

Posting Date: 2021-12-21**Posting History Dates:** 2020-03-13, 2020-03-14 edit, 2020-03-19 edit; 2020-03-20 edit; 2020-04-09 edit; 2020-06-24 edit; 2020-08-05 edit; 2020-08-18 edit; 2020-11-16 edit; 2020-12-07**Next Review Date: 2022-12-21****Title: CORP – Essential Caregiver/ Support Person Presence Guidelines during COVID-19****Applies to: All Hamilton Health Sciences (HHS) inpatient units, ambulatory care clinics and areas and the Emergency Departments.**

1.0 Purpose

1.1 As the novel coronavirus (COVID-19) situation continues to evolve, and in alignment with directives or recommendations from the Ministry of Health and Long Term Care, Hamilton Health Sciences (HHS) is committed to maintaining safety of the hospital community (that is, patients, families, staff, physicians, volunteers, learners) and this includes temporary changes to *Family Presence Guidelines*. HHS remains committed to patient- and family-centred care and will make every effort to ensure that the needs of patients and families are considered while these temporary measures are in effect.

2.0 Definitions

Essential caregivers/ support persons are essential partners in care and determined by the patient. Essential caregivers/ support persons can be a family member, partner, friend or neighbour who play a critical role in providing physical, emotional, spiritual and occasionally interpretation support for our patients. An essential caregiver/ support person is someone who knows the patient best, and is uniquely attuned to subtle changes in the patient's behaviours or physical/ functional status. In paediatrics, particularly with infants and young children, caregivers/ support persons are defined by the patient's parents/ legal guardian. When the patient is unable to identify caregivers/ support persons, the patient's next of kin or substitute decision maker (SDM) provides the identification. *Should public health guidelines dictate the need to reduce 'visitors' to 'essential visitors only', a patient's caregiver/ support person is the HHS definition of "essential".*

Visitors are individuals who have a relationship with a patient but are not identified as the patient's caregiver/ support person; someone whose time with the patient is discretionary and usually temporary; visiting for purposes that are more social in nature and not involved in the patient's care.

Equity means fair treatment, access, opportunity for all people, while at the same time striving to identify and eliminate barriers that have prevented the full participation of marginalized groups.

Diversity means all the ways that people differ, including characteristics, personal experiences, values, and worldviews.

Inclusion is the process of creating an environment in which any individual or group can be and feel welcomed, respected, supported, and valued to fully participate in meaningful ways in society.

3.0 Guiding Principles

3.1 HHS acknowledges the heightened vulnerability, fear, and anxiety patients and their loved ones are experiencing during the COVID-19 pandemic including limitations on visitor access.

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3.2 HHS acknowledges the integral role and impact that essential caregivers/ support persons have in providing physical, social, emotional, spiritual and navigation of care. HHS endeavors to include caregivers/ support persons throughout the varying waves of disease spread during the pandemic period.

This includes but is not limited to:

- Support for physical care and mental well-being, including:
 - Assistance with meals; mobility; personal care
 - Communication assistance for persons with hearing, visual, speech, cognitive, intellectual or memory impairments
 - Assistance for patients with disabilities
 - Provision of emotional support and/or spiritual support
 - Supported decision-making
 - Paediatric care, labour and delivery, and antenatal care
- Support for care coordination and discharge planning including Aboriginal Patient Navigators and LHIN Care Coordinators

3.3 HHS supports patient choice in determining who is considered caregivers/ support persons or visitors.

3.4 As a means to reduce risk of infection transmission, HHS has controls in place to manage the volumes of people on premises and continuously manages the availability of critical supplies such as personal protective equipment and other resources (e.g. segregation spaces).

4.0 Infection Prevention & Control Principles (IPAC)

4.1 Caregivers/support persons/visitors must pass screening. Failed screenings will result in denial of entry.

4.2 If caregivers/support persons pass screening, they will also be asked for proof of being fully vaccinated (e.g. paper; QR code) AND government issued identification that includes a photograph of the individual (e.g., Driver's License, Health Card, or Passport). Proof of full vaccination is an expectation of all caregivers/ support persons/ visitors. Entry will be denied if the caregiver/support person does not have proof of vaccination with appropriate photo identification and does not meet exemptions.

Note: Fully vaccinated means having received the full series of a COVID-19 vaccine or combination of COVID-19 vaccines authorized by Health Canada (e.g., two doses of a two-dose vaccine series, or one dose of a single-dose series; and having received the final dose of the COVID-19 vaccine at least 14 days prior).

