

Listowel Wingham Hospitals Alliance Family Presence and Visiting Guideline	
Developed By: VP Clinical/CNE	Approved By: CEO, VP Clinical/CNE, Leadership
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Policy Statement

LWHA is committed to creating an environment that is supportive of patient/family centered care, and strives to provide an excellent patient experience. We welcome and recognize families as partners in patient care and believe that they are integral to patient safety, comfort, medical and psychological well-being, and the healing process (OHA). We are committed to providing a safe, secure, and comfortable environment for our patients and staff. Visiting hours are flexible to accommodate the patients' circumstances; there are no prescribed hours. We will assure patients that their families are welcome at their side regardless of the time of day.

Responsibilities

Visitor - any person who comes to visit a patient (family, significant other, friends, clergy)

Family- Patients define their “family” and how they will be involved as partners in care. Family is intended to be interpreted inclusively (chosen) as opposed to exclusively (as in legal or biologically limited).

When the patient is unable to define family, the patient’s next of kin or substitute decision maker provides the definition

Procedure

1. Visiting is based on the condition, care needs and expressed wishes of each patient. Patients are to be assured that their family will be welcomed.
2. Visiting may be balanced or adjusted depending on other needs of patient care including but not limited to timely and effective care, rest and sleep, privacy of the patient or others, safety and security, and/or infection prevention and control. Our interprofessional teams will work collaboratively with patients and their families to plan care and ensure family presence is balanced with patient care. Physical space limitations and safety will be considered.
3. Visiting will be limited in the Emergency Department. Patients are to have no more than two visitors at a time. Exceptions will be made for certain circumstances such as palliative care requirements or family presence in the event of a resuscitation. This reflects the current space

Cross References	
Key Words	Visiting, family presence, guests, visitors, family

and flow pressures as well as the physical limitations within the hospital Emergency Department.

4. Families and visitors should enter through the main entrance. After the main doors lock, switchboard will answer phones and call to the floor to notify that a visitor is coming, and will then direct visitors to their destination.
5. Overnight visiting must be prearranged with the patient's nurse and Clinical Nurse Lead, or Team Lead. Consent must be obtained by the other patient(s) sharing the room prior to agreeing to have visitors stay overnight with a patient. Overnight visitors must respect the privacy and sleep requirements of all patients in the room.
6. Visitors who are feeling unwell; have an infection; have symptoms of respiratory illness, symptoms of flu like illness or communicable diseases should not visit. Visitors with these symptoms may be asked to leave for the protection of vulnerable patients. Visitors must perform hand hygiene with soap and water or alcohol based hand rub before entering a patient's room and after visiting a patient.
7. Children (<14 years) as visitors must be directly supervised by an adult, who is not the patient. Exceptions will be made based on the patient's wishes and assurance that the child understands and respects the visiting policy.
8. Visiting may be interrupted to provide patient care, treatments and therapy as requested by inter-professional health care team members. This includes care of another patient in the same room.
9. Visiting may be restricted to protect the privacy rights of other patients or to maintain safety and security under certain circumstances.
10. Visiting hours may be restricted or cancelled in the event of an infection control outbreak, emergency, pandemic, or patient request.
11. Questions or concerns regarding family presence should be directed to the Clinical Nurse Lead, Team Lead or Unit Manager first. Human Resources or Quality and Risk Coordinator should be consulted if there are safety concerns or ongoing complaints or concerns that cannot be effectively resolved.
12. Alternative guests (e.g. pets and/or animal-assisted therapy) must be pre-arranged with the inter-professional team and the Pet Visiting Procedure adhered to.
[\(Refer to Pet Visiting Policy and Procedure\)](#)

Special Considerations

Please note: The hospital cannot secure and is not responsible for visitor's personal belongings. Visitors are asked not to bring personal belongings to the hospital when visiting a

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patient. Patients should be encouraged to send valuable belongings home with family members.
[Declaration of Valuables](#)

References

Collingwood G&M Visiting Policy (2016)

Canadian Foundation for Healthcare Improvement (2017), <http://www.cfhi-fcass.ca/WhatWeDo/a-z-topics/family-presence>

Ontario Hospitals Association: Principles of Family Presence (find date)

Cross References:

Pet Visiting; Service Animals

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