Scan Related of Guidance for Essential Care Partner Presence and Visitor Policies during the Omicron Wave

February 2022

About Healthcare Excellence Canada

Healthcare Excellence Canada (HEC) works with partners to spread innovation, build capability and catalyze policy change so that everyone in Canada has safe and high-quality healthcare. Through collaboration with patients, caregivers and people working in healthcare, we turn proven innovations into lasting improvements in all dimensions of healthcare excellence. Launched in 2021, HEC brings together the Canadian Patient Safety Institute and Canadian Foundation for Healthcare Improvement.

Contents

Overview

This summary provides an overview of Canadian visiting guidelines and policies for essential care partners and visitors at the end of January and early February 2022. A scan of visiting policies for essential care partners in hospitals and long-term care facilities was conducted within provinces and territories. A subsample of 46 hospitals, representative of large acute care hospitals across Canada was also examined for their hospital-specific visiting policies[1] as we have conducted in the past.

In response to the highly transmissible Omicron variant, provinces and territories implemented additional protective measures in December 2021 and January 2022. As a result, guidelines are generally more restrictive than found in the previous scan conducted in October 2021. However, most settings continued to allow essential care partner presence in some capacity. Infection, prevention and control protocols, mandatory mask use and handwashing for essential care partners and visitors, as well as screenings prior to entering facilities, have remained in effect, with the addition of vaccine mandates and testing requirements occasionally required.

This policy scan presents the policies related to essential care partners at the provincial/territorial level at a time of increased disease prevalence due to the Omicron wave in Canada. This summary provides details on language used to identify essential care partners, number of essential care partners permitted and in what circumstances, as well as the restrictions and requirements for entry, including whether supporting processes such as using a caregiver ID or providing education are specified.

---

[1] Canadian Foundation for Healthcare Improvement. (2020). Much More Than Just a Visitor: An Executive Summary of Policies in Canadian Acute Care Hospitals. Available online at - better_together_executive-summary_en.pdf (cfhi-fcass.ca)

Definitions

Essential Care Partners

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 can include family members, close friends or other caregivers and are identified by the patient or substitute decision maker.

Visitor

In the context of family presence policies, any individual who does not play a significant role in the ongoing care of the patient is considered a 'visitor'.

Methods

The provincial, territorial, and hospital level policies included in this scan were found online and assessed using a created survey (see Appendix) that included differentiation of essential care partners from general visitors, number and timing of allowable visits, special circumstances, restrictions, and requirements, and whether elements of Healthcare Excellence Canada's policy guidance[2] to welcome essential care partners, were included.

To find provincial and territorial guidance, we searched the websites of provinces, territories, municipalities and regional health authorities for information about COVID-19. We scanned for links and documents using search terms such as "healthcare facilities", "visitor restrictions", and "family". The results were screened to see if the context refers to hospital or long term care visiting policy or guidelines for family and visitors.

At the hospital level, we searched the websites of 46 identified hospitals. The sample was chosen from within the sample of 118 acute care hospitals used for previous pan-Canadian reviews. When choosing the sample, we made sure each province was represented and that the proportions of hospitals from each province matched the larger sample.

---

[2] Healthcare Excellence Canada. (2021). Policy Guidance for the Reintegration of Caregivers as Essential Care Partners. Available online at: https://www.healthcareexcellence.ca/en/what-we-do/what-we-do-together/essential-together/policy-guidance-for-the-reintegration-of-caregivers-as-essential-care-partners/

Table 1. Count of hospitals by province/territory

Province/Territory	Count of Hospitals included
Alberta	4
British Columbia	9
Manitoba	5
New Brunswick	2
Newfoundland and Labrador	2
Northwest Territories	1
Nova Scotia	2
Nunavut	1
Ontario	13
Prince Edward Island	1
Quebec	3
Saskatchewan	2
Yukon	1
Total	46

Language

Almost all the provinces and territories, as well as hospitals, now use language that differentiates essential care partners from other visitors. The ability to differentiate between an essential care partner and general visitor is a key principle in the application of policies related to essential care partner presence. It is an encouraging finding as it forms the basis from which to build policies and practices that support inclusion of essential care partners as members of the care team, even in times of crisis.

Table 2. Language used to differentiate Essential Care Partners.

