

Summary of Research - COVID-19 Family Presence

June 10, 2020

Overview

- Restricting family presence in hospitals is a recognized administrative control to prevent hospital transmission of infectious diseases.
 - Most jurisdictions have introduced some form of restriction on family presence in hospitals, limiting visits to those deemed essential.
 - Exceptions to these policies primarily exist for family of children, labour and delivery, end-of-life care, and people with disabilities or cognitive impairment.
- The ongoing nature of COVID-19 necessitates a closer review of hospital family presence policies, balancing the risks and benefits to patients, families, staff, and the community. Striking this balance in the face of uncertain and evolving information will require flexibility and the unique application of policies in some situations.
- The following recommendations for balanced family presence policies are derived from public health guidance and policies implemented in other jurisdictions:
 - Limited entry points, physical distancing measures, and restricted movement;
 - Mandatory screening and potentially other surveillance measures (e.g., regular testing) depending on the local situation;
 - Tracking logs for contact tracing, testing and isolation purposes;
 - Supplying appropriate personal protective equipment (PPE);
 - Communication and education on COVID-19 risks, transmission, infection prevention (e.g., proper doffing technique);
 - Availability of alternative methods allowing families to connect with patients virtually.
- In evaluating when to ease or restrict family presence policies, consideration should also be given to:
 - PPE supplies and stockpiling efforts, particularly with the resumption of elective surgeries;
 - Community spread, surge in hospital demand, and hospital outbreak status;
 - Testing and contact tracing capacity.

Caveat around the use of 'Family Presence' vs. 'Visitor': While we recognize that there has been a shift away from the use of 'visitors' and 'visiting hours', many organizations continue to use this language. The use of visitor throughout this document has been done to remain consistent with the referenced source.

COVID-19 Related Restrictions on Family Presence in Ontario

- On March 19, 2020, Ontario's Chief Medical officer of Health (CMOH) released a [memo](#) recommending that hospitals limit visitors to those deemed essential.
 - Essential visitors are defined as those who have a patient who is dying or very ill or a parent/guardian of an ill child or youth, a visitor of a patient undergoing surgery or a woman giving birth. Screening essential visitors for previous travel, contact with a confirmed case, and symptoms is also recommended.
 - The recommendation was made in order to ensure a patient and staff safety.
 - OHA [communicated](#) information about the memo to members on March 20, 2020.
- Some Ontario hospitals expanded the definition of "essential visitor" to include supports for some of the following groups:
 - People with severe cognitive challenges or behavioural issues
 - Anyone who would be at risk if their personal caregiver were not available
 - Patients with language impairment or a language barrier
 - Patients requiring education to support a safe discharge
 - Patients who have mobility issues and need help getting to an appointment
 - Patients having their first oncology appointment
 - Substitute decision-makers for critically ill patients
 - Patients receiving home dialysis training
- Rules around how many essential visitors can be present at one time and whether essential visitors can stay overnight vary by hospital.
- Many Ontario hospitals outline additional guidelines for essential visitors in their policies and/or on their websites, including:
 - Passing a health screening, performing hand hygiene, practicing physical distancing, wearing a mask
 - Restricting use of patient washrooms and common areas (e.g., serveries, lounges, etc.)
 - Restricting in and out movement (e.g., once essential visitor visits patient, cannot leave the hospital and return on the same day).
- Ontario hospitals are supporting patients to connect with their families and friends in other ways. For example, many hospitals are offering free WIFI, telephone services, complimentary e-cards and assistance with arranging virtual visits.

National Guidance on Family Presence and Provincial Policies

- The PHAC [infection prevention and control guidance](#) outlines that visitors to healthcare facilities should be limited to those who are essential (e.g., immediate family member or parent, guardian, or primary caregiver). The guidance notes that visitor policies should balance minimizing the risk of introducing COVID-19 into a facility and the promotion of patient and family-centred care.
 - Other measures that should be considered with respect to visitors include limiting visitor movement, ensuring visitors engage in hand hygiene on entering and exiting patient rooms/facility, screening patients for symptoms, and instructing/educating visitors on PPE and droplet precautions.
- All provinces have outlined some level of restriction on family presence in hospital settings during the COVID-19 pandemic. Further details on provincial guidelines and policies on restricting family presence can be found in Appendix 2.
 - The majority of provinces have implemented or advised ‘no visitor’ policies. In general, exceptions have been made for end-of-life, obstetric, and pediatric care.
 - Some provinces have also outlined infection prevention and control measures that should be in place, including mandatory symptom screening, wearing of face masks, and adherence to physical distancing.
 - A few provinces explicitly state that people who have travelled outside of the province in past 14 days or who have any symptoms consistent with COVID-19, should not visit.
- Some provinces have revised their guidance as the situation has evolved:
 - BC updated its guidance on [May 19](#) to emphasize that people with disabilities are entitled to vital supports after a woman with disabilities, denied her communication supports, died in hospital shortly after being transferred from her group home.
 - Quebec has recently expanded its guidance to allow caregivers who were a necessary part of a patient’s care team prior to the pandemic, to continue in this role.

