



PLANETREE INTERNATIONAL

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Planetree Person-Centered Care Perspectives: Family Presence and Visitation Guidelines During a Pandemic

During this rapidly evolving and unprecedented pandemic, healthcare teams are working tirelessly to provide optimal care for patients and to safeguard their communities. As the situation becomes more serious in some regions, many healthcare organizations are reassessing their customary approach to family presence and visitation. In an attempt to find the balance between maintaining safety and supporting patients and families, additional restrictions have been implemented that limit potential exposure of patients, staff and others to the virus.

Given the nature of COVID-19, which is known to spread easily especially among the ill and the elderly, and can be transmitted by individuals who are asymptomatic, it is prudent and sensible to introduce temporary measures for managing family presence in a way that supports the need for physical distancing. These include screening all visitors for symptoms prior to entry to healthcare settings, limiting and monitoring the number of visitors for each patient and practicing physical distancing within the health organization.

In areas with active community spread, more extreme measures may be temporarily necessary, per CDC and WHO guidelines. This may include restricting any in-person visitation (instead encouraging social connection to family virtually via telephone and video chat). However, within these extreme cases, it is imperative to consider the potential adverse effects of these restrictions. When weighing the need to limit visitation – particularly in complex family presence scenarios – healthcare leaders and state health departments are advised to consider not only the risk that visitation may cause to the staff, patients and loved ones, but also the risk that these *visitation restrictions* may create for the emotional and psychological health of these same individuals both in the short and long term.

Particularly in cases of pediatric care, childbirth and patients at the end-of-life, eliminating the ability of patients to have a familiar support person by their side may have devastating long-term emotional, psychological and other health effects. Similarly, restricting the presence of chaplains and other spiritual caregivers can be extremely distressing to some ethnic and religious groups.

Unintended consequences that are currently being reported include:

- Families removing elders from long-term care centers that prohibit family visitation;
- Women in labor driving long distances to hospitals that allow their birth partner to stay with them during labor and delivery when the local facility has prohibited this;
- An increase in demand for home birth options;
- Parents reluctant to bring their children to the hospital for fear that they will be separated either at the emergency department or upon admission.

We believe these unintended consequences can be avoided with a proactive plan in place for responsibly managing family presence in these special circumstances. Remember, a person-centered approach to care defines family as a part of the healthcare team. In addition, family can be important sources of additional help to overburdened staff. Below are recommended guidelines for managing such cases, developed in consultation with infectious disease experts, nursing leaders on the front-line, and patient advocates.

Family Presence and Visitation Guidelines During a Pandemic

Goals:

- To responsibly maximize the therapeutic benefits of family presence while limiting the risk to patients, family caregivers and staff.
- To ensure restrictions to family presence are appropriate to the current situation, which is rapidly evolving and expected to continue changing over time.
- To minimize the unintended emotional trauma that could result from family separation during special circumstances, including hospitalization of a child, childbirth and end-of-life situations.

Guiding Principles Family Presence and Visitation Guidelines During a Pandemic

1. **Practice physical distancing within the care setting.** Limit access into the health center as appropriate. This includes adherence to local mandates, consideration of the current state of spread within the community and individual screening on entry.
2. **Be clear about exceptions.** When visitation restrictions will be relaxed in special cases, state explicitly what those special cases are, e.g. pediatric care, childbirth and for patients who are either cognitively impaired or at the end-of-life. Knowing family presence will be supported in these cases will likely reduce some of the fear and anxiety these patients and their families may be experiencing.

3. **Support families in remaining connected.** In cases where family is unable to be with their loved one physically, support virtual connections through provision of iPads, video chat or the telephone. If chaplains are available, ask them to visit patients who have limited interactions with family members. These interactions will be vital for minimizing patients' feelings of isolation.
4. **Inform and educate.** In cases where a family caregiver is able to be with their loved one physically, communicate to them in clear and caring manner about the risks of being in the health center and educate them on entry about expectations for hand hygiene, use of personal protective equipment (PPE) and guidelines for physical distancing or sheltering in place within the health center. Use teach back to ensure they understand what is expected of them to minimize their risk and the risk they may pose to others. You may consider use of a signed risk agreement wherein family caregivers acknowledge the risks, agree to abide by the established infection control procedures and agree to the consequences should those protocols not be followed.
5. **Minimize risk.** Follow the guidelines below to minimize risk of exposure to the virus.
 - Family caregivers are **screened upon entry** for any symptoms of the virus and asked whether they have symptoms including coughing, sneezing or a fever.
 - After the screening, at the point of entry, they are **provided with the appropriate PPE** and will be expected to remain fully garbed for the duration of their time in the health center. (Note: consider, as some health centers have done, using donated homemade masks for family in order to preserve the supply for surgical and N95 masks for staff caring for patients with COVID.) See also the [CDC's guidelines on strategies to optimize PPE supplies](#).
 - Depending on the current state of community spread, either enforce **physical distancing** protocols within the health center or institute **sheltering in place for family caregivers**. In cases of physical distancing, family caregivers would be expected to remain in their loved one's room as much as possible and avoid other areas of the healthcare setting for the duration of their visit. They would be able to visit daily. Family caregivers sheltering in place with a patient would remain with their loved one for the duration of the patient's healthcare episode.
6. **Monitor.** Help family caregivers understand why the above measures are in place and establish in a caring way that if they are unable to abide by them, visitation privileges may be revoked due to the risk this might pose to others in the health center. Support staff in enforcing compliance with the visitation protocols.

7. **Continually Assess.** This is a rapidly evolving situation. As circumstances change within your community, continually weigh the risk versus benefit of restrictions to visitation. On an individual basis, as specific cases arise with special circumstances, use a risk-benefit assessment to ascertain whether family presence can be responsibly supported.
8. **Enhance Post-Discharge Follow-Up.** Family caregivers are often a vital source of continuity that support successful transitions of care. When family's presence during a hospitalization is limited due to visitation restrictions, they may have less of an understanding of their loved one's plan of care, who to contact with questions, symptoms to be aware of, and care management needs. To address this, health centers should look for ways to enhance post-hospital check-ins. This can be accomplished through discharge follow-up calls, enhanced social work support and home care.

About Planetree International

Started by a patient in 1978, Planetree International is a not-for-profit organization working to humanize healthcare. With its partner Language of Caring, Planetree provides an array of services to support healthcare organizations around the world in creating cultures of caring. Together, Planetree and Language of Caring have worked with more than 800 care centers in 29 countries to improve quality of care and quality of life for both those who receive and provide care.