

Introduction

1.1. Purpose

The Ministry of Health has established new visitor restrictions that are different from the typical approach due to the COVID-19 pandemic. This policy is to maintain a supportive family/caregiver/support person presence during end of life, death or pregnancy loss. The goal is to decrease the number of visitors to the healthcare environment as an infection prevention measure and to reduce the risk of spread of illness both to health care providers (HCP), staff, and patients/families.

1.2. Scope

This policy is applicable across BC Women's Hospital + Health Centre (BCW) and BC Children's Hospital (BCCH), including Sunnyhill Health Centre (SHHC) for all in-patient or clinic environments. This policy applies to all HCP and staff across the interprofessional team.

1.3. Key Considerations and Principles

- The changes to the number of caregiver/support person/visitors permitted during end of life, death or pregnancy loss care situations are because of the COVID-19 pandemic and are determined by the BC Ministry of Health. Normally, there would be no restrictions on compassionate family/caregiver/support person presence.
- Visitor restrictions in place during a pandemic may need to be examined by leadership including Ethics, Risk Management and Infection Control for each end of life circumstance recognizing there may be unique circumstances. The organization will take every step to mitigate unintended harm to family facing human loss.
- The restrictions are not usual and are not meant to be a social judgement on the value of human life, which we see as equal.
- Communication with families/caregivers/support persons should model Conversation Flow below.
- The core care team is committed to meet the patient's/family's needs and will use all available resources and supports, as appropriate.
- An escalation process is described below (section 2.3) to raise concerns if the family/caregiver/support person wishes or if a conflict occurs.

Policy

2.1 Visitors at the End of Life, Death or Pregnancy Loss

Visitors at the end of life or a patient death are considered "essential" as per the BC Ministry of Health family and visitor directive. Specific considerations for the number of visitors/support people are applied in these extraordinary circumstances. Screening for symptoms and PPE use should be promoted as per visitor guidelines. Caregiver/support person/family member who is symptomatic must wear a mask and remain in patient's room.

Perinatal: For a person experiencing perinatal loss, two family members or support people may be present with the birth parents (e.g. the parents and two other people).

Neonatal or Pediatrics: For families/caregivers/support people experiencing the imminent end of life or death of an infant, child or youth, two additional family members./caregivers/support people may be present.

- Visitor restrictions apply throughout the patient's admission. Family members/caregivers/support persons waiting to visit are not allowed to wait in the hospital in order to minimize risk of exposure to visitors and staff and to properly practice physical distancing.

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- Total visitor restrictions include spiritual/religious representative person.
- The time needed and the number of caregivers/support persons involved for compassionate presence will be carefully considered with the changing operational needs in response to pandemic surge protocols.
- When possible, the use of virtual health tools (e.g., video conferencing) will be considered to support compassionate presence.

2.2 Process

Prior to the initial conversation with the patient and/or family/caregiver/support person: Notify the Clinical Nurse Leader (CNL)/Charge Nurse (CN) so they are aware the core care team will discuss visitor restrictions at the end of life, death or pregnancy loss.

This information should be conveyed sensitively, based on the particular situation and needs of the family.

Adapted from: Providence Healthcare Guide for Serious Illness Conversations with Hospitalized high-risk COVID-19 Patients.

Conversation Flow	Suggested Language/Key Ideas
Set up the conversation <ul style="list-style-type: none"> • Introduce the purpose • Prepare for future decisions • Consider/check in with patient about timing of conversation 	<p>“I’d like to talk with you about the restrictions on the number of family and visitors allowed in the hospital during the pandemic.”</p>
Key Points	<ul style="list-style-type: none"> • We are restricting family and visitors. To keep patients and healthcare providers safe and prevent the spread of illness, we are restricting the number of visitors. • Perinatal: For a person experiencing perinatal loss, two adult family members/caregivers/ support people may be present with the birth parents (e.g. the parents and 2 other people). • Neonatal or Pediatrics: For families experiencing the imminent end of life or death of an infant, child or youth, two additional family members/caregivers/ support people may be present. • Total visitor restrictions include spiritual/religious representative person (i.e. clergy).
Acknowledge how difficult this may be for them *Allow silence & explore emotion	<p>“I wish we were not in this situation” “I wish things were different” “I imagine this may be very upsetting.” “I’m sorry this is the situation and this is happening right now.” “I know this is not fair, in addition to the grief you are feeling that we must also include the covid-19 restrictions.”</p>
Provide the family with options* * These options may be area-specific. Check with the CN/CNL about what options are available within the specific clinical area.	<ul style="list-style-type: none"> • Phone • Group video connection (e.g. FaceTime, Skype, Zoom) • In-hospital Spiritual Care Practitioner • Photography and mementos • Ceremony (for Indigenous patients/families, consult with Indigenous Patient Liaison service for options) • Cuddle Cot

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	<ul style="list-style-type: none"> • Speak to a family advisor • Transfer to Canuck Place for end-of-life care • Indigenous Patient Liaison or Elder (phone/FaceTime, Skype, Zoom) • Other compassionate care options may be offered
Explore patient/family preferences	<p>“What other information would be helpful from me right now?”</p> <p>“What is most important to you in this situation?”</p> <p>“What other ways of involving family or friends would you want to explore?”</p> <p>“Are there ways you are currently connecting virtually with family and friends that are working well?”</p>
<p>Close the conversation</p> <ul style="list-style-type: none"> • Summarize • Check in with patient/parent • Affirm commitment 	<p>Summarize the plan for compassionate presence.</p> <p>“How does this plan seem to you?”</p> <p>“We will do everything we can to help you through this.”</p>
Document & communicate with key clinicians	<p>Document by creating a note about plans for compassionate family presence.</p> <p>Directly inform provider(s) who need to know.</p>

