

FAMILY PRESENCE AND GENERAL VISITATION	Quality, Patient Safety and Risk Management  QRM-040
<b>Issuing Authority</b>	Ken Baird, Vice President Signed by Ken Baird Dated April 19, 2021
<b>Office of Administrative Responsibility</b>	Quality, Patient Safety and Risk Management. Client- and Family- Centred Care
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## Overview

Eastern Health is committed to maintaining a safe, secure, comfortable, inclusive, and equitable healthcare environment, demonstrating respect for the diverse needs of clients, families, and staff, and supportive of People Centred Care (PCC). PCC encompasses the term Client- and Family- Centred Care.

Research demonstrates that the presence and participation of one's family as essential partners in care enhances the client and family experience of care, improves safety, and facilitates continuity of care.

It is important for clients to experience the support of family and friends to the degree they wish. Family Presence establishes the ability of a support person, identified by the client or Substitute Decision Maker (SDM), to be present twenty-four hours a day. General visitation hours are available for family and visitors not specified as the support person or caregiver.

The word *client* is also used to represent *patient* and *resident*. (See definitions)

## POLICY

1. When accessing health care services, including outpatient, clinic, inpatient stay, emergency room visit or long-term care placement, clients are informed

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of the practice of Family Presence and advised that they can identify a support person.

2. Where available and appropriate, clients are provided with an information brochure on Family Presence in a language of their choice.
3. To meet the needs of the client, timely provisions are made as appropriate for:
  - a. engagement of a family/caregiver or friend, identified by the client or SDM, to support with language,
  - b. engagement of a community agency appropriate to the culture, preferences and needs of the client/family,
  - c. access to Eastern Health Interpretation Services. See Diversity and Inclusion intranet resources for contact information for over the phone interpreting services and Bilingual Services Office, <http://pulse.easternhealth.ca/UserPage.aspx?pageid=3169>  
The public webpage to share information for the Interpretation Services <https://www.easternhealth.ca/prc/interpretation-services/>
  - d. engagement of Eastern Health's Aboriginal Patient Navigators (APN), public information is found at <https://www.easternhealth.ca/prc/patient-navigators/>
4. More than one support person can be identified by the client or a Substitute Decision Maker (SDM). Only one support person at a time can be present 24 hours a day, unless otherwise agreed upon by the client/ SDM, support person and the health care team.
5. All other persons, considered visitor(s), are required to follow the general visitation guidelines.
6. Considerations and provisions are made to support an inclusive approach to the definition of family (e.g., cultural considerations).
7. Considerations of and provisions are made for the use of virtual formats for visitation and family presence, to support access and engagement in care planning.
8. At no time is the support provided to the client by the support person considered to be in place of the health care duties and responsibilities of the healthcare provider.
9. Health care decisions are made by the client, or the SDM if the client is deemed unable to make their own decisions. The support person, if different from the SDM, only provides health care support to the degree the client/SDM wishes.

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10. Family presence may be considered in some restricted service areas, where possible, upon consideration of the needs of the client, safety, and potential risk factors, e.g., Operating Room (OR) for caesarean (C-Sections), Medical Imaging (MI) procedures or for some invasive procedures, such as Endoscopy (to the point of patient sedation).
  11. Alternate guests/support (e.g., personal pets, animal assisted therapy) will be supported where possible and must be pre-arranged with the health care team (see relevant organizational policies for pet visitation, such as Infection Prevention and Control for Pet Therapy and Pet Visitation IPC-156 and Infection Prevention and Control for Service Animals IPC-157).
  12. Staff must adhere to the Privacy and Confidentiality Policy ADM – 030.
  13. Support Person
    - a. The client/SDM chooses their support person and the degree to which that individual participates in their care.
    - b. The client/SDM has the right to change the support person identified.
    - c. Any changes to the identified support person are to be communicated to the health care professional assigned to the client and documented accordingly in the client's health record.
    - d. If the client ceases to be competent to make and communicate health care decisions and name a support person, the Substitute Decision Maker (SDM) is contacted by the health care professional assigned to the client to determine if they want to name a support person. Should there be no SDM the healthcare professional will reference protocol in Section 10 of the Advanced Health Care Directives Act.
    - e. The support person can be present twenty-four (24) hours a day, as per the client/SDM preference.
    - f. A support person's child(ren) are considered visitors and subject to general visitation.
  14. General Visitation
    - a. Visitors are welcome within the visiting hours of 1100-2100, unless otherwise designated. It is recognized that some specialty units may have unit specific hours. These units are to have Visiting Policy Guidelines created specifically for their unit and these guidelines are to be posted on their unit, and the information made available to clients, family, and the public.
    - b. Only two visitors per client are permitted at one time, unless otherwise identified by the care provider, the client and family as part of the health care plan (e.g., A culturally sensitive lens for health care visitation may identify more than two visitors at one time, as determined in consultation with the healthcare team)

