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Name: HPEI Family Presence Policy

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Policy and Procedures Manual

Formal Submission for Approval

FAMILY PRESENCE

| Health PEI | | POLICY & PROCEDURES |
|--------------------|--|--------------------------------|
| Applies To: | All Staff, Volunteers, Students, Contract and Medical Staff, Other Persons Acting on Behalf of all Health PEI hospitals, long-term care facilities and Provincial Palliative Care Centre | |
| Monitoring: | Chief Nursing, Professional Practice and Quality Officer | |
| Date: | Effective: February 27, 2017 Reviewed: May 8, 2023 Next Review: August 8, 2023 | |

Approving Authority:

Executive Leadership Team

Authorized Signature:

Record of Decision

Approving Body: Executive Leadership Team

Meeting Date:

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1.0 POLICY

- 1.1 Family and designated care partners are welcomed as essential members of the health care team and full partners in care.
- 1.2 Family presence is balanced with patient, family and patient care team safety while protecting the confidentiality and privacy of all patients. This policy is intended to be flexible in order to respond to the diverse and individual needs and preferences of each patient.
- 1.3 Family/partners in care are welcomed 24 hours a day according to patient preferences and in coordination with the patient care team. Visiting hours for visitors may be limited based upon the care priorities of the patient(s).
- 1.4 Family/partners in care and/or general visitors who have a negative impact on the patient's health outcomes and/or treatment plan may be asked to postpone their visit or leave in the interest of the patient's well-being. This occurs in discussion with the patient, family/partners in care and patient care team.
- 1.5 The number of people welcomed at the bedside at any one time is determined in collaboration with the patient, family/partners in care and patient care team. Where patients are in shared rooms, this consultation also involves the other patient and their family. To ensure safety, consideration will be given to the physical limitations of the space available on the unit and in the patient room.
- 1.6 The patient care team may be required to interrupt family presence to protect the privacy rights of other patients or to maintain safety, security or clinical requirements.
- 1.7 Personal pet visitation will be determined for each patient through discussion with the patient care team and the family/partners in care. The potential risks and disadvantages

must also be considered when allowing animals into the healthcare setting including: space limitations, infectious risk, allergies, phobias, and animal-caused injuries. Based on these risks, pet visitation may need to occur in an alternate location or be denied.

- 1.8 Facilities may need to develop their own procedures or guidelines that are in alignment with the provincial policy.

2.0 DEFINITIONS

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|---|--|
| General visitor: | Refers to a guest of the patient or family who may wish to visit. |
| Family: | Is defined by the patient. The patient defines the makeup of their family, and has the right to include or not include family members in their care, and redefine the makeup of their family over time. (Accreditation Canada, 2016). |
| Partner in Care: | Is anyone identified by the patient or substitute decision maker (SDM) as an important support who the patient wishes to be included in any encounters with the healthcare system, including but not limited to, immediate and extended family members, friends, caregivers, etc. |
| Patient: | Any person receiving services from Health PEI, this includes those referred to as clients or residents and where appropriate, authorized substitute decision makers, or legal proxy for the patient. (Health PEI, 2015). |
| Patient and Family Centered Care (PFCC): | Is an approach that fosters respectful, compassionate, culturally appropriate, and competent care that is responsive to the needs, values, beliefs, and preferences of clients and their family members. It supports mutually beneficial partnerships between patients, families, and health care service providers. (Accreditation Canada, 2015). |
| Patient Care Areas: | Are locations within care facilities where patients receive care delivery from the patient care team. |
| Patient Care Team: | Healthcare providers who are responsible to provide treatment, consultation and care for all patients. |
| Personal Pet: | An animal kept by an individual for pleasure or companionship with the exception of reptiles and rodents due to the higher risk of infectious disease. |
| Pet Handler: | Individual who brings the animal to the healthcare system for personal pet visitation. This is usually the pet owner or family member. |

3.0 PURPOSE/SCOPE

Health PEI recognizes that partnering with patients and families plays an important role in a patient’s overall well-being and recovery to optimal health. This aligns with the strategic direction of Health PEI in relation to patient experience. The purpose of this policy is to establish standardized family presence practices throughout Health PEI, enhance the patient experience and improve patient outcomes.