Exemptions:

- Families of an End of Life patient – as determined by the clinical team
- Essential caregiver if they are caring for a highly dependent family member who needs their frequent support
- Compassionate reasons (e.g. life or limb threatening situations)
- Partners of patients giving birth; excluding visits to antenatal appointments
- Parents of children in Pediatrics and of infants in NICU
- Proof of medical exemption

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- 4.3** Caregivers/support persons/visitors must clean their hands when they enter the hospital, and when they enter and exit the patient’s room/ space.
- 4.4** Caregivers/support persons visitors must wear appropriate Personal Protective Equipment (PPE). It is expected that caregivers/ support persons/ visitors keep the hospital issued mask received at screening for the duration of the visit. Respiratory etiquette shall be followed as instructed upon entry and reinforced at locations where visiting occurs. [Cough Etiquette](#). Failure to follow instructions will result in the caregivers/ support persons/ visitors being asked to leave the hospital.
- 4.5** Essential parents/caregivers/support persons who are with children or developmentally challenged adults for continuous, extended periods of time, may remove their mask at the bedside when staff are not present. In multi-bed rooms, privacy curtains must be drawn. When not using the mask, the mask should be kept in a paper bag that can be obtained from the clinical unit. Masks must be donned by parents/ caregivers/ support persons whenever leaving the “bedside” zone essentially marked by privacy curtains. Parents/ caregivers/ support persons should be asked to don the mask when team members enter the room. In some circumstances, this may not be appropriate (e.g. sleeping caregiver). If team members are within 2 metres of an unmasked parent/caregiver/ support person, then they shall add eye protection to their PPE
[CORP – Hamilton Health Sciences \(HHS\) Patient and Visitor Masking Protocol During the COVID -19 Pandemic](#)
[CORP - Masking 101 for Staff and Physicians](#)
- 4.6** Caregivers/support persons/visitors **must** be able to follow direction, maintain IPAC principles and be capable of supporting care. Older children can therefore be considered, if fully vaccinated.
- 4.7** Beyond universal masking that is required of all those present in the hospital, clear signage of PPE bedside requirements must be readily available and visible. Staff will show the caregiver/ support person/ visitor how to put on and remove the PPE.
- 4.8** Caregivers/support persons/visitors are encouraged to stay with the patient for the duration of the stay. They may only go to common areas such as retail areas or utilize the common main public washroom facilities.
- 4.9** To avoid removal of masks, eating and drinking by caregivers/support persons/visitors is not allowed in patient rooms or on units. For parents/caregivers/support persons who are required to stay for continuous, prolonged periods of time, they are to eat in the patient’s room always respecting physical distancing from any other person in the room, and with privacy curtains drawn while a mask is removed. However if the patient is in Additional Precautions (droplet, contact, airborne) or in specific areas of the hospital (e.g., ICU) they should NOT eat in the room as per [IC - Additional Precautions Protocol](#).

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4.10 Any food brought in by caregivers/support persons/visitors for patients must be individually packaged and not shared. Leftovers must be discarded and cannot be kept in unit fridges.

5.0 Caregiver/Support Person/Visitor Presence

5.1 These guidelines for caregivers/ support persons/ visitors presence are subject to change at any time. Influencing factors include COVID-19 prevalence within the community or hospital site, or concerns with compliance to infection control measures raising safety risks. Unless otherwise directed, HHS will assess the level of restriction due to COVID and adjust the guidelines accordingly through a two Stage model: Low Prevalence and Non-low Prevalence as directed by executive leadership team.

[See Appendix: Caregiver/Support Person/Visitor Access](#)

5.2 In-patient visiting hours will generally be considered to be from 9 a.m. – 8 p.m. Please note that caregivers/support persons/visitors are to be screened by 7:30 pm. In extenuating circumstances authorization by Clinical Managers or their delegates, may allow presence at any time.

5.3 Patients and essential caregivers/support persons/visitors are able to visit outdoors, weather permitting. Essential caregivers/support persons/visitors must be screened prior to the outdoor visit; masking and physical distancing is always encouraged outdoors however masks may be removed for meals and drinks and breathing comfort especially during heat and humidity.

5.4 **Aboriginal navigators** are considered essential caregivers/support persons. **Community clergy** (i.e. priest, rabbi, imam, pastor, elder, etc.) may also be designated as essential caregivers/support persons by the patient/SDMs.

5.5 In-person language interpretation is permitted to support patient decision-making regarding medical care. It is important to check with the service provider to confirm availability of an interpreter coming into the hospital, if that is the preferred format. Telephone and video conferencing interpretation are available options.