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- c. Children under the age of 12 years are welcome to visit during general visitation hours and require supervision by an adult who is not the client.

15. All Support Persons and Visitors

- a. Must be informed, by the health care professional assigned to care of the client, on infection prevention and control practices (e.g., additional precautions and isolation rooms).
- b. Must follow infection prevention and control practices (e.g., proper hand hygiene) and are asked to not visit if they are ill.
- c. Washrooms designed for persons receiving care are for their use only. Public washrooms are available within all sites.
- d. Are expected to follow the Scent Safety Policy, HR-OH(o) – 270.
- e. Are expected to follow the Smoke- Free Environment Policy ADM.

16. Infectious Disease Outbreak/Pandemic:

- a. In the event an infectious disease outbreak requires visiting and or family presence restrictions for public health and safety, the health care team and Infection Prevention and Control (IPAC) will work with clients/SDM, support persons/caregivers to ensure they are able to support the client and family, according to outbreak management guidelines, as determined by IPAC and the Medical Officer of Health (MOH) and provincial guidelines. See relevant IPAC policies and Emergency Operations Committee(s) for additional guidance. (e.g., IPC-185 Outbreak Management for Acute and Long-Term Care, and 114-IPC-020 Infection Control Practitioners - ICP- Guideline – Outbreak Management).

17. Unacceptable Behaviour:

If unacceptable behaviour (e.g., verbal and/or physical abuse) by the support person/caregiver, or general visitor occurs the health care professional assigned to client care will:

- a. Inform the person(s) of the unacceptable behaviour.
- b. Make efforts, without compromise to the safety of others, to resolve concerns with consideration of appropriate alternate options.
- c. Contact or consult with Protective Services if unable to resolve the unacceptable behaviour which may result in the removal of the support person/caregiver, SDM, or visitor.

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## Scope

This policy applies to all employees, students, and physicians, affiliated with Eastern Health.

This policy should be read in conjunction with other specialized service area visitation policies, such as, 275H-FOR-020 Visitor Policy: Forensic Division, 275CS-YTC-9280 Visitation-Approved Visitor List, 270CH-NICU-25 Visiting Guidelines for the Neonatal Intensive Care Unit-NICU Only

## Purpose

The purpose of this policy is to:

- Support an environment that demonstrates Client- and Family-Centred Care; balancing client needs with the health care team's responsibility to provide safe and quality care.
- Provide process for communicating information regarding expectations for family presence and general visiting to clients/SDM, support person, caregiver, family, and visitors.

## Procedure

1. At the beginning of a health care service, including outpatient, clinic, pre-admission, inpatient stay, emergency room visit or long-term care placement, the healthcare professional will:
  - 1.1 Ask clients/SDM to:
    - a. Identify the support person and how they will be involved in care.
    - b. Clarify client preferences regarding who may be present during rounds, exams, and procedures.
  - 1.2 Advise the client/SDM that an individual that is legally prohibited from having contact with them cannot be identified as the support person/caregiver. Should the client/SDM identify any person(s) known to be legally prohibited from contact, they cannot be identified by the client/SDM as the support person. This will be enforced by Protective Services.
  - 1.3 Document the identified support person in the client health record and communicate this with the healthcare team.