International Approaches and Guidance on Hospital Family and Caregiver Presence Policies

- The US Centers for Disease Control and Prevention (CDC) has released [guidance](#) for the management of visitors to healthcare facilities during COVID-19 that is intended for non-US healthcare settings. The guidance was developed to both reduce the risk of transmission of the SARS-CoV-2 virus to visitors and to prevent the introduction of the virus into healthcare facilities.
 - Visitors should be limited, particularly in areas with community spread. Consideration should be given to the use of medical masks or face coverings (e.g., homemade mask).
 - Visitors should be screened prior to visits and those with symptoms should not be permitted to enter a facility.
 - Visits to patients at high-risk of severe disease should be restricted.
 - Visitors should be educated on appropriate hand and respiratory hygiene as well as the signs/symptoms of COVID-19 and who to report to if they develop symptoms.

- Administrative controls should be put in place, including creating a designated entrance for visitors and applying alternatives for direct interaction between visitors and patients (e.g., phone, video chat).
- For visitors who are essential for the care of patients with COVID-19 the guidance suggests, scheduling visits, assessing visitors' risk (e.g., older adults), limiting the number to one, education on hygiene/PPE/physical distancing, restricting visitor movement, supplying appropriate PPE.
- The European Centre for Disease Prevention and Control (ECDC) references visitors in its [guidance](#) on infection prevention and control in healthcare settings.
 - Hospitals should consider restricting non-essential visits and ensure any visitors are aware of hand and respiratory hygiene, including cough etiquette. Visitors must adhere to physical distancing measures and should be registered for the purposes of contact tracing.
 - Visits to COVID-19 patients should be limited and visitors should wear full PPE (i.e., surgical mask, gloves, visor/goggles, and gown).
- Restrictions on visitors to hospitals have been noted elsewhere:
 - In the UK, the [NHS](#) released guidance on restricting visitors to facilities on March 16, 2020. Exceptions are given for end-of-life care, labour and delivery, pediatric patients, and for patients with mental health issues or cognitive impairments.
 - A number of states in Australia have introduced new family presence policies. For example, the [Queensland Government](#) has restricted patient visits to one per day for up to two hours, with no more than two people present at a time. Exceptions have been made for pediatric and obstetric patients, as well as patients who have a disability.
 - A South Korean hospital restricted patient visitors and caregivers as part of an effort to reduce nosocomial transmission. Any visitors coming into the hospital were provided with a mask and required to practice hand hygiene. ([The Journal of Hospital Infection](#))

Rationale for Restrictive Family Presence Policies – Infection Prevention and Control

- Few policies provide rationale for limiting family presence, but restricting visitation is a recognized part of infection prevention control and serves two main purposes: 1) to protect family members from potential exposure and infection; and 2) to prevent the introduction of the infectious disease into healthcare facilities if there is widespread community transmission.
 - [Recommendations](#) on conserving PPE, released by Ontario Health, also reference restricting visitors to reduce the need for PPE.
- Research into the involvement of family members and caregivers in disease transmission is limited, but family members and visitors have been implicated in hospital outbreaks of [influenza](#) and more recently in a [COVID-19](#) outbreaks in a long-term care setting.
- During the SARS outbreak in Singapore, hospital visitors were both infected and contributed to the spread of the virus outside the hospital. Some visitors were subsequently hospitalized, requiring critical care. ([Emerging Infectious Diseases](#))