Province/Territory	LTC	Hospital	Hospital count (%)
BC	essential visits, designated visitor	-	3 (33%)
AB	designated support person	designated support person	4 (100%)
SK	essential family/support person	essential family/support person	2 (100%)
MB	designated family caregiver/essential partner in care	essential care partner	6 (100%)
ON	caregiver	essential care partner	12 (92.3%)
QU	informal caregiver	informal caregiver	3 (100%)
NS	designated caregivers	designated support person/family caregiver	2 (100%)
NB	designated support persons	designated support persons	2 (100%)
PE	partners in care (part of care team and different than designated visitor which is different than general visitor)	partners in care (part of care team and different than designated visitor which is different than general visitor)	1 (100%)
NL	support person	support person	2 (100%)
YU	Essential care visitor	support person	1 (100%)
NT	Designated essential visitor	Designated visitor	1 (100%)
NU	-	-	0 (0%)
Total (n=46)			39 (84.8%)

Number and Timing

At the provincial level, there is a lot of variation regarding the number of essential care partners that can visit patients, how many can visit at a time, and when they can visit, which translates to even more variation and inconsistency at the hospital level (Tables 4 and 5). Table 3, below, provides the provincial guidance of how many are allowed in each setting. All provinces allow at least one essential care partner in long term care settings. However, there are still some provinces that are not allowing every patient to have access to an essential care partner in hospitals. Three provinces have specified that only certain patients in certain circumstances can have access and one has left the specifics up to individual hospitals.

Detail is lacking in provincial directives on how frequently essential care partners should be allowed to visit and for how long. In most directives, there is no mention, although SK, MB, QU, NL include language suggesting that the visits may be limited as accommodated by the facility. PEI is the only province that specifies that essential care partners should be permitted to visit anytime, but suggests they inform the facility when they will be coming.

Table 3. Number of Essential Care Partners permitted to visit in hospitals and LTC at the provincial level

Province/Territory	Hospital	LTC
BC	Not specified	1
AB	2, one at a time	not specified
SK	2, one at a time	2, one at a time
MB	1	2, one at a time
ON	up to the individual hospitals	2 at a time
QU	up to 4 that can take turns one at a time	4, 2 per day, 1 at a time
NS	most patients can have 1	2 per visit, no limit to how many designated
NB	identify 2, only 1 at a time and only for certain patients and circumstances	2 at a visit
PE	3, 1 in outbreak or COVID unit	3, 1 in outbreak or COVID unit
NL	1, can change every 14 days (changed to 2 in mid-Feb)	1, can change every 14 days (changed to 2 in mid-Feb)
YU	1, more in special circumstances, but only for certain patients and circumstances	2 at a time if from same household from 4 chosen (essential and general)
NT	2, 1 at a time	2, 1 at a time
NU	Not specified	1 per resident in most regions

Table 4. Number of Essential Care Partners permitted at the hospital level

Number of Designated ECPs & Bedside ECPs	Count (%) of Hospitals
Four or more Designated ECPs, two and more allowed at the same time	1 (0.2%)
Four or more Designated ECPs, one allowed at one time	3 (0.5%)
Two to three Designated ECPs, two or all allowed at one time	15 (33%)
Two to three Designated ECPs, one allowed at one time	12 (26%)
One designated ECP	7 (15%)
Essential visits only or ECPs not granted to every patient	4 (0.9%)
No visits allowed, even for essential reasons	2 (0.4%)
Information unavailable	1 (0.2%)

Table 5. Timing of when Essential Care Partners can visit at the hospital level

Number of Hours Permitted for ECPs	Count (%) of Hospitals
There are no specific hours, but all visits must be arranged or coordinated with the site or care team	9 (20%)
Open 24/7 is clearly stated	2 (0.4%)
Open 24/7 is implied, but not clearly stated	4 (1%)
Open during the day, overnight stay restricted	3 (0.6%)
Visiting hours specified (12 hours or less)	10 (22%)
No visits allowed	2 (0.4%)
Information unavailable or not mentioned	16 (35%)

In both provincial and hospital level policies, exceptions are usually granted in specific care settings most commonly for patients at end of life. At the end of life, common allowances include additional essential care partners, additional essential care partners allowed at the bedside at one time, permitting of children, permitting of general visitors who are not essential care partners, longer hours and more flexibility in general. Other exemptions, typically when otherwise no essential care partners are allowed, often include for pediatric patients, labour and delivery, and occasionally for patients with cognitive or communication difficulties. A notable omission is the exemption due to social determinants of health, given that health disparities have been shown to increase the negative impacts of visitor restrictions[3]. Of the hospitals surveyed, there were several hospitals in BC who noted the consideration of spiritual and cultural needs, some specifically for Indigenous people.