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- 1.4 Document all client/SDM requests to prohibit or restrict visitors in the client health record. The healthcare professional will communicate this information to the appropriate manager, unit employees, admitting department, and switchboard.
  - 1.5 Provide a copy and use an information brochure: *Family Presence: Your Role in Your Loved One's Care* to support discussion with the client/SDM and support person of the following:
    - a. Proper hand hygiene.
    - b. Role of the support person and expectations for engagement in the level of care the client/SDM and support person agree to.
    - c. Expectations for personal belongings. See relevant policy/policies related to personal belongings, lost/misplaced items. Belongings must not obstruct the health care provider's ability to provide care.
  - 1.6 Discuss family presence and visitation limitations with the client/SDM and support person, in consultation with the health care team.

In situations where there are shared rooms, the family presence discussion will include:

- a. consideration of the physical space and limitations,
  - b. consideration of culture, personal preferences, and needs,
  - c. a balance between providing support for family presence and allowing enough rest, recovery and privacy for the client and other clients in the room,
  - d. consideration of the privacy and rights of all clients in the shared room, and expectation that the support person may be asked to step outside of the room for brief periods of time for care and privacy of the other clients in the room,
  - e. expectation that the client/SDM and support person respect the privacy rights of other clients in the shared rooms, and not disclose or repeat private information they may overhear.
2. Infectious Disease Outbreak/Pandemic
    - 2.1 Efforts to ensure support person and/or caregiver presence during an infectious disease outbreak/pandemic includes:
      - a. The distinction of support person and/or caregiver as separate from general visitors and general visiting restrictions.
      - b. Family presence for the following exceptions if restrictions require limiting support person/caregiver presence:
        - i. Palliative Care and End of Life (as deemed by the health care professionals),
        - ii. Pediatric in-patient, Emergency,
        - iii. Labour and delivery patients,
        - iv. Inequities in the care of some populations where the absence of family support persons/caregivers, as essential partners in

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care, may result in additional risk and unintended harm, such as severe physical, functional, cognitive, or mental health decline. This includes, but is not limited to:

- feeding support,
- mobility
- personal care,
- communication and decision making,
- behaviour,
- mental health crisis.

3. A Review of Family Presence and visiting restriction(s) by the emergency operations committee (EOC) or designate, including the healthcare team, the client/SDM, and the support person/caregiver to determine at what point in-person support can resume; and what measures to reduce risk are required. Measures to reduce risk may include providing additional education and personal protective equipment to the support person/caregiver.

4. Virtual Visitation:

- 4.1 Virtual visitation may be requested or is offered for clients in situations where factors impact or prohibit the ability to have visitors physically present.

- 4.2 In the event an infectious disease outbreak/pandemic occurs, and general visitation is restricted:

- The client/SDM can seek/ or is asked by a health care professional if they wish to have virtual visitation.
- Support is offered to a client to:
  - i. assist in use of their own electronic device (if needed) or
  - ii. the client may use the unit/program electronic device for virtual access (if available).

5. Virtual Care Planning Discussions:

- 5.1 A member of the health care team will use organization approved secure virtual platforms for care planning that requires the use of virtual family presence for support person(s), and if possible, other identified family, to be part of care planning discussions.

6. Family Presence during a Code (Resuscitation):

- 6.1 The determination of a support person's presence during a code (resuscitation) will be made as early as possible in the individual health care planning, in consultation with the client/SDM and the health care team and documented in the health care record. (See relevant policy, Family Presence During Resuscitation 310-ER-SAF-4).



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- 6.2. If a code is called in a shared room, support persons present with other clients will be asked to step outside the room.

## 7. Family Presence during Invasive Procedures:

The determination of a support person's presence during invasive procedures (e.g., endoscopy), or procedures with a risk of exposure to radiation or magnetic fields (e.g., medical imaging), will include consideration of client needs, safety, physical space, and confidentiality. In the case of an invasive procedure, supporting family presence may be considered to the point of client sedation. In the case of medical imaging, supporting family presence will require a review of the risk of radiation exposure to the support person and completion of safety MRI screening for non-patients. (See relevant policy, Magnetic Resonance (MR) Environment 415(MR)- SAF- 010 and Safety Screening for Individuals form).

- 7.1 Examples of client circumstances for consideration of family presence during invasive procedures such as endoscopy, or for medical imaging procedures will include the following:

- Age
- Have a cognitive impairment.
- Identify with Anxiety.
- Translation is required.
- Consideration of cultural needs.
- Physical limitations/assistance is required.