- To limit further spread of SARS, hospitals restricted visitation and required visitors of SARS patients to use personal protective equipment (i.e., N95 masks, gowns, and gloves). Visitors to other wards were required to wear surgical masks.
- The absence of visitor records made it difficult to trace and contact people who had potentially been exposed to infected patients.
- There have been some notable exceptions to the complete exclusion of family from hospitals, including in pediatrics, end-of-life care, and labour and delivery.
 - A study looking at the visiting policies of hospice wards in Taiwanese hospitals during the early stages of the COVID-19 pandemic found that almost all hospitals introduced some level of restriction on visitation. For a quarter of the hospice wards, the policies were less restrictive than the overall hospital policy, most allowing a maximum of two visitors per patients at one or two set times each day. ([Journal of Environmental Research and Public Health](#))
 - Hospices in Italian hospitals adopted revised visitor policies during COVID-19, but most continued to allow at least one person to visit the patient. One hospice in a high prevalence area required the family member to reside in the hospice with the patient. ([Palliative Medicine](#))
- Allowing family to accompany patients in these care settings may not always be possible. During the height of the surge in New York City, a number of hospitals refused entry to care partners of women in the labour and delivery wards. ([New York Times](#))
 - This decision was supported by a group of reproductive mental health experts who felt that the risk of transmission of SARS-CoV-2 on the ward outweighed the risk of psychological harm to the patient from not having a care partner physically present. The experts also noted that these hospitals were increasing staffing levels and maximizing the use of technology to ensure patients remained supported. ([Archives of Women's Mental Health](#))

Easing Restrictive COVID-19 Family Presence Policies

- There is currently limited research and information on the easing of COVID-19 family presence policies in hospitals.
- A [hospital](#) in California has relaxed its restrictive family presence policies including allowing a person to accompany a patient in the emergency department and to visit patients who have undergone surgery or other procedures.
 - Visitors will be screened for symptoms, required to wear a mask for the entirety of their visit, must stay in either in the patient's room or cafeteria, and must practice physical distancing and keep their time in the public space brief.
- New York State Health Department, which initially implemented a no visitor policy for all hospitals, is working in collaboration with the Greater New York Hospital Association to pilot a two-week [hospital visitation program](#). The program will ease some of the restrictions on the presence of family members and implement new [criteria](#) to ensure patient, family member, and staff safety including:

- Provision of appropriate PPE (failure to wear PPE will lead to being asked to leave the facility);
 - Education on hand hygiene and how to wear the PPE;
 - Symptom and temperature checks upon entering the facility and reporting on potential COVID-19 exposure or symptoms during the prior 14 days;
 - Remaining in the patient's room throughout the visit except unless otherwise directed;
 - Discussion of the potential risks and benefits of the visitor's presence.
- Windsor Regional Hospital [announced](#) on May 29 that it would partially relax its restrictions on family presence. Patients will now be allowed one visitor per day during one of three specified time periods.

APPENDIX 2 – Provincial Family Presence Policies

Province	Date	Original Policy	Additional Guidelines	Eased Policies
Alberta	Originated March 20 Updated May 12	<ul style="list-style-type: none"> • No visitor policy in effect • Exceptions: <ul style="list-style-type: none"> ○ Maternity/postpartum - one designated person at a time ○ Pediatrics – two designated parents, but only one at a time ○ End of life – one visitor at a time, two if physical distancing can be maintained ○ Urgent care/outpatient clinics - patients with mobility, hearing, visual, and memory impairments, may have one support person 	<ul style="list-style-type: none"> • Visitors must be feeling well, complete a health screening (including temperature check), and wear a mask inside the facility • Screeners will greet visitors and visitors will be escorted by staff except in patient rooms • Hand hygiene must occur upon entering and leaving the facility and entering and leaving a patient’s room 	June 5 <ul style="list-style-type: none"> • Outpatient/Emergency – one designated family/support person • Inpatient – two designated family/support people • Maternity – two designated people • End of life – two visitors at a time, if physical distancing can be maintained
British Columbia Policies outlined by regional health authorities E.g., Island Health policy	March 20 Updated May 19	<ul style="list-style-type: none"> • Essential visitors only, including: <ul style="list-style-type: none"> ○ Compassionate care (e.g., critical illness, hospice, end of life) ○ Visits essential to patient/client care and wellbeing (e.g., to assist with feeding/personal care; communication assistance; supported decision-making; pediatric care, labour and delivery) ○ Existing registered volunteers 	<ul style="list-style-type: none"> • Entry points will be limited and all visitors will be screened • Visitors with signs/symptoms of illness will not be permitted • Visitors must perform hand hygiene, practice physical distancing, don/doff PPE as instructed • Island Health allows for essential visits for COVID positive patients 	
Manitoba	March 19	<ul style="list-style-type: none"> • No visitor policy • Exceptions, made on case-by-case basis include: 	<ul style="list-style-type: none"> • Visitors must adhere to vigilant screening 	June 5 <ul style="list-style-type: none"> • Inpatient – one designated support person

