

Family Presence

1. Introduction

1.1. Purpose

To establish guidelines and ensure consistent practices for patient and resident directed family presence at all Providence Health Care (PHC) sites.

1.2. Scope

This policy applies to all PHC Staff (unionized and excluded), other credentialed professionals, volunteers, students, contractors, and vendors (collectively, these individuals are referred to as "Persons") who attend a Patient Care Location.

This policy also applies to the family as defined by the patient or resident. When the patient or resident is unable to define family, the patient or resident's [Substitute Decision Maker \(SDM\)](#) provides the definition.

2. Policy

Family members are part of the care team as they are integral to the patient and residents' life and healing. Family members, as identified by the patient or resident, provide support, comfort, and important information during their hospital stay regardless of time of day, day of week or department. We welcome families 24 hours a day according to patient or resident preference.

Family presence will be balanced with patient, resident and Staff safety while protecting the confidentiality and privacy of all patients and residents. This policy is intended to be flexible in order to respond to the diverse and individual needs and preferences of each patient and resident as well as to foster the safety of patients, residents, families, and Staff.

3. Responsibilities

- Family members are encouraged to actively engage in the patient or resident's hospital experience to ensure the delivery of safe, person and family-centred care.
- Family members collaborate with the care team to coordinate their presence as directed by the patient or resident to provide the safest care possible.
- When the patient or resident is unable to define family, the health care provider must identify an authorized Substitute-Decision Maker (refer to [Consent to Health Care](#)).
- The length of the family members' stay is at the discretion of the patient or resident in collaboration with the care team.
- Family members, staff, and all Persons are required to act in accordance with the [Respect at Work](#) policy.

- Family/visitors may be required to wear personal protective equipment. They will be supported by staff in safe donning and doffing procedures.
- Family members, Persons, and staff must wash their hands before and after spending time with patients/residents. See [Hand Hygiene](#) policy for more information.
- Families whose behavior is disruptive or infringes upon others' rights, or safety, may be asked to leave. Consultation with Integrative Protection Services (Security) may be necessary for assistance. Refer to "[Managing Disrespectful, Violent, or Aggressive Behaviors of Visitors](#)" policy for further guidance.
- Families who are medically or therapeutically contraindicated for the patient or resident will be asked to postpone their visit or leave in order to maintain the safety of the patient or resident, or staff member.
- Individuals who have signs and symptoms of communicable disease and present a risk of transmission of illness may be asked to leave or postpone their visit in order to maintain the safety of the patient or resident, and/or staff member.
- During the hours of 8:00 pm - 6:00 am family members are required to enter through the designated after hours entrance. Family members should speak with their care team for more information.

4. Compliance

Any Persons found in violation of this policy may be subject to remedial and/or disciplinary action up to and including termination of employment, cancellation of contract and/or revocation of privileges.

Any family member found in violation of this policy may be denied access to Patient or Resident Care Locations.

In a pandemic, Public Health may direct additional requirements to this policy. Those requirements will be considered as being incorporated in this policy and must be adhered to.

5. Supporting Documents

5.1. Related Policies

[Managing Disrespectful, Violent, or Aggressive Behaviors of Visitors](#)
[Respect at Work](#)
[Hand Hygiene](#)

6. Definitions

"Disruptive Persons" are defined as those that place patient, resident, family, friends, staff, Persons, or facilities at risk and infringe upon others' rights and/or safety.

"Family" is defined by the patient or resident. When the patient or resident is unable to define

family, the patient or resident's substitute decision maker provides the definition. Family members are the people who provide the primary physical, psychological, or emotional support for the patient or resident. Family is not necessarily blood relatives. Family members are encouraged to be involved and supportive of the patient or resident and are integral to the overall well-being of the patient or resident.

"Patient or resident" is an individual under the care of the hospital/residential care setting who has his or her own set of beliefs and habits, and his or her own unique family and support group.

"Patient or resident-directed visiting" allows access to the patient or resident when they desire in collaboration with his/her care team. This includes evenings, weekends, or any other time a patient or resident so desires family to be present. In situations where the patient or resident lacks capacity, the patient or resident's SDM establishes parameters in collaboration with the care team.

"Substitute Decision Maker (SDM)" means any of a Representative, a Committee of the Person, or a Temporary Substitute Decision Maker as defined below:

Representative means a person chosen by the patient/resident when the patient/resident was capable, who meets basic criteria and has entered into a Representation Agreement as part of advance care planning.

Committee of the Person means a person appointed by court order of the Supreme Court of BC under the Patients Property Act, giving them broad decision-making powers on behalf of the patient/resident. This order will usually be in force for a long period of time.

Temporary Substitute Decision Maker (TSDM) means a person temporarily appointed under the Health Care (Consent) and Care Facility (Admission) Act as a substitute decision-maker. The health care provider must choose the first of these, who is available and qualifies:

- a) the patient/resident's spouse (in the case of a married person who is separated but in a common law relationship, the common law spouse should be selected);
- b) the patient/resident's child;
- c) the patient/resident's parent;
- d) the patient/resident's brother or sister;
- e) the patient/resident's grandparent/grandchild;
- f) anyone else related by birth or adoption to the patient/resident;
- g) a close friend of the adult;
- h) a person immediately related to the adult by marriage.¹

7. References

Institute for Patient and Family-Centered Care website Accessed on January 12, 2022, via:

https://www.ipfcc.org/bestpractices/covid-19/IPFCC_Family_Presence.pdf

<https://www.ipfcc.org/resources/visiting.pdf>

¹ Health Care (Consent) and Care Facility (Admission) Act, Section 16.1

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