4.0 APPLICATION

The policy applies to all Health PEI employees working in all Health PEI hospitals, long-term care facilities, and the Provincial Palliative Care Centre. This includes staff on contract, medical staff, volunteers, students and other persons acting on behalf of Health PEI within these facilities.

5.0 PROCEDURES

- 5.1 To ensure the health and safety of all patients, family/partners in care, general visitors and patient care team members are requested to perform proper hand hygiene with soap and water or alcohol-based hand sanitizer before entering and exiting the patient room and patient care area.
- 5.2 All family/partners in care and general visitors are to refrain from using scented products.
- 5.3 The presence of children is supported based on the preference of the patient and patient care team. An adult (other than the patient or patient care team member) must supervise the children.
- 5.4 If an outbreak of infection requires some restrictions for public health safety, the patient care team will collaborate with the patient and family/partners in care to enable and ensure that selected family/partners in care are still welcomed.
- 5.5 If the family/partners in care and/or general visitor are unwell, it is recommended that they stay home.
- 5.6 Family/partners in care may spend the night with the patient if space is adequate; however, sleeping accommodations are not required to be provided and may not be possible depending on the availability or physical space.
- 5.7 The family/partner in care must be able to safely stay alone and take care of their own personal needs and hygiene (food, refreshments, medications, showers, etc.).
- 5.8 Personal belongings, such as medications, may not be permitted in patient care areas depending on level of risk.

Noise and Disruptive Behavior

- 5.9 Family/partners in care and general visitors will be mindful and sensitive to the needs of other patients, families and patient care team members by keeping noise and disruption to a minimum.
- 5.10 Clothing which covers top and bottom is required and should be worn at all times.
- 5.11 Disruptive behavior or unsafe practices are not tolerated. This includes but is not limited to: alcohol or illicit drug use; foul language; aggressive or disrespectful behavior to the patient care team, patients or other family members; etc.
- 5.12 If behavior becomes disruptive to any patient, family, patient care team or general visitor, or interferes with the general comfort, care, care planning, or decision making of any patient, the person causing the disruption will be asked to leave the facility by a member of the patient care team or Security Services (where applicable).

Pet Visitation

- 5.13 Pet visitation will be pre-arranged with the patient care team to determine appropriateness, time, place and length of visit. This is not required in long-term care. Please refer to the *Long-Term Care Pet and Pet Visits Operational Standard* for more information.
- 5.14 The pet needs to be healthy, carried in a pet carrier or on a non-retractable leash while in the facility.
- 5.15 Patient, pet handler and others who came into contact with the pet shall perform good hand hygiene before and after animal contact.
- 5.16 The handler must attend to all needs of the pet.

- 5.17 If at any point pet behavior and/or temperament are disruptive or unsafe, the pet handler and pet will be asked to leave the facility by a member of the patient care team.
- 5.18 If there are concerns about allergies of the patient care team or other patients who will occupy the visitation area, the manager/patient care team member is to contact environmental services (where applicable) to discuss cleaning procedures or an alternate area for the visitation (i.e. an area that is easily wiped down).
- 5.19 In acute care settings, pet visitation will not be the norm and will be done in exceptional circumstances.

6.0 MONITORING

The Chief Nursing, Professional Practice and Quality Officer is responsible for ensuring that this policy is reviewed every three years as per the organization's policy review cycle.

7.0 REFERENCES

Related Documents

N/A

References

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Appendices

N/A

8.0 STAKEHOLDER REVIEW

| Group / Committee | Dates of Review |
|---|---|
| Provincial Medical Advisory Committee | Nov 17, 2016 |
| Acute Care Directors of Nursing | Dec 9, 2016 |
| Provincial Nursing Leadership Committee | Jan 5, 2017 |
| Patient and Family Centered Care Steering Committee | Oct 17, 2016 & Dec 22, 2016, March 31, 2023 |
| Patient and Family Centered Care Advisory Committee | February 15, 2023 |
| COVID Operations | April 17, 2023, May 8, 2023 |
| Provincial Infection Prevention and Control | April 17, 2023, May 2, 2023 |

9.0 REVIEW HISTORY

Review Dates: May 8, 2023 _____ _____
 _____ _____ _____