is there a different entrance for care partners vs. patients vs. staff? Be sure to have clear signage to direct care partners from the parking lot or public transit locations to the appropriate care partner entrance.
- Determine the maximum number of essential care partners who can visit at the same time.
 - The maximum number of care partners allowed onsite should be determined based on the specific design and space within clinical spaces and rooms. When more than one care partner is allowed, they need to be able to physically distance appropriately (unless they are from the same household). In addition, adjacent spaces should be made available for care partners and patients when physical distancing can't be achieved in patient rooms where more than one patient has care partners in attendance. Consider adjacent outdoor spaces when weather permits.
 - Scheduling access may be required to accommodate demand for essential care partner presence and avoid the need to turn people away at a hospital entrance.
 - A care partner who is a child (a young caregiver, defined as children and youth as young as 8 years old) should be accompanied by a parent, guardian or family member.

- At discharge or transfer, it is important to remind families that essential care partner access varies facility by facility, especially in non-hospital facilities such as long-term care, family practice offices, community health centres and community-based care. When possible, hospitals are encouraged to support a warm transfer approach that fosters the inclusion and recognition of essential care partners as part of the discharge and transition process.

Key Resources to Support Policy Development and Implementation

- Healthcare Excellence Canada (HEC) has created resources for the development of essential care partners policies and programs in healthcare settings, including [Learning Bundles](#) to support implementation. Their [Policy Guidance for the Reintegration of Caregivers as Essential Care Partners](#) highlights the importance of ensuring patients, families and caregivers have a voice in the development of essential care partner policies, and provides detailed policy guidance for integrating essential care partners in healthcare settings with a focus on two key areas: 1) Identification and preparation of essential care partners and 2) Entry into the facility.
- Planetree International, a leader in patient and caregiver engagement and experience, has developed [Guidelines for Preserving Family Presence in Challenging Times](#), which is an excellent resource for hospitals and healthcare facilities. The eight guidelines are below. Detailed guidance can be found through the link above.
 1. Assess the need for restrictions to family presence based on current factual evidence. Continually reassess as conditions evolve.
 2. Minimize risk.
 3. Communicate what to expect proactively and with compassion.
 4. Establish compassionate exceptions.
 5. Support meaningful connections to minimize feelings of isolation.
 6. Inform and educate.

7. Enlist family as partners for quality and safety.
 8. Enhance discharge education and post-discharge follow-up.
- OHA’s [Family Presence and Open Visiting Policies in Ontario Hospitals](#).
 - The Ontario Caregiver Organization has developed the [Partners in Care Pandemic Toolkit](#) and a [Learning Collaborative](#) to provide healthcare settings with practical resources, including a Caregiver ID, that can help facilitate the safe presence of essential care partners.

Use of Essential Care Partner Identification Badge

- A Caregiver Identification (ID) badge, sticker or card can be used to facilitate the participation of essential care partners in the clinical setting, and as a visual way to assure other hospital staff that people they see in the facility have been screened and are to be in the building.
- There is a Caregiver ID visual that has been created for Ontario’s healthcare system, and that is already being used effectively by a number of healthcare facilities and hospitals to support the inclusion of caregivers as partners in care during COVID. The [Ontario Caregiver Organization](#) is working to support adoption of this important initiative.



Facilitating Other Ways to Connect Care Partners and Patients

Virtual Care and Care Partner Connection

- Virtual care and virtual care partner connection should be offered to all patients and care partners, regardless of whether care partners are at the bedside, or accompanying a family member. The option to have additional family members connected virtually

should still be offered. Recent research indicates that virtual-only forms of communication between caregivers and patients who are isolated and alone can cause psychological distress to both the patient and caregiver.⁷

Outdoor Visits

- Hospitals considering whether outdoor visits can be offered should refer to the [guidance for resuming visits in long-term care](#).

Communication and Information About Changing Care Partner Presence Policies

Hospitals are encouraged to consider the following:

- Communication of the changing essential care partner policy proactively and compassionately to patients, care partners, staff, and the public.
- Communication in plain language to everyone before arrival or upon arrival at the hospital, the organization’s policy, and all related expectations. These should be available in English and all languages commonly spoken in the local community.
- Pro-active communication with staff to support them in understanding the role and value of essential care partners, implementing the policy, and facilitating the integration of essential care partners as part of the care team.
- Clearly post the policy details specific to each facility on the hospital’s public website.
- Communication of information for essential care partners not meeting criteria under this policy and who wish to have a review of the hospital’s decision. This may include information on how to speak to a clinical manager, manager on-call, the patient relations office or the Ontario Patient Ombudsman’s office.

⁷ Cattelan J, Castellano S, Merdji H, et al. Psychological effects of remote-only communication among reference persons of ICU patients during COVID-19 pandemic. *J Intensive Care*. 2021;9(1):5. <https://doi.org/10.1186/s40560-020-00520-w>

Important Considerations

As indicated above, Orders and Directives issued under applicable law (e.g., *Health Protection and Promotion Act* and the *Emergency Management and Civil Protection Act*) take precedence over this guidance.

Essential care partner policies are encouraged to support two or more caregivers and enable as much flexibility as possible in enabling their presence, such as the use of ID badges that provide in/out capability.

Like other members of the healthcare team, essential care partners should be screened for signs and symptoms of illness, including COVID-19, prior to every visit. Essential care partners should be encouraged to be fully vaccinated against COVID-19 and comply with applicable hospital policies on vaccination.

Essential care partners with signs or symptoms of illness, as well as those in self-isolation or quarantine in accordance with public health directives, will not be permitted to visit during that time. Once symptoms are gone, or self-isolation or a quarantine period is complete, the care partner can be permitted to visit.

Essential care partners should be instructed when to perform hand hygiene, respiratory etiquette and safe physical distancing.

Essential care partner presence enables patient access to care, especially for vulnerable populations. Consider health equity concerns when implementing essential care partner programs, to ensure that policies are not creating barriers or unintended consequences for vulnerable or marginalized individuals. Use the [Health Equity Impact Assessment \(HEIA\)](#) to support these considerations.

Essential care partners should be instructed on how to put on and remove any required personal protective equipment when attending with or caring for patients. If the care partner is unable to adhere to appropriate precautions, the care partner will not be allowed to enter the hospital.

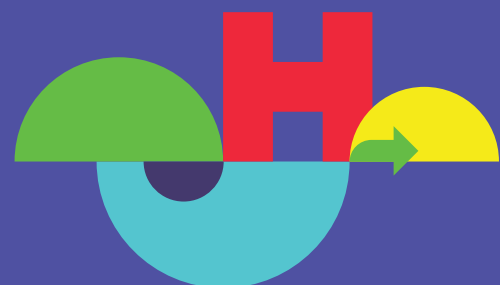
Essential care partners should go directly to the patient they are visiting and exit the hospital directly after their time on that specific unit or clinical space.

Hospitals should remain patient- and family-centred by meaningfully engaging patients and their essential care partners on changes and implementations to policies.

Policies should support equitable access to basic needs and should not create unintended barriers. For example, cold winter months may pose an additional barrier for care recipients and care partners if they rely on public transportation, live a distance from the hospital and/or have to wait in the cold if they are not allowed entry to the hospital.

Hospitals should continue to provide services in a culturally sensitive manner to the communities they serve.

For many patients, their essential care partner is an extension of their care team. Creating policies that better integrate these essential care partners into the hospital setting is not only beneficial for patients but can help reduce the burden on hospital staff in caring for patients.



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