

### Tip Sheet Essential Visitors - Visiting During COVID-19 Phase 2

**Guiding Principles:** To align with the updated graduated visitor re-integration approach released by the MOH, beginning June 24<sup>th</sup>, 2020 HRH will be moving to phase 2 of the visitor policy.

#### Highlights of the New Visitor Policy:

<u>On-Site visiting Hours</u>: 1300-1900 hrs
 <u>Maximum Visitors on Unit</u>: 6 per hour (based on visitor schedule and tracking log)
 <u>Visit Duration</u>: 1 hour block as designated
 <u>Visitor Specifications</u>: 1 Designated Visitor or Designated Alternate is allowed based on the hospital's risk assessment.
 Visit duration and frequency will be based on the patient population (see the HRH Visitor Guide).
 <u>COVID-19 Positive Patients</u>: Visitors will now be allowed for all patients as per the HRH Visitor Policy.

#### Screening:

• All patients and visitors are encouraged to wear their own masks or face covering when entering the hospital. If the patient or visitor does not have a mask or face covering, they will be provided one procedure mask at the entrance.

#### Visitors who meet the following criteria will not be allowed entry:

- Symptoms of fever, and/or cough, and/or difficulty breathing, or
- Testing positive for COVID-19 or having close contact with a confirmed or probable case of COVID-19 in the past 14 days, or having close contact with a person with acute respiratory illness or travel history in the past 14 days \*\* Any visitors who meet the above criteria may be permitted on a case by case basis with Manager and Director approval.

#### **Staff Responsibilities:**

**Identifying Visitors:** The Clerk or Nurse on the unit will contact the visitor; which should be the same visitor, unless there are other circumstances. All designated visitors and/or designated alternates will be documented in Meditech under the new "visitation" intervention by the department. A nurse at the door will check in the visitor on the specified date/time and document the name in the Essential Visitor field for the visit occurrence.

| Inpatient Areas  |   | Ambulatory Areas  | Emergency Department   |
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#### Supporting Visitors:

- Educate visitors on the appropriate donning and doffing of PPE and hand hygiene practices, providing educational materials as required.
- Provide timely updates to the designated caregiver, address any questions or concerns and connect patients with their families at least twice a day.
- Facilitate communication between patients and families using their personal devices or the IBT (FaceTime, Skype, Panacea Video chat, etc.) ensuring language line or translation services are available if needed.
- Encourage patients and Families to utilize the My Humber Health patient portal for timely access to information.

#### Know the Appeal Process:

• The patient, family member, or caregiver may appeal the visiting decision by the clinical team (review the policy on PPM for the process).





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# Phase 2: HRH Visitor Guide

| Category 1: Patients with Life Altering Events  |  |  |  |  |
|---|--|--|--|--|
| Category  | Clinical Team Guidance   | Institutional Guidance   |  |  |
| End of Life (including MAID)  | High Risk of Dying in the Next 2 Weeks   | 1 visitor daily<br>(For all other palliative/ End of Life Patients- 1 visitor<br>2x/week)  |  |  |
| Child Birth   | Includes Post-Partum   | 1 visitor for as long as mother requires assistance with care of infant  |  |  |
| Major Surgery   | Anticipated LOS >3 days  | 1 visitor daily<br>(Reassess after 7 days for need for ongoing visits)   |  |  |
| Critical Illness  | Unstable/deteriorating patient   | 1 visitor daily  |  |  |
| Mental Health Crisis  |  | 1 visitor daily  |  |  |
| Life Altering Diagnosis   | Includes inpatient & outpatient  | 1 visitor daily or 1 escort for outpatients  |  |  |
| Category 1: Vulnerable Patients   |  |  |  |  |
| Emergency Department Patients   | Time dependent need for essential care<br>partners to support the clinical team with<br>timely assessment (history, symptoms,<br>consent, etc.)  | 1 visitor in the ED  |  |  |
| Under 18 Years  | Includes care by patient; consider shelter in place  | 2 visitors daily (no in and out privileges)  |  |  |
| Significant Developmental or Intellectual Disability  |  | 2 visitors daily (no in and out privileges)  |  |  |
| Cognitive Impairment  | (ie. dementia, severe brain injury, severe stroke, etc.)   | 1 visitor 3x/week and increased by the team as needed  |  |  |
| Unable to Effectively Communicate   | (ie. significant language barrier and all means of remote communication failed)  | 1 visitor 3x/week  |  |  |
| Patient Requiring Caregiver to Support Hospital<br>Workflow, Unmet Care need or Absence of<br>Caregiver Causes Undue Burden on the Healthcare<br>Team | Visitor required to avoid significant<br>physical/psychological harm, heightened<br>emotionally (unable to calm without<br>medication or restrain) by supporting<br>fundamental care needs | 1 escort for outpatients<br>For inpatients- frequency and time to be tailored to the<br>specific needs of the patient and burden to the<br>healthcare team |  |  |
| Category 2: Essential Care Partners   |  |  |  |  |
| Long Stay Patients  | > 30 day stay  | 1 visitor 2x/week  |  |  |
| Patients Requiring Transition Support (Excludes new admissions)   | Coordination of care (ie. home care, follow up instructions, etc.)   | 1 visitor daily through 3 days of transition (discharge or admission)  |  |  |
| Category 3  |  |  |  |  |
| Low Acuity, Short Stay Patients   |  | No visitors  |  |  |



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