5.6 **External service providers include, for example: Doulas, Chiropodists, Correction Officers accompanying a patient to and within the hospital, Psychiatric Patient Advocate Office (PPAO) staff.** Any requests for an external service provider must be approved by the Clinical Manager or delegate.

5.7 Caregiver/support person/visitor lists will be populated by the clinical team in accordance with patients' or SDMs' wishes.

Process:

- The list of caregivers/support persons/visitors will be provided by each clinical area (both inpatient units and ambulatory clinics) to the hospital screening stations on a daily basis
- The information collected will include, at a minimum, the caregiver's/ support person's/visitor's name and associated patient. Contact information will only be obtained when events arise where contact tracing is initiated

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- If a caregiver's/support person's/visitor's name is not on the list, the Screener will call the unit and speak with the Charge Person
- In case contract tracing needs activation, the Inpatient Units and Outpatient Clinics or Areas are to maintain a copy of the list of caregivers/ support persons/ visitors to patients or external visitors to the area for other reasons 14 days from date of entry

6.0 Alternate Forms of Visiting/ Information Sharing

6.1 Alternate forms of visiting/information sharing should be available for caregivers/ support persons as well as visitors:

- Virtual Visits – allowing interactions to take place on the unit using devices to connect patients to caregivers/support persons or visitors (e.g., telephone, tablet enabled videoconferencing)
- Window Visits – allowing visits to take place in designated areas to support caregivers/support persons who are reluctant to visit in person or who are not designated caregiver/support persons

7.0 Appeals Process

Patients/family members/caregivers/support persons wishing to challenge any decision to not permit an in-person caregiver/support person visit(s) will be directed to contact the clinical team; if they are not satisfied with the response, they should contact the Clinical Manager and then, if necessary, Patient Experience Office during business hours. The Patient Experience Specialists will work with the clinical team to find a resolution. During weekend and evening hours, the Site Administrative Managers (SAMs) and/or the Director-on-Call are the point of contact for the Patient Experience Office.

8.0 Documentation

Patient's preferences can be documented in the health record and/or Kardex, ensuring a consistent and comprehensive caregiver/support person/visitor presence plan that is accessible to all health care team members involved in a patient's care.

9.0 Cross References

[CORP - Prevention and Management of Workplace Violence and Harassment Protocol](#)

[CORP - Values Based Code Of Conduct Protocol](#)

[SEC - Trespass Policy](#)

[CORP - Patient Rights and Responsibilities](#)

[IC - Additional Precautions Protocol](#)

[EDM - Code White Response Plan](#)

[CORP – Hamilton Health Sciences \(HHS\) Patient and Visitor Masking Protocol During the COVID -19 Pandemic](#)

[CORP – Hamilton Health Sciences \(HHS\) Patient and Visitor Masking Protocol During the COVID - 19 Pandemic and Higher Rates of Disease Spread with the Community \(“non-low” epidemiology\)](#)

[CORP – Attendance On Site by Service Providers, Contractors and Vendors deemed Essential during COVID -19](#)

[IPC - External Care Provider Protocol](#)

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Patient Experience and Safety
 Program for Ethics and Care Ecologies
 Child Life

11.0 In Consultation With

Communications & Public Affairs
 COVID-19 HNHB Subject Matter Expert Team
 Joint Health & Safety Committee
 Infection Prevention and Control
 Patient and Family Advisors
 Public Health
 Site Administrators
 Security

12.0 Approved By

HHS Corporate Executive Team

13.0 Appendix

[Stages of Caregiver/ Support Person/Visitor Access](#)

**Keyword
Assignment**

Corona virus, COVID-19, COVID, pandemic, novel, visitor, caregiver, clergy, priest

