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Summary of Essential Care Partner and Visitor Policies Across Canada

March 2023

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HEC focuses on improving care of older adults, bringing care closer to home, and supporting pandemic recovery and resilience – with quality and safety embedded across all our efforts. We are committed to fostering inclusive, culturally safe, and equitable care through engagement with different groups, including patients and essential care partners, First Nations, Métis and Inuit, healthcare workers and more.

Launched in 2021, HEC brings together the Canadian Patient Safety Institute and Canadian Foundation for Healthcare Improvement. We are an independent, not-for-profit organization funded primarily by Health Canada. The views expressed herein do not necessarily represent the views of Health Canada.

150 Kent Street, Suite 200
Ottawa, Ontario, K1P 0E4, Canada
1-866-421-6933 | info@hec-esc.ca

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Introduction

This summary provides an updated overview of Canadian visiting guidelines and policies for essential care partners and visitors and includes:

An environmental scan of guidelines/policies in provinces and territories across Canada related to essential care partners and visitors in hospitals and long-term care. This data was collected in January 2023, at a time when all restrictive and protective measures such as mandatory masking or proof of vaccination are not required in any other sectors.

A review of select visiting policies in 118 acute care hospitals across Canada conducted in January through March 2023. The results provide follow up data from similar reviews conducted in 2015 and early 2020 (pre-pandemic).

Both of these reviews indicate that across provinces, territories, and within some hospitals, there is now differentiation between the roles of an essential care partner and visitor, which differs from pre-pandemic and the early days of the pandemic. However, there remains inconsistencies in implementation of policies supporting essential care partner presence in healthcare. Continued work is required to highlight the essential role that care partners play in supporting positive patient experience and outcomes.

Definitions

Essential Care Partners provide physical, psychological, emotional, and spiritual 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.

In the provincial and territorial policies, a variety of terms are used to represent the differentiation between essential care partners and visitors. Terms used generally include combinations of essential or designated with one of care partner, visitor, support person.

Visitors: 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'.

Patients are those persons who receive care, including includes residents and clients.

1. Environmental scan of provincial and territorial long-term care (LTC) and acute care visitor policies

Similar to past scans, the provincial, territorial, and hospital level policies included in this scan were found online and assessed for whether they included differentiation of essential care partners from general visitors, number and timing of allowable visits, special circumstances, restrictions, and requirements. 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.

Across the country, provinces and territories consistently differentiate between essential care partners and visitors. Additionally, the majority of long-term care policies have fairly open visitor policies for essential care partners and minimal restrictions for general visitors, with acute care policies being more restrictive. The exception is during outbreaks, where essential care partners remain permitted and access may be limited to a single essential care partner in long term care; in some acute care policies, essential care partners may only be permitted for compassionate reasons. Infection prevention and control protocols generally remain in effect with either active or self-screening required as well as masking, although many policies now allow long term care residents to determine whether masking is required if they are in their own, single room. Some provinces also continue to have requirements related to vaccination, testing, and training for essential care partners. Several provinces require that facilities obtain ministry approval before implementing further restrictions. The changes between current policies and the previous scan (July 2022) are minimal.

Table 1: Summary of Provincial and Territorial Visiting Policies

Province	Differentiation of ECPs	Access for ECPs	Access for visitors	IPC and policy requirements
BC	LTC: Yes Acute: No	LTC: Essential visits are allowed at all times, with single designated visits allowed	LTC: Social visits should be spaced out and can only happen during visiting hours.	LTC: Vaccination, rapid testing, masking, active screening, visitor log, PPE training

		<p>even during outbreaks. Vaccination and testing requirements are waived for compassionate visits.</p> <p>Acute: n/a</p>	<p>They are not allowed during outbreaks.</p> <p>Acute: Two allowed at a time in most areas.</p>	<p>for visitors, rapid appeals, clear communication</p> <p>Acute: active screening, vaccination, masking, rapid appeals process</p>
AB	<p>LTC: No</p> <p>Acute: Yes</p>	<p>LTC: n/a</p> <p>Acute: Open access. If there are space restrictions, there may be a limit of one or two. If symptomatic or have COVID-19, only allowed for compassionate visits</p>	<p>LTC: Open access</p> <p>Acute: May be restricted for space reasons. Fewer exemptions for compassionate visits.</p>	<p>LTC: Screening, masking</p> <p>Acute: passive screening, masking, must get approval for implementing further restrictions with a limit of 14 days.</p>
SK	<p>LTC: Yes</p> <p>Acute: Yes</p>	<p>LTC: Generally have open access. Limit to one or two consistent ECPs in times of high transmission or outbreak</p> <p>Acute: Same as LTC</p>	<p>LTC: During visiting hours only. Prohibited in times of high transmission or outbreak</p> <p>Acute: Same as LTC</p>	<p>LTC: Passive screening, masking in common areas, approval required before implementing further restrictions</p> <p>Acute: Same as LTC</p>
MB	LTC: Yes	LTC: Up to four ECPs can be	LTC: Restricted during times of	LTC: Masking