---

[3] Healthcare Excellence Canada (2021). Evidence Brief Addendum: Caregivers as Essential Care Partners. Available online at: Evidence Brief: Caregivers as Essential Care Partners (healthcareexcellence.ca)

Visitor Requirements

In all policies, there are requirements for any visitors, including essential care partners, regarding active screening. Additionally, a variety of infection prevention and control protocols must be followed, generally including masking, hand hygiene, physical distancing and reducing movement through the facility. There may also be vaccine mandates, testing, requirements for other PPE such as eye protection, and keeping a visitor log with contact information for contact tracing purposes. The specifics of vaccine mandates at the provincial level as of early February 2022 are in Table 6. Due to changes in the national landscape, we specifically looked for guidance related to the use of N95 or KN95 masks and rapid testing. We found that very few provinces included specific guidance in this regard. SK allowed for testing to be used instead of providing proof of vaccination and several other provinces allowed for this in the case of a patient being end-of-life. Additionally, BC and ON require regular surveillance testing for all visitors to LTC. Only AB and NB specify that patients can and should bring their own KN95 or N95 masks and NB occasionally provides them. In general, medical masks are provided to visitors and essential care partners in both settings across provinces.

Table 6. Vaccination requirements for Essential Care Partners to hospitals and LTC.

Province/Territory	Hospital	LTC
BC	Y	Y
AB	N	N
SK	Y (or negative test)	Y (or negative test)
MB	Y	Y
ON	Y	Y
QU	Y	Y
NS	Y	Y
NB	Y	Y
PE	-	-
NL	Y	Y
YU	N (general visitors are required)	-
NT	N	N
NU	-	-

Hospitals included in our scan often had other requirements or restrictions for essential care partners, including restricting essential care partners to adult persons over the age of 18. Some hospitals had lower age restrictions at 12 years old, 14 years old, or 16 years old. A few hospitals did not mention a specific age, but rather stated that children or siblings were not permitted to be care partners.

Table 7. Number of hospitals with age restrictions for Essential Care Partners

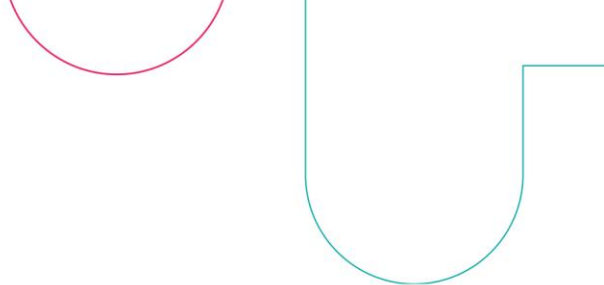| Province/ Territory	No age restrictions	Minimum age 18 years or older (no children/siblings allowed)	Minimum age 12 years to 17 years
Alberta			4
British Columbia	6	2	1
Manitoba	5		
New Brunswick		2	
Newfoundland and Labrador	2		
Northwest Territories			1
Nova Scotia			2
Nunavut			
Ontario	9	2	2
Prince Edward Island	1		
Quebec	1	1	1
Saskatchewan	2		
Yukon	1		
Total (n = 46)	**27 (58.7%)**	**7 (15.2%)**	**11 (23.9%)**

Another common restriction was due to travel. Essential care partners and visitors would not be able to enter a facility if they had been travelling outside of the country (or in the case of NB, outside of the Atlantic provinces).

Mentions of Essential Together Policy Guidance Elements

During the scan, we searched for mentions of the Essential Together programming and guidance. We specifically looked for inclusion of the seven elements of policy guidance (setting mutual expectations, essential care partner education, staff education, rapid appeals, screening, regular updates, and use of a caregiver ID). Excluding screening, which is mentioned in all the directives, there was very little mention of these specific practices at the provincial or territorial level. In regard to setting mutual expectations, this is hinted at within many directives in the definition of essential care partner, that includes the assumption of a process by which the patient designates their essential care partner. Additional mentions of these specific practices included in provincial and territorial policies are listed in Table 8.