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| Category and Patient Population | Non Low Prevalence | Low Prevalence |
|---------------------------------|---|---|
| Inpatients | | |
| Inpatients (Adult) | <ul style="list-style-type: none"> Patients to identify up to two essential fully vaccinated caregivers/ support persons who are from the same household and/or are consistent caregiver(s). Older fully vaccinated children can be considered who meet expectations set out in section 4.6. Two essential caregivers/support persons per day however only one person at the bedside at any time | <ul style="list-style-type: none"> Patients to identify up to two fully vaccinated caregivers/ support persons/ or visitors. While consistent visiting is encouraged, patients may change the name(s) of designated individual(s) if required. Children can be included who are vaccinated, and can follow IPAC and masking requirements Two caregivers/support persons/ visitors per day; two caregiver/ support person/ visitor at the bedside at any time |
| Patients Positive for COVID-19 | <ul style="list-style-type: none"> Where a patient is positive for COVID-19 – one essential caregiver/support person may visit. PPE will be provided by the clinical unit for this caregiver/ support person to keep them safe while they are with the patient. Patients with continuous AGMP therapies should not have visitors due to the lack of fitted N95 respirators for caregivers/ support persons. However, if teams can hold an AGMP for some time to accommodate a visit or there are extenuating circumstances (e.g. end of life) then an exception can be authorized by the Clinical Manager or delegate. | |
| Imminent End of Life | <ul style="list-style-type: none"> The Clinical Manager or delegate, in partnership with the patient, and essential caregivers/ support persons, will determine the best options for caregiver/support person presence. This also includes patients who are positive for COVID-19. Restrictions on the numbers at the bedside can be eased with proactive planning involving IPAC and the clinical team. If the caregiver/ support person has travelled from outside of Canada and has received government approval for compassionate entry to Canada with limited release from quarantine CORP - Letter of Required Support Request for Exemption on Compassionate Grounds: COVID-19 Federal Travel Restrictions and/or Limited Release from Federal Quarantine, and VP approval CORP - Site Visit Authorization Limited Release from Federal Quarantine, the following guidelines will apply: <ul style="list-style-type: none"> The individual must be met at the entrance to the hospital, and asked to don a hospital supplied medical mask and additional PPE as appropriate and escorted directly to the patient's room | |

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| Category and Patient Population | Non Low Prevalence | Low Prevalence |
|--|--|--|
| | <ul style="list-style-type: none"> Whenever possible, the visit must take place in a private room/space At the end of the visit, the individual must be escorted directly to the hospital exit | |
| Serious Emergency Surgery or Trauma (i.e. life and limb, threatening situations) | <p>Two caregivers/support persons may attend/wait for a patient who is having serious emergency surgery and or has experienced trauma (i.e. life and limb threatening situations).</p> <p>Additionally:</p> <p>One caregiver/support person may be with the patient pre-procedure, but will be required to leave once the patient moves to the procedural area.</p> <p>One caregiver/ support person would be allowed to return pre-discharge for same day patients to ensure discharge instructions are provided with opportunities for questions and to accompany the patient from other sites.</p> | |
| Emergency Department | | |
| Emergency Department/ Urgent Care Centre (Adult) | <ul style="list-style-type: none"> A patient who is at imminent risk of dying may have one essential caregiver/support person or SDM present with them during their Emergency Department (ED) stay. Patients with cognitive, mobility or language difficulties may be accompanied by one caregiver/ support person or SDM until the patient is triaged and settled into a room in ED or Urgent Care Centre (UCC). The need for a caregiver/ support person or SDM is constantly re-evaluated by the care team and caregivers/ support persons may be asked to leave at any time if their presence is no longer deemed essential to the patient's visit | <p>One essential caregiver/support person or SDM will be allowed access where:</p> <ul style="list-style-type: none"> A patient requires support to provide their medical history and/or support during care; particularly if the patient has a language barrier, requires physical/mobility assistance, and/or is frail and/or has cognitive impairments. A patient relies on caregiver/ support person support (e.g., an elderly patient who needs physical assistance; an adult with developmental challenges) The patient has extenuating circumstances (e.g., patients who are/with palliative care, severe illness, devastating diagnoses, medical-related codes) |
| Ambulatory Care | | |
| Ambulatory Care Clinics (Adult) | <ul style="list-style-type: none"> Due to significant challenges maintaining safe physical distancing associated with ambulatory services, ambulatory care patients are not permitted to have an essential partner in care accompany them at this time except in circumstances listed below. Patients are encouraged to speak with their care provider about inviting their essential caregiver/ support person to join the appointment by telephone. | |