- 7.2 Mitigation or reduction of risk of radiation exposure for support persons in medical imaging will include such things as: wearing a protective gown and/or presence behind a shield/protective barrier. Reduction of risk due to strong magnetic fields will include comprehensive screening of any support person that accompanies a patient into the MRI scanner room as well as a removal of jewelry and all clothing (except undergarments). A hospital gown will be provided.

8. When the main entrance is locked after general visitation hours, the healthcare professional will inform the client/SDM and support person of the appropriate site-specific alternate entrance.

## 9. Roles and Responsibilities:

### 9.1 Health Care Professional/Physicians/Students

- Provide and use the Family Presence: *Your Role in Your Loved One's Care* pamphlet to clients and families to support discussion and identification of support person(s).
- Consider the client and family needs for general visitation and family presence from a lens of inclusion. For example, consider cultural needs and values.



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- Inform the client and support person of the client's rights and responsibilities. <https://www.easternhealth.ca/prc/client-rights-and-responsibilities/>
  - Advise of the visiting guidelines for general visitation.
  - Identify and document in the plan of care the client/SDM's request for a support person/caregiver.
  - Communicate and work collaboratively with the client and support person.

#### *9.2 Telecommunications Operators*

- Announce the start and end of general visiting hours each day.

#### *9.3 Protection Services/ Contracted Security Personnel (site dependent)*

- Call the unit/service area to confirm the support persons/caregiver's presence to ensure access is confirmed.
- Provide direction for identified support persons/caregivers to access clients outside of the standard visitation hours.
- Support employees in addressing unacceptable behaviours by a support person/caregiver or visitors during general visitation.
- Escort support persons/caregivers and/or visitors who display unacceptable behaviour from facility property when requested by appropriate Healthcare Professional/Manager/Director/Designate.

#### *9.4 Directors and Managers/ or Designates*

- Ensure that all employees are educated on the policy.
- Ensure that family presence and general visitation information is posted on each unit and information is available in a pamphlet.

## **Guideline**

### 1. The definition of Family:

- is made by the client or SDM,
- in recognizing that the client/SDM identifies who family is, there is consideration of an inclusive context of family presence (e.g., cultural considerations). If challenges present with managing an inclusive lens of family, given the balance of rest, recovery, and privacy needs of other clients in a multi- bed ward, for instance, consider supportive discussions with the client/SDM and/or the family to identify a plan for family presence. Additionally, consultation with internal and/or external resources may be needed to support clarity of needs and reasonable family presence (e.g., the Aboriginal Patient Navigators, or a community agency).

## 2. Expectations:

### *Support Person:*

- Talks about, agrees to, and provides support to the client to the degree the client/SDM wishes, and the support person/caregiver is comfortable.
- Is a partner in care with the health care team.
- Introduces themselves to staff and identifies their role as support person/caregiver and how they would like to participate in care, as agreed to by the client/SDM.
- Prepares for the transition to home (personal, personal care home or Long-Term Care home) or community care. Asks questions and ensures that the client's questions have been answered. Knows what will be needed afterwards (medications, treatment, equipment, follow-up appointments) and what changes in the client's condition should be reported to health care providers.
- Is respectful of the privacy and needs of other clients and their families.
- In a shared room, steps outside when requested by the health care professional to support the privacy needs of other clients/patients/residents and their families.
- Minimizes noise disruption to maximize opportunities for rest and recovery.
- If the need arises to change or add a shared role for the identified support person/caregiver (ex. support person becomes ill and can no longer carry the role or requires assistance to carry the role) the client/SDM, support person/caregiver discusses this need with the health care professional to consider an alternate designation of support person/caregiver.

