

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 24th, 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 (For all other palliative/ End of Life Patients- 1 visitor 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 (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 partners to support the clinical team with timely assessment (history, symptoms, 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 Workflow, Unmet Care need or Absence of Caregiver Causes Undue Burden on the Healthcare Team	Visitor required to avoid significant physical/psychological harm, heightened emotionally (unable to calm without medication or restrain) by supporting fundamental care needs	1 escort for outpatients For inpatients- frequency and time to be tailored to the specific needs of the patient and burden to the 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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