Hôpital général de Nipissing Ouest
West Nipissing General Hospital
725 ch. Coursol Rd. Sturgeon Fall, ON P2B 2Y6

# POLICY & PROCEDURE

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| **Subject:** Visiting Hours | **Policy NO:** 100-32 |
| **Department:** Hospital Wide | **Original Date:** 1977-07-01 |
| **Approval:** Dawn Morissette (2026-09-10) | **Reviewed:** Chantal Shambrook (2026-08-24), Nathalie Ouellette (2026-08-24), Valerie Petroski (2026-08-24) |

## PURPOSE

The visiting hours' at the West Nipissing General Hospital promotes patient and family centered care, adopting a family presence approach. This policy acknowledges the importance of visitors and caregivers, as well as their role within our hospital and the healthcare team.

## POLICY STATEMENT

The West Nipissing General Hospital is committed to a patient and family centered approach, which improves patient outcomes and experience of care.

## GUIDING PRINCIPLES:

**Safety** – any approach to visiting must balance the health and safety needs of residents, patients, staff, and visitors, and ensure risks are mitigated

**Emotional well-being** – welcoming visitors is intended to support the mental and emotional well-being of residents/patients by reducing any potential negative impacts related to social isolation

**Equitable access** – all residents/patients must be given equitable access to receive visitors, consistent with their preferences and within reasonable restrictions that safeguard residents/patients

**Flexibility** – the physical and infrastructure characteristics of the home/hospital, its workforce or human resources availability, whether the home/hospital is in an outbreak and the current status of the home/hospital with respect to personal protective equipment (PPE) are all variables to consider when setting home-specific policies

**Equality** – residents have the right to choose their visitors. In addition, residents or their substitute decision-makers, as applicable, have the authority to designate caregivers

## PROCEDURE:

- The West Nipissing General Hospital shall permit visiting of residents and patients between the hours of 0800 and 2000, seven days a week, unless otherwise directed by legislation, MOHLTC directives or management.

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- Exceptions enabling up to 24 hour visiting will be allowed for palliative and hospice residents and patients. Exceptions for other residents/patients can be made as appropriate upon approval by a Manager or Manager on Call.
- Children under 12 years of age must be accompanied by an adult at all times.
- There are no visitor limits.
- Larger groups of visitors will be directed to use the patient lounges or the Butterfly cafe.
- The nursing staff shall notify visitors when the condition of the patient warrants minimal visitors and/or minimized visiting hours.
- The nursing staff shall assist in preventing disturbances related to visiting with residents/patients.
- Visitors will not be permitted in the Operating Room. Visitors in the Recovery Room will be limited to one (1) parent per child and one (1) support person per patient with special needs.
- At the discretion of the nurse/physician, one (1) visitor may accompany a patient in the Emergency Department, except for compassionate reasons.
- Visitors remaining overnight for compassionate reasons must inform the nursing staff.

**INFECTION CONTROL MEASURES:**

**Screening:**

- Visitors/caregivers must passively screen for common infectious disease symptoms, including runny nose, coughing, vomiting, diarrhea, etc. at the entrance and should not visit if they have active symptoms.
- Visitors should continue to avoid visiting for 10 days after symptom onset or positive test results for a common infectious disease. Visitors who are essential to the LTC resident's overall health and well-being (e.g., a caregiver) is able to visit within the 10-day timeframe if asymptomatic or symptoms have resolved, but must follow measures to reduce the risk of transmission for 10 days from their symptom onset/positive test. Practices will be determined by the Infection Prevention and Control manager or delegate.

**Masking:**

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1. Masks are recommended, but not required, in all areas of the home/hospital.
2. Caregivers and visitors can join in for dining and sharing a meal or beverage in communal areas.
3. Caregivers and visitors can join in group activities.
4. In outbreak situations, or if a resident/patient is on Additional Precautions, all individuals are required to comply with masking and other personal protective equipment requirements as directed by the outbreak management team and the local Public Health Unit.

**Vaccination**:

1. The home/hospital recommends visitors and caregivers be up-to-date with vaccinations, including COVID-19 and Influenza.
2. The home/hospital will not deny access to unvaccinated visitors and caregivers.

**Non-compliance:**

1. All visitors/caregivers must follow public health measures with proper hand hygiene and respiratory etiquette.
2. Visitors/caregivers will be asked to leave or will not be permitted entrance to the home/hospital if they refuse to follow public health measures and infection prevention and control practices.

**RESTRICTIONS DURING AN OUTBREAK OR WHEN A RESIDENT/PATIENT IS ISOLATING:**

**Essential Visitors/Caregivers:**

Essential visitors/caregivers are allowed when a resident/patient is isolating or resides in a home/hospital or area of the home/hospital in an outbreak.

A caregiver should not visit any other home for 10 days after visiting:

1. an individual with a confirmed common infectious disease case; or
2. an individual experiencing new or worsening symptoms of a common infectious disease.

Recognizing there are caregivers who want to volunteer to support more than one resident, in the event of an outbreak, caregivers may support up to two residents, provided consent is obtained from all involved residents (or their substitute decision-makers). Caregivers may also support more than one resident in non-outbreak situations, with the same expectation regarding resident consent.

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**General Visitors:**

General visitor entry during an outbreak will be based on the direction of the Public Health Unit, which may include advising general visitors to postpone all non-essential visits.

**DEFINITIONS:**

Types of Visitors:

**Not considered visitors:**

Staff, volunteers, and students are not considered visitors.

**General visitor:**

A general visitor is a person who is not an essential visitor and is visiting to provide non-essential services related to either the operations of the home/hospital or a particular resident/patient or group of residents/patients. General visitors include those persons visiting for social reasons as well as visitors providing non-essential services such as personal care services, entertainment, or individuals touring the home/hospital. The home/hospital will prioritize the mental and emotional well-being of residents/patients and strive to be as accommodating as possible when scheduling visits with general visitors.

**Essential visitors:**

There are four types of essential visitors:

1. A caregiver

    a) is a family member or friend of a resident/patients or a person of importance to a resident/patient,
    b) is able to comply with all applicable laws including any applicable directives, orders, guidance, advice, or recommendations issued by the Chief Medical Officer of Health or a medical officer of health appointed under the *Health Protection and Promotion Act*,
    c) provides one or more forms of support or assistance to meet the needs of the resident/patient, including providing direct physical support such as activities of daily living or providing social, spiritual, or emotional support, whether on a paid or unpaid basis.

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d) will be determined by the patient, resident, or substitute decision-maker when possible.
e) Will be limited to two (2) per patient/resident.

2. A support worker who visits the home/hospital to provide support to the critical operations of the home/hospital or to provide essential services to residents/patients.
3. A person visiting a very ill resident/patient for compassionate reasons including, but not limited to, hospice services or end-of-life care.
4. A government inspector with a statutory right to enter a long-term care home to carry out their duties.