## **Supporting Documents** *(References, Industry Best Practice, Legislation, etc.)*

- Planetree Patient Directed Visiting. <https://resources.planetree.org/wp-content/uploads/2017/04/23.-Patient-Directed-Visitation-Primer.pdf>
- Family Presence Policies Take Hold Across Canada. Better Together Campaign: <http://www.cfhi-fcass.ca/WhatWeDo/better-together>
- Better Together, Family Presence Resources: <https://www.cfhi-fcass.ca/innovations-tools-resources/item-detail/2020/05/20/better-together-change-package> and <https://www.cfhi-fcass.ca/what-we-do/spread-and-scale-proven-innovations/better-together>

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- Policy Guidance for the Reintegration of Caregivers as Essential Care Partners [https://www.cfhi-fcass.ca/docs/default-source/itr/tools-and-resources/policy\\_guidance\\_en.pdf?sfvrsn=292a980e\\_4](https://www.cfhi-fcass.ca/docs/default-source/itr/tools-and-resources/policy_guidance_en.pdf?sfvrsn=292a980e_4)
  - Changing Hospital “Visiting” Policies and Practices: Supporting Family Presence and Participation, Executive Summary. Institute for Patient and Family Centered Care (IPFCC). <http://www.ipfcc.org/resources/visiting.pdf>
  - Better Together: Partnering with Families. Changing the Concept from Families as “Visitors” to Families as Partners. Better Together Toolkit: <http://www.ipfcc.org/bestpractices/better-together-partnering.html>
  - Better Together: Re-Integration of Family Caregivers as Essential Partners in Care in a Time of COVID-19. [https://www.cfhi-fcass.ca/docs/default-source/itr/tools-and-resources/bt-re-integration-of-family-caregivers-as-essential-partners-covid-19-e.pdf?sfvrsn=5b3d8f3d\\_2](https://www.cfhi-fcass.ca/docs/default-source/itr/tools-and-resources/bt-re-integration-of-family-caregivers-as-essential-partners-covid-19-e.pdf?sfvrsn=5b3d8f3d_2)
  - Statement of Rights and Responsibilities for Clients, Patients, and Residents of Eastern Health. <https://www.easternhealth.ca/prc/client-rights-and-responsibilities/>
  - Institute for Patient and Family Centered Care (2017). Changing Hospital “Visiting” Policies and Practices: Supporting Family presence and Participation. <https://www.ipfcc.org/resources/visiting.pdf>
  - “Family Presence: Your Role In Your Loved One’s Care”, Brochure, Eastern Health, 2021. [https://www.easternhealth.ca/wp-content/uploads/2021/07/Handout\\_Family-Presence\\_Being-a-Support-Person\\_2021-07-21.pdf](https://www.easternhealth.ca/wp-content/uploads/2021/07/Handout_Family-Presence_Being-a-Support-Person_2021-07-21.pdf)
  - Newfoundland and Labrador Human Rights Commission, Legal Guidelines <https://thinkhumanrights.ca/guidelines-and-faqs/>
  - An Act Respecting Human Rights, Chapter H-13.1 <https://assembly.nl.ca/Legislation/sr/statutes/h13-1.htm>
  - Equity and Inclusion Lens Handbook, Version 2018, City of Ottawa and City for All Women Initiative (CAWI) [https://documents.ottawa.ca/sites/documents/files/ei\\_lens\\_hb\\_en.pdf](https://documents.ottawa.ca/sites/documents/files/ei_lens_hb_en.pdf)
  - Equity at McGill, <https://www.mcgill.ca/equity/resources/definitions>
  - *Patient-Centered Culturally Sensitive Health Care: Model Testing and Refinement*. Tucker et al. Health Psychol. 2011 May; 30(3): 342–350. doi:10.1037/a0022967. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3092156/pdf/nihms-276878.pdf>