Table 8. Essential Together policy guidance included in provincial and territorial policies

Province/Territory	Guidance mentioned
BC	In LTC, an appeals process is required
AB	-
SK	-
MB	In LTC, an appeals process is required and in hospitals, ECPs are expected to be educated on IPAC protocols. Additionally, the directive includes a link to one of the early reports of the ET program.
ON	-
QU	-
NS	In LTC, ECPs should be educated on IPAC protocols
NB	-
PE	-
NL	-
YU	In LTC, the steps of an appeals process are described. Additionally, the process of designating an ECP and having it confirmed by the resident manager and setting mutual expectations are described
NT	-
NU	-

In addition to the information included at the provincial level, there were some hospitals that provided more information regarding use of a caregiver ID and rapid appeals processes. 40 out of the 46 hospitals (87%) did not mention any form of caregiver ID. For the six hospitals that had descriptions of caregiver IDs on their website, the formats included a caregiver identification bracelet, badge, care partner pass, access card, and a letter provided by staff. The IDs would have to be presented upon arrival at the hospital in order to gain entry. One hospital in Quebec provided the most detailed instruction on their website on how to obtain "caregiver identification bracelets", including specified hours that the bracelets would be available for the caregiver to pick up (from 8:00 am to 4:00 pm).

40 out of the 46 hospitals (87%) did not have an easy-to-find process to appeal a decision related to essential care partner status or visitation requirements. An easy-to-find appeals process was considered to be present if a hospital provided a point of contact for visitors to reach out to. For example, the hospital website may direct visitors to speak to the unit staff or clinical manager if they disagree with a decision, and further direct them to contact the Patient Relations office. The website should provide contact information such as phone number and email address. One clear example involved providing the patient or essential care partner with an Essential Care Partner / Care Partner Appeals Form they could download and submit to their Patient and Family Centered Care office. Steps in the appeal process were outlined in the form. In this case, the timeline for when the patient or essential care partner could expect to hear back regarding their appeal was on the same day for urgent appeals such as in end-of-life situations, and 48 hours for non-urgent appeals. Conversely, a hospital without an easy-to-find appeal process may not provide any contact information or a statement about the proper steps to take if essential care partners disagree with a decision.
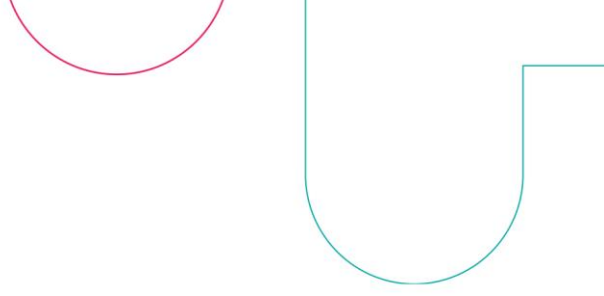
Summary

In summary, even during times of crisis such as the height of the Omicron wave, majority of provinces differentiated essential care partners from general visitors in their guidance and directives. Additionally, all allowed access to at least one essential care partner in LTC. Hospitals had more variability, with several provinces limiting access to certain patients and circumstances. This creates issues of health equity as not everyone can advocate equally. Additionally, we know that social determinants of health and being part of a racialized or minority group contribute to poorer patient experience, safety and outcomes and result in increased need for an essential care partner. However, these categories are generally not included in exemptions or eligibility for essential care partner access. Even when essential care partners are allowed, it is unclear when they can visit, and some guidance appears to suggest visiting hours and scheduling limits that can be prohibitive to some essential care partners with other commitments and may not be sufficient to meet the patients needs. Overall, there is room for improvements in clearly communicating specifics of policies related to essential care partners that include elements of the Essential Together policy guidance.