2.3 In the event of disagreement about family presence/visitor restrictions

The process for resolving conflicts among healthcare providers and/or between healthcare providers and family/caregiver/support persons is as follows:

- If needed for resolution of conflict: Notify the Clinical Nurse Leader (CNL)/Charge Nurse (CN) of the situation.
- If not able to resolve: escalate to PM for clinical area (For nights & weekends: PM on call or delegate)

Decision Making Guide for Conflict Resolution Based on the PHS *Ethics Framework and Decision Making Guide* (2017):

1. Ethical question: In what situations would we consider allowing additional visitors during the COVID-19 pandemic?
2. Identify the stakeholders: [*Who needs to be part of the decision making process?*]
 - i. Key people include: the patient, the family/caregiver/support person, the staff member(s), the medical staff (physicians, midwives), and the operations leader(s)
 - ii. For Indigenous patients/families/caregivers/support persons, the Indigenous Patient Liaison service.
3. Clarify the facts, gather information: [*What are the relevant facts? What facts need further exploration to inform a decision? What information is unknowable?*]
 - i. What is the actual risk of spread of illness to staff, patient, and visitors?
 - ii. Do visiting family members have acute respiratory symptoms?
 - iii. What precautions can be taken to protect staff and visitors? Can PPE be worn? Is physical distancing possible (consider room size)?
4. Identify possible courses of action:
 - i. What are some alternatives to physical presence?
5. Make the best decision you can with the current tensions.

Responsibilities

3.1 Core Care Team

Dialog and support the family/caregiver/support person to identify additional family members/supports they would like present at the end of life, death or pregnancy loss and adhere to the restrictions outlined in this policy. It is the responsibility of the core care team to screen all family and visitors. Consult Infection Prevention and Control (IPAC) when required.

3.2 CNL/CN

Support to program HCP and staff and conflict resolution when core care team with when unable to resolve a conflict about family presence and support at end of life, death or pregnancy loss.

3.3 Program Manager or Delegate

Support to program HCP and staff and conflict resolution when core care team with CNL/CN when unable to resolve a conflict about family presence and support at end of life, death or pregnancy loss.

Most Responsible Provider (MRP) and Program Manager (PM) for clinical area (for night & weekends: PM on call or delegate) MUST be involved in any discussion about potentially keeping a family member with acute respiratory symptoms at the hospital (regardless of whether they meet testing criteria for COVID-19). Consult Infection Prevention and Control.

3.4 Additional Supports

Support for these decisions and conversations is also available from Operational Leaders (PC, PPC, CNC), Practice Leaders (PPL/SPL), Social Work, Ethics Service, Patient Experience, Spiritual Care, and/or Indigenous Health team including Indigenous Patient Liaisons 604-875-2348 (loc.2348).

Compliance

For the safety of all HCP, staff, patients, families and visitors, it is important that this policy is adhered to. Escalate non-compliance to the appropriate area manager or delegate. Team members should be empowered to ask for clarification when they observe variation from this policy.

Related Policies

See [ePOPS](#) for current PPE requirements

- [COVID-19 C&W Visitor Restrictions](#)
- [COVID-19: Emergency Prioritization in a Pandemic Personal Protective Equipment \(PPE\) Allocation Framework](#)
- [COVID-19 Ethics Analysis: What is the Ethical Duty of Health Care Worker to Provide Care During COVID-19 Pandemic?](#)
- [Ethical Considerations for Decision Making Regarding Allocation of Mechanical Ventilators during a Severe Influenza Pandemic or Other Public Health Emergency](#)
- [Physical Distancing at Work](#)
- [Support and Mobility for Women in Labour During COVID-19 Pandemic](#)

Definitions

Core Care Team – Family, Point of Care Nurse, and Most Responsible Provider (MRP) (physician, midwife, nurse practitioner) or delegate.

Family – Key caregiver(s)/support person(s) (e.g., parents; siblings; designated care persons)

References

- BC Children's and Women's. *Organizational Ethics Decision Making Guide*. (2016). Retrieved April 1, 2020 from <http://2pod.phsa.ca/quality-safety/ethics/cw-ethics/Documents/BCWH-BCCH-Ethics-ONLY-Organizational-Ethics-Framework-POD-2017.pdf>
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- Providence Healthcare. (2020). *Serious Illness Conversation Guide*. Retrieved April 1, 2020 from <http://covid19.providencehealthcare.org/sites/covid19.providencehealthcare.org/files/SICG%20V3%20April%202017%20%281%20page%29%20%282%29.pdf>
- UW Medicine COVID-19 Resource Site. (2020). *Restricted Visiting Policy*. Retrieved April 1, 2020 from <https://covid-19.uwmedicine.org/Pages/default.aspx>

Version History

DATE	DOCUMENT NUMBER and TITLE	ACTION TAKEN
14-Apr-2020	C-0506-11-60608 COVID-19: Compassionate Family Presence At End Of Life, Death Or Pregnancy Loss	Developed by C&W COVID Response Working Group; Approved by Professional Practice Director

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