## Linkages

- Policy 270CH-NICU-25. Visiting Guidelines for the Neonatal Intensive Care Unit, (NICU only).
- Policy 275H-JWPS-060. Visiting Guidelines.
- Policy 275H-FOR-020. Forensic Visitor Policy.
- Policy 310-ER-SAF-40. Family Presence During Resuscitation
- Policy HR-OH-100. Harassment Free Workplace
- Policy HR-OH-050. Civility and Respect
- Policy QRM-100. Responding to Complaints.
- Policy QRM-080. Occurrence Reporting and Management.
- Policy HR-OH-060. Critical Incident Stress Management (CISM).
- Policy HR-OH (o)-070. Employee Incident Investigation.
- Policy HR-OH (o)-080. Employee Incident Reporting
- Policy IPC-200. Routine Practices
- Policy ISP-130. Disclosure of Information to Police.
- Policy IPC-185. Outbreak Management for Acute and Long-Term Care.
- Policy 114-IPC-020 Infection Control Practitioners (ICP) Guideline– Outbreak Management
- Policy IPC-150. Hand Hygiene
- Policy ADM-135. Smoke-Free Environment
- Policy HR-OH(o) – 270. Scent Safety
- Policy ADM – 030. Privacy and Confidentiality
- Policy HR-OH-150. Violence Prevention, Response and Support
- Policy HR-OH(O)-020. Aggressive-Violent Behaviour (AVB) Alert (Acute Care Only)
- Policy 310-ER-SAF-30. Prevention and Management of Violence/Aggression in the Emergency Room
- Policy HR-OH(O)-310. Working Along or in Isolation-Community Based Programs
- Policy 275CS-YTC-640. Family Engagement
- Policy 410-CSE-010. Quality Policy Customer Service
- Policy 280-PCH-210. Responding to Complaints- Personal Care Home Programs
- Policy 275CS-YTC-690. Orientation of Youth and Families-Guardians
- Policy 257CS-YTC-9280. Visitation - Approved Visitor List
- Policy 270-MNG-GEN-001. Visiting Hours and Guidelines- Woman's Health Inpatient Unit (Health Sciences Centre).
- Policy IPC-156. Infection Prevention and Control for Pet Therapy Dogs and Pet Visitation
- Policy 415(MR)-SAF- 010. MRI Safety
- Form CH-1373 Magnetic Resonance (MR) Environment Safety Screening for Individuals. Initial Visit (Part 1).

## Key Words

Family presence, support person, visitor(s), visiting, visitation, family, general visitation, general visiting hours, visiting hours, hours, patient, client preference, cultural sensitivity, culture, virtual, virtual visit, virtual family presence, virtual care planning, essential partners in care, essential, outbreak, substitute decision maker, SDM, caregiver

## Definitions & Acronyms

<b>Caregiver</b>	<p>Someone identified by the client and/or their substitute decision-maker to provide direct care to the client (e.g., supporting feeding, mobility, personal hygiene, cognitive stimulation, communication, meaningful connection, relational continuity, and assistance in decision-making).</p> <p>Examples include someone who provides meaningful connection, a privately hired caregiver, paid companions, and translators.</p> <p>A caregiver and a support person may be the same person.</p>
<b>Client</b>	<p>The term 'client' is used to mean the person receiving care, who may also be called a patient, consumer, individual, or resident. (Accreditation Canada)</p>
<b>Client- and Family-Centred Care</b>	<p>A philosophy of care that guides all aspects of planning, delivering, and evaluating services. It includes working collaboratively with clients and their family; providing care that is respectful, compassionate, culturally safe, and competent; and being responsive to needs, values, and culture. (Also referred to as patient/resident and family centred care).</p>
<b>Diversity</b>	<p>The unique dimensions, qualities, and characteristics we all possess (Canadian Centre for Diversity and Inclusion, CCDI)</p> <p>Describes the presence of difference within any collection of people, for example, race, indigenous identity, class, gender identity or expression, sexual orientation, age, ability, ethnicity, and religion. (McGill .ca)</p> <p><a href="https://www.mcgill.ca/equity/resources/definitions">https://www.mcgill.ca/equity/resources/definitions</a></p> <p>Diversity in Healthcare is the ability of healthcare providers to offer services that meet the unique needs of their clients.</p>
<b>Equitable</b>	<p>Recognizing and addressing barriers to provide opportunity for all individuals and communities to thrive. Often requires differential treatment and resource redistribution to achieve a level playing field among all individuals and communities. (McGill University).</p> <p><a href="https://www.mcgill.ca/equity/resources/definitions">https://www.mcgill.ca/equity/resources/definitions</a></p>