Appendix - Policy Scan Survey

How open is visiting to essential care partners:

1. Are essential care partners differentiated from general visitors? (*may be called essential visitors, family caregivers, designated support persons)
    a. Yes/No
    b. If yes, what terminology is used
2. Is every patient allowed at least 1 essential care partner?
    a. Yes/No
    b. If yes, how many are allowed and in what configuration (e.g. 2 can be designated, one allowed at a time, etc)
3. Is the visiting for the essential visitor (or general visitor if applicable) open 24/7?
    a. Yes/No
    b. If no, what are the hours allowed
4. Are there additional allowances for visits in special circumstances?
    a. Yes/No
    b. capture the list of circumstances
5. Is there a description of a caregiver ID?
    a. Yes/No
    b. Describe ID type (Badge, nametag, wristband)
6. Is there an easy-to-find process to appeal a decision related to essential care partner status or visitation requirements?
    a. Yes/No
7. Are there restrictions to becoming an essential care partner due to age, travel, or other risk factors?
    a. Yes/No
    b. capture the list
8. Are there requirements listed for essential care partners/visitors?
    a. Yes/No
    b. Vaccination mandates - note details
    c. Rapid testing or other testing - note details
    d. Masking - specify type if available - note details
    e. Screening - note details
    f. Other - list
9. Is there education provided for essential care partners?
    a. Yes/No
    b. What kind, if specified
10. Is there a listed process for becoming an essential care partner/designated visitor?

      a. Yes/No

      b. What is the process

11. Is the website up to date?

      a. Yes/No

      b. What is the date it was updated

12. Subjective score of 1-5 on how well communicated the current visitor policy is

References used for provincial and territorial guidance

AB

https://www.albertahealthservices.ca/topics/Page17001.aspx

https://www.alberta.ca/protecting-residents-at-congregate-care-facilities.aspx#jumplinks-1

BC

https://news.gov.bc.ca/releases/2021HLTH0060-001918

http://www.bccdc.ca/health-professionals/clinical-resources/covid-19-care/clinical-care/long-term-care-facilities-assisted-living#:~:text=Visitors%20must%20be%20screened%20for,are%20not%20permitted%20to%20visit.

http://www.bccdc.ca/Health-Professionals-Site/Documents/COVID19_VisitorsAcuteCare.pdf

MB

https://sharedhealthmb.ca/files/covid-19-pch-visitation-principles.pdf

https://sharedhealthmb.ca/files/covid-19-inpatient-visit-principles.pdf

SK https://www.saskhealthauthority.ca/our-organization/quality-care-patient-safety/patient-family-centred-care/famil-y-presence-and-visitation-sha-facilities/family-presence-and-visitor-restrictions

https://www.saskhealthauthority.ca/sites/default/files/2021-10/LTC-Safe-Family-Presence-at-a-Glance.pdf

https://www.saskhealthauthority.ca/sites/default/files/2021-10/AcuteCare-Safe-Family-Presence-at-a-Glance.pdf

NB https://en.horizonnb.ca/home/patients-and-visitors/coronavirus-(covid-19)/covid-19-visitor-restrictions-at-hospitals-and-health-care-facilities.aspx

https://www.vitalitenb.ca/en/covid-19/visits

NFL

https://www.gov.nl.ca/covid-19/life-during-covid-19/health-facilities/overall-guidance/

NS https://www.nshealth.ca/coronavirus-home/family-presence-during-covid-19-important-information-support-peoplevisitors

https://novascotia.ca/dhw/ccs/documents/COVID-19-Management-in-Long-Term-Care-Facilities-Directive.pdf

NWT https://www.nthssa.ca/en/services/coronavirus-disease-covid-19-updates/visitor-restrictions-and-processes-during-covid-19

ON https://www.ontario.ca/page/covid-19-guidance-document-long-term-care-homes-ontario?_ga=2.113189318.330471711.1634880690-1851355910.1634880690

https://www.ontario.ca/page/ministers-directive-long-term-care-home-covid-19-immunization-policy?_ga=2.113189318.330471711.1634880690-1851355910.1634880690

https://www.ontario.ca/page/covid-19-guidance-document-long-term-care-homes-ontario?_ga=2.113189318.330471711.1634880690-1851355910.1634880690#section-11

PEI https://www.princeedwardisland.ca/en/information/health-pei/visitor-policy-and-protocols-for-health-pei-facilities-including-long-term

QB https://www.quebec.ca/en/health/health-issues/a-z/2019-coronavirus/guidelines-for-visitors-to-hospital-centres-during-covid-19

https://ciusss-ouestmtl.gouv.qc.ca/en/users-info/covid-19-care-and-services/visitors-and-informal-caregivers/visitors-and-informal-caregivers-in-residential-and-long-term-care-centres-chsld/

YU https://yukon.ca/en/health-and-wellness/covid-19-information/long-term-care-visitation-guidelines-covid-19

https://yukonhospitals.ca/covid-19-updates