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| Category and Patient Population | Non Low Prevalence | Low Prevalence |
|---|---|----------------|
| | <p>Exceptional circumstances:</p> <ul style="list-style-type: none"> Patients with cancer coming to the Oncology Day Services (ODS) or the JCC who require accommodation as per the Accessibility Act (AODA), or who require support for a cognitive, communication, mobility, emotional or other care need that cannot be managed by staff or through virtual means, may be accompanied by one adult family member/caregiver. The following support is available for patients: there are phones in all rooms so family members can call to participate in medical appointments. The list of approved caregivers is pre-approved and provided to the Screeners at the screening station. <p>Patients Scheduled for Diagnostic Imaging:</p> <ul style="list-style-type: none"> For obstetrical ultrasound, one partner/ caregiver/support person may attend towards the end of the scan. Attendance for longer duration is based upon compassionate grounds (e.g. query fetal demise). It is expected that the partner/caregiver/support person is masked and respects 2 meters distancing wherever possible. For any sedated procedures, one caregiver/support person may attend For Interventional Radiology, one caregiver/support person would be allowed to visit pre-procedure, but will be required to leave once the patient moves to the procedural area. One caregiver/ support person would be allowed to return pre-discharge for same day patients to ensure discharge instructions are provided with opportunities for questions and to accompany the patient from the site <p>For all other diagnostic imaging “tests”, no caregivers/support persons will be allowed at this time due to limited waiting room space</p> | |
| Paediatrics | | |
| Inpatients | <ul style="list-style-type: none"> Paediatric patients on all inpatient units (including children/youth in the mental health program) may have up to one parent/caregiver present at a time and for continuous care as required. | |
| Emergency Department/ Urgent Care/ Ambulatory Clinics | <ul style="list-style-type: none"> Paediatric patients in the Emergency Department, Urgent Care Centre, and Ambulatory Care Clinics are permitted to be accompanied by one parent/caregiver. The need for a second family member/parent/caregiver will be considered on a case-by-case basis by the most responsible person, and will be re-evaluated by the care team as needed. The second family member/ parent/caregiver may be asked to leave at any time if their presence is no longer deemed essential to the patient’s visit. Paediatric patients scheduled for Diagnostic Imaging are permitted to be accompanied by one parent/caregiver. | |

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| Category and Patient Population | Non Low Prevalence | Low Prevalence |
|---|--|--|
| Patients Positive for COVID-19 | <ul style="list-style-type: none"> • Where a paediatric patient is positive for COVID-19 – one parent/caregiver may visit. PPE will be provided by the clinical unit for this parent/caregiver to keep them safe while they are with the patient. This designated parent/caregiver will be asked to stay in the room, meals will be provided along with a dedicated bathroom. If the parent becomes symptomatic, an alternate caregiver will be requested to stay with the patient. | |
| Imminent End of Life | <ul style="list-style-type: none"> • The Clinical Manager or delegate, in partnership with the patient, and parent/caregiver/ support person, will determine the best options for parent/caregiver/ support person presence. This also includes paediatric patients who are positive for COVID-19. • If the parent/caregiver/support person has travelled from outside of Canada and has received government approval for compassionate entry to Canada with limited release from quarantine CORP - Letter of Required Support Request for Exemption on Compassionate Grounds: COVID-19 Federal Travel Restrictions and/or Limited Release from Federal Quarantine, and VP approval CORP - Site Visit Authorization Limited Release from Federal Quarantine, the following guidelines will apply: <ul style="list-style-type: none"> • The individual must be met at the entrance to the hospital, and asked to don a hospital supplied medical mask and additional PPE as appropriate, and escorted directly to the patient's room • Whenever possible, the visit must take place in a private room/space • At the end of the visit, the individual must be escorted directly to the hospital exit. | |
| Women's & Newborn | | |
| Child Birth & Pregnant Patients Admitted for Antenatal Care | <ul style="list-style-type: none"> • Patients may have one family member/caregiver/support person present for their entire stay (i.e. 24/7). This person may have in and out privileges; each time the family member/caregiver/support person re-enters the site, they must be re-screened. • There may be some unique circumstances in which exceptions might apply. Any exceptions must be approved by the Clinical Manager or delegate. | <ul style="list-style-type: none"> • Patients may have two family members/caregivers/support persons present for their entire stay (i.e. 24/7). This person may have in and out privileges; each time the family member/caregiver/support person re-enters the site, they must be re-screened. |
| Ambulatory Care | <ul style="list-style-type: none"> • Antenatal patients may have one family member/caregiver/support person accompany them to an antenatal clinic visit (i.e. clinics located on 4B1, 2F, PND). | |

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| Category and Patient Population | Non Low Prevalence | Low Prevalence |
|--|--|--|
| Neonatal Intensive Care Nursery (NICU) | <ul style="list-style-type: none"> Up to two parents/caregivers may be identified for each baby in the NICU. Only one parent/ caregiver may be present at a time, except under exceptional circumstances. | <ul style="list-style-type: none"> Up to two individuals (i.e. one parent/caregiver and one other person) may be present at a time. Children who are visiting an infant sibling may be any age so long as they are able to wear a mask, however, non-siblings must be 12 years of age or older to visit. |

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