	Acute: Yes	<p>identified, with two attending at a time at all times.</p> <p>Acute: Up to two ECPs can be identified, with one attending at a time at all times.</p>	<p>high transmission or outbreak</p> <p>Acute: Same as LTC</p>	Acute: Same as LTC
ON	<p>LTC: Yes</p> <p>Acute: Yes</p>	<p>LTC: In an outbreak, one can visit at a time and cannot visit more than one LTC home. Otherwise open.</p> <p>Acute: At times of high risk, only permitted if vaccinated.</p>	<p>LTC: Restricted in an outbreak.</p> <p>Acute: At times of medium risk, visiting is limited. At times of high risk, it is prohibited.</p>	<p>LTC: Screening (active recommended), masking in common areas, rapid testing for general visitors, visitor log, PPE training</p> <p>Acute: Screening, masking</p>
QC	<p>LTC: Yes</p> <p>Acute: Yes</p>	<p>LTC: Always permitted</p> <p>Acute: Always permitted. If fail screening, only permitted for compassionate visits</p>	<p>LTC: No information</p> <p>Acute: During visiting hours. Restricted in areas with vulnerable patients (e.g. oncology)</p>	<p>LTC: No information</p> <p>Acute: Screening</p>
NB	<p>LTC: Yes</p> <p>Acute: Yes</p>	<p>LTC: Open access</p> <p>Acute: Two at a time in all areas and all times. If</p>	<p>LTC: Restricted during outbreaks</p> <p>Acute: During visiting hours and prohibited in some</p>	<p>LTC: Passive screening, masking in common areas</p> <p>Acute: Active screening,</p>

		fail screening, only permitted for compassionate visits	areas and at times of outbreak	masking, PPE training for ECPs
NS	LTC: Yes Acute: Yes	LTC: Open access Acute: Three at end of life, two in ICU, for children, and in L&D, otherwise one	LTC: Open Access Acute: Prohibited	LTC: Screening, masking in common areas, PPE training Acute: Screening
NL	LTC: Yes Acute: Yes	LTC: Open unless outbreak, when one consistent person is allowed Acute: Temporarily restricted to one in ED and two elsewhere	LTC: Restricted during outbreaks Acute: Temporarily restricted at time of review	LTC: Passive screening, masking Acute: Same as LTC
PE	LTC: Yes Acute: Yes	LTC: Six partners in care and three designated visitors can be identified and two can visit at a time (one in an outbreak) Acute: Three can be identified and two can visit at a time (one in an outbreak)	LTC: Restricted Acute: Same as LTC	LTC: Screening, masking, visitor log Acute: Same as LTC

NU	LTC: Yes Acute: Yes	LTC: Limited to one at times of outbreak Acute: Same as LTC	LTC: Restricted at times of outbreak Acute: Same as LTC	No information
NW	LTC: Yes Acute: Yes	LTC: Can identify six households, two people or one household can visit at a time Acute: Can identify four people, two people can visit at a time	LTC: Restricted Acute: Same as LTC	LTC: Masking, screening, identification letter for ECPs Acute: Same as LTC
YU	LTC: No information Acute: Yes	LTC: No information Acute: Two at a time at any time	LTC: No information Acute: Two at a time during visiting hours	LTC: No information Acute: screening, follow current IPC protocols

For further details of provincial and territorial policies/guidelines, see Appendix A.

2. A review of visiting policies in select Canadian acute care hospitals

We also conducted a more granular review of visiting policies at 118 Canadian acute care hospitals (Jan 2023). The methodology for this review follows closely with previously reviews that were conducted in 2015 and early 2020 (pre-pandemic).

Differentiation between general visitors and essential care partners

The 2023 review found that many hospitals had multiple versions of visiting policies to differentiate between general visitors and essential care partners. This is a significant change from before the COVID-19 pandemic, when many hospitals had a single visitor policy or webpage that applied to anyone wanting to visit a patient. In the 2023 review, 55 percent of hospitals reviewed had separate essential care partner visitor policies.

Visiting hours

The 2023 review found that hospital websites included fewer mentions of clear-cut visiting hours compared to previous findings. Noticeable similarities exist between the 2023 and the 2015 review, when it was common for a hospital to suggest that family contact the healthcare provider team and plan their visit ahead of time. This was not the case in the 2020 review, where open hours for family were more clearly communicated on websites.

Openness of visiting policies

Requiring essential care partners to contact healthcare teams to plan visits in advance leaves a lot of opportunity for inconsistency. In 2020 (pre-pandemic), many hospitals allowed open and flexible visiting policies for any family or friends according to patients' wishes, and the visiting hours were clearly communicated as "open," "anytime" or "24/7". While many hospitals in 2023 frequently included a notice that family/care partners were welcome to support loved ones in care with patients' permission, reviewers found it was more difficult to determine whether there were visiting hours in effect, who would be subjected to them, and if they were truly open. Additionally, hospitals included clauses noting that due to factors such as a COVID-19 outbreak, enhanced vulnerability of patients, or space constraints, access may be limited at short notice.

Overall, the average score of hospital visiting policy openness and notification of flexibility was 5.95 out of 10. The average score in the previous 2020 study was 7.43 out of 10, which was up from 4.64 out of 10 in 2015.

While there have been improvements in the openness of visiting policies since the lockdowns through the pandemic, this data suggests that we are not as open as we were from prior to the pandemic. However, importantly, there is now a better understanding and appreciation for the role of an essential care partner (as different from a visitor). This was not the case in earlier visiting policies, and may have been the reason blanket visitor restrictions were possible at the

start of the pandemic. Having policies that differentiate essential care partners, as noted in language used in these policies and provincial/territorial scans, is a foundational element of crisis-proofing policies that welcome and support essential care partner presence.

Table 2: Scores for openness for essential care partner presence at Canadian hospitals

Score for openness of visiting policy	Percentage of hospitals in 2015	Percentage of hospitals in 2020	Percentage of hospitals in 2023
0-2 (not at all accommodating)	27.19	7.63%	27.35%
3-4 (marginally accommodating)	24.56%	12.71%	3.42%
5-6 (somewhat accommodating)	16.67%	6.78%	12.82%
7-8 (accommodating)	27.19%	10.17%	17.95%
9-10 (very accommodating)	4.39%	62.71%	38.46%