	Updated April 16	<ul style="list-style-type: none"> ○ End of life ○ Prior and on day of discharge ○ Obstetrics ○ Pediatrics – one parent/guardian ● Cancer care – on support person 	<ul style="list-style-type: none"> ● People returning from travel in previous 14 days, with symptoms, with known contact to positive case or person waiting results will not be granted access 	<ul style="list-style-type: none"> ● For LOS >14 days, two designated support people (one at a time) ● Labour and delivery – two support people at a time ● Pediatrics – two support people at a time ● Visitor screening and sign-in (contact tracing purposes) ● Visiting hours at discretion of facility
New Brunswick	March 30	<ul style="list-style-type: none"> ● Visitors with symptoms of infection, who have travelled outside the province in the past 14 days, and close contacts of confirmed cases should not visit ● Primary caregivers may enter but must adhere to self-isolation measures when not in the facility, practice respiratory etiquette, hand hygiene, and physical distancing in the facility 	<ul style="list-style-type: none"> ● Individual hospitals/health systems have enacted stricter measures 	
Newfoundland	March 15	<ul style="list-style-type: none"> ● No visitor policy ● Exceptions: <ul style="list-style-type: none"> ○ No restrictions on the number of visitors for patients at end-of-life ○ Only one designated person in obstetrics/delivery ○ Parents for pediatric inpatients 	<ul style="list-style-type: none"> ● As of March 12, people who have travelled outside of the province in the last 14 days should not visit hospitals 	
Nova Scotia	March 18	<ul style="list-style-type: none"> ● No visitor policy with exceptions ● Two support people for: <ul style="list-style-type: none"> ○ End-of-life 	<ul style="list-style-type: none"> ● People who are unwell should not visit 	

	<p>Last updated May 27</p>	<ul style="list-style-type: none"> ○ medical assistance in dying ○ pediatrics ○ Labour and delivery ● One support person for: <ul style="list-style-type: none"> ○ Pediatric outpatient ○ Patients who need assistance (e.g., for critical care, discharge planning) ○ Patients with significant cognitive or physical disabilities who need an essential support person in order to receive care ○ Early assessment of labour (i.e., emergency situation) 	<ul style="list-style-type: none"> ● Cancer inpatients are encouraged to adhere to no visitor policy ● Cancer treatment is not permitting companions due to physical space restrictions 	
Prince Edward Island	<p>March 18</p>	<ul style="list-style-type: none"> ● No visitor policy with exceptions ● One designated visitor for palliative, intensive care, neonatal intensive care, obstetric and pediatric units 	<ul style="list-style-type: none"> ● People returning from outside the province in the past 14 days should not visit 	
Saskatchewan	<p>Updated April 23</p> <p>Updated June 3</p>	<ul style="list-style-type: none"> ● No visitor policy ● Exceptions: <ul style="list-style-type: none"> ○ One visitor allowed for compassionate care visitation (e.g., end of life, major surgery, critical care, aiding in clinical care) ○ One visitor for urgent care/outpatient clinics for patients with mobility, hearing, visual, or memory impairment ○ Maternal/post-partum – one support person for entire length of stay 	<ul style="list-style-type: none"> ● Visitors must undergo symptom screening ● Visitors will be required to perform hand hygiene upon entering/leaving the facility and patient’s room ● Visitors must wear a mask and additional PPE if required ● Visitors are not permitted to wait in waiting rooms or other common areas. 	

		<ul style="list-style-type: none"> ○ Pediatric – two primary parents/caregivers ○ Major surgery, critical/ICU care – one designated person ○ People aiding in clinical care 		
Quebec	<p>March 14</p> <p>Updated May 20</p> <p>(English directives not available)</p>	<ul style="list-style-type: none"> ● Non-essential visits are prohibited ● Family caregivers are only allowed for patients with hospital LOS >14 days ● A person can accompany a cancer patient if medically required (e.g., cognitively impaired, mobility); one parent for pediatric oncology ● Local network/facilities can establish their own visitation policy ● A significant caregiver (someone who was already present before the pandemic) will be able to provide care and support ● For palliative and end-of-life care: <ul style="list-style-type: none"> ○ Three designated people per 24-hour period, with one visit at a time ○ Visitors should wear masks and be instructed and comply with infection prevention and control procedures 	<ul style="list-style-type: none"> ● Caregiver screening in place ● Caregivers with flu-like symptoms are not permitted ● Caregivers over 70 and under 18 are not permitted ● Facilities must facilitate virtual communication between patients and loved ones 	<ul style="list-style-type: none"> ●