<b>Inclusion</b>	<p>Welcoming and valuing all members of society. Recognizing, reducing, and removing barriers to participation and belonging. <a href="https://www.mcgill.ca/equity/resources/definitions">https://www.mcgill.ca/equity/resources/definitions</a></p> <p>An active, intentional, and continuous process to address inequalities in power and privilege and build a respectful and diverse community that ensures welcoming spaces, and opportunities to flourish for all. <a href="https://equity.ubc.ca/resources/equity-inclusion-glossary-of-terms/">https://equity.ubc.ca/resources/equity-inclusion-glossary-of-terms/</a></p>
<b>Inclusive Healthcare</b>	<p>Inclusive healthcare is seeing and serving our clients as individuals, based on their own personal needs. <a href="https://www.micromd.com/blogmd/providing-inclusive-healthcare/">https://www.micromd.com/blogmd/providing-inclusive-healthcare/</a></p>
<b>Lens of inclusion</b>	<p>Perspective of seeing/recognizing the person first.</p>
<b>Family</b>	<p>Person(s), related (biologically, legally, emotionally), including immediate family, partners, friends, advocates, guardians, substitute decision makers.</p> <p>Client defines the makeup of the family and has the right to decide who is included.</p>
<b>Family Presence</b>	<p>Support persons and caregivers are integral in the care provided for a client and are considered essential partners in care. Therefore, family presence of support persons or caregivers is welcomed 24 hours, 7 days a week.</p>
<b>Health Care Team</b>	<p>Clients/ Substitute Decision Maker and designated support person(s) or caregiver working together with health care providers of different disciplines for the provision of health care services.</p>
<b>Inclusion</b>	<p>It is about creating a culture that strives for equity, and embraces, respects, accepts and values difference. (CCDI)</p>
<b>People Centred Care (PCC)</b>	<p>Defined by the World Health Organization as, “an approach to care that consciously adopts individuals’, carers’, healthcare professionals, families’ and communities’ perspectives as participants in, and beneficiaries of, trusted health systems that are organized around the comprehensive needs of people [...] People-centred care also requires that patients have the education and support they need to make decisions and participate in their own care and that carers are able to attain maximal function within a supportive working environment. People-centred care is broader than person and patient/client-centred care, encompassing not only clinical encounters but also including attention to the health of people in their communities and their crucial role in shaping health policy and health services”.</p>



<b>Substitute Decision Maker (SDM)</b>	A person appointed by the maker of an advance health care directive to make a health care decision on his/her behalf or who is designated to do so under Section 10 of the <i>Advance Health Care Directives Act</i> .
<b>Support Person</b>	<p>This person is chosen by the client/ substitute decision maker (SDM) and is involved in supporting care. A support person may or may not be biologically, legally, or emotionally related to the client. A support person and caregiver may be the same person. The support person identified by the client or SDM may change, as determined by the client/SDM in consultation with the health care team.</p> <p>The support person can be present during and outside of general visitation hours. The support person is welcomed twenty-four hours of the day, seven days of the week (24-7).</p> <p>The support person role includes supporting a level of care agreed on by the client/patient/resident or Substitute Decision Maker and the health care team.</p>
<b>Unacceptable Behaviour</b>	Behaviour demonstrated by the support person, family or visitor that interferes with safe client care, rest for recovery or the privacy of other clients. Examples include but are not limited to refusal to step outside of the client room when requested for a client/patient round that is related to another client/patient in a shared room, loud noises that interrupt sleep/recovery of the clients.
<b>Virtual Care Planning</b>	The use of approved, secure virtual platforms to include support person and/or caregiver in care planning and decision making when the support person or caregiver cannot be physically present.
<b>Virtual Visitation</b>	<p>General visitation for family not able to be physically present using virtual platforms. Virtual visitation may occur between clients and family using their own devices. All efforts are to be made to ensure privacy for other clients in shared rooms.</p> <p>Virtual visitation may be supported using Eastern Health electronic devices when needed and at times where staff are able to provide and support use of an electronic device.</p>
<b>Visitor</b>	A person who visits the client during general visiting hours and who is not a designated support person or caregiver. Someone not involved in the clients' health care, whose time with the client is discretionary and usually temporary and visiting for purposes that are more social in nature.



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**Policy History** This policy replaces the following policies:

Legacy Board	Policy #	Policy Name	Date Revised
EH	ADM-170	VISITING HOURS AND GUIDELINES – ACUTE CARE	

Key: EH – Eastern Health