



Provincial Summary of Essential Care Partner and Visitor Policies

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Executive Summary

A policy scan was conducted of visitation guidelines for acute care and long-term care settings across all Canadian provinces and territories as of the end of July 2022. At the time of the scan, COVID-19 restrictions were easing in many provinces. This summary includes key findings and changes from previous scans.

The essential care partners role

Most provinces (71 percent) specify that essential care partners are different from visitors. Approximately 67 percent of policies specify that patients are allowed to select their essential care partners, and 62 percent state that the essential care partners are part of the care team. However, few examples are given as to how essential care partners and the care team can work together and support each other. Rather, the descriptions focus on how essential care partners can support their loved ones.

A minority (43 percent) of provincial policies include education regarding the role and value of an essential care partner, with only 24 percent of policies identifying that caregivers should have a say in the care they are able or willing to provide. Quebec and Nova Scotia are the only two provinces that have policies specific for caregivers, offering tax benefits. The Appendix provides a summary of how different provinces recognize the essential care partner role.

Entry protocols

All provinces continue to have policies that include requirements for physical distancing, continuous masking, and hand hygiene. Most provincial policies state that anyone entering a healthcare facility needs to wear a well-fitted

medical grade mask, most likely provided by the facility. Additional personal protective equipment (PPE), including the use of gloves, gowns, and goggles or eye protection, was often required in situations where essential care partners were visiting patients who had a suspected or confirmed case of COVID-19. Notably, almost all provinces have now removed vaccination requirements for essential care partners.

Timing and number of essential care partners

In this scan, visitation guidance was used to classify policies as having unrestricted access, flexible access or limited access for essential care partners.

Approximately one-quarter of the policies were classified as having unrestricted access. They explicitly state that essential care partners should have unrestricted access to their loved ones. Approximately one-third of the policies were classified as having flexible access, either by allowing essential care partners to visit without an appointment, or by allowing for extended visitation hours by consulting the care team. One-quarter of the policies were classified as having limited access, with limited visiting hours or requiring scheduled visitation. The remaining policies did not provide any visitation guidance for essential care partner access to patients. Details are included in the Appendix.

Most policies allow patients to have more than one designated essential care partner, with three long-term care policies allowing four or more essential care partners. The policies almost always allow only one or two essential

care partners to be at the bedside at one time, regardless of the number of designated essential care partners.

Outbreak management

Ongoing COVID-19 case management and outbreak management protocols are new additions to many provincial policies, highlighting a more balanced approach that recognizes the importance of essential care partners for patient safety and quality of care. Currently, 77 percent of policies include essential care partner access to patients/residents during COVID-19 outbreaks. Furthermore, several of the policies note that essential care partner access should remain consistent during an outbreak. Generally, the number of designated essential care partners per patient stays the same, but the number of caregivers allowed by the bedside at the same time decreases during an outbreak. Details are provided in the Appendix.

Appendix: Supporting Tables

Table 1: Details of recognition of the essential care partner role by province

(1 is yes, 0 is no)

Recognition of the ECP Role	QC AC	QC LTC	ON AC	ON LTC	MB	SK	AB AC	AB LTC	BC AC	BC LTC	NB (V)	NB (H)	NB LTC	PEI	NL (O)	NL (E)	NL (W)	NL (G)	NS AC	NS LTC	Total Number (%)
ECPs are clearly defined	1	1	0	1	1	1	1	1	0	1	1	1	0	1	0	1	1	0	1	1	15 (75%)
Patients can identify their ECP	0	0	0	1	1	1	1	1	0	1	1	1	0	1	1	1	1	0	1	1	14 (70%)
Patients can have more than one ECP	1	0	0	1	1	1	1	1	0	1	0	1	1	1	1	1	1	1	1	1	16 (80%)
ECPs have a say in how they want to be involved	0	0	0	1	0	1	1	1	0	0	0	0	0	0	0	1	0	0	0	0	5 (25%)
ECPs are clearly identified as different than visitors	1	1	0	0	1	1	1	1	0	1	1	1	1	1	0	1	0	0	1	1	14 (70%)
A staff member is identified to coordinate with ECPs	0	0	0	1	0	0	1	1	0	0	0	1	1	0	0	1	1	0	0	1	8 (40%)

Recognition of the ECP Role	QC AC	QC LTC	ON AC	ON LTC	MB	SK	AB AC	AB LTC	BC AC	BC LTC	NB (V)	NB (H)	NB LTC	PEI	NL (C)	NL (E)	NL (W)	NL (G)	NS AC	NS LTC	Total Number (%)
There is staff education on the role and value of ECPs	1	0	0	1	1	0	1	1	0	0	0	0	0	1	0	1	1	0	0	1	9 (45%)
ECP ID is mentioned in the policy	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1 (5%)
The policy highlights that the ECP is part of the care team	0	0	0	1	1	1	1	1	0	1	1	1	0	1	0	1	1	0	1	1	13 (65%)

AC – acute care; LTC – long-term care; blank – AC and LTC; (H) - Horizon; (V) - Vitalité; (C) - Central; (E) - Eastern; (W) - Western; (G) - Grenfell

Caregiver access to patients and residents in acute care and long-term care settings

Visitation access by province (1 is yes, 0 is no)

Table 2a: Unrestricted access

There is unrestricted access in a total of five policies (25 percent)

Unrestricted Access Type	QC AC	QC LTC	ON AC	ON LTC	MB	SK	AB AC	AB LTC	BC AC	BC LTC	NB (V)	NB (H)	NB LTC	PEI	NL (C)	NL (E)	NL (W)	NL (G)	NS AC	NS LTC	Total Number (%)	
24/7 Access is explicitly stated	0	0	0	0	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	2 (10%)
ECPs can visit anytime for any duration	1	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3 (15%)

AC – acute care; LTC – long-term care; blank – AC and LTC; (H) - Horizon; (V) - Vitalité; (C) - Central; (E) - Eastern; (W) - Western; (G) - Grenfell

Table 2b: Flexible access

There is flexible access in eight policies (40 percent).

Flexible Access Type	QC AC	QC LTC	ON AC	ON LTC	MB	SK	AB AC	AB LTC	BC AC	BC LTC	NB (V)	NB (H)	NB LTC	PEI	NL (C)	NL (E)	NL (W)	NL (G)	NS AC	NS LTC	Total Number (%)	
Visits do not require advance booking	0	0	0	0	0	0	0	0	0	1	0	0	0	1	0	0	0	0	0	0	0	2 (10%)

Flexible Access Type	QC AC	QC LTC	ON AC	ON LTC	MB	SK	AB AC	AB LTC	BC AC	BC LTC	NB (V)	NB (H)	NB LTC	PEI	NL (C)	NL (E)	NL (W)	NL (G)	NS AC	NS LTC	Total Number (%)	
Visits are permitted after hours in consultation with the care team	0	0	0	0	0	1	0	0	1	0	0	1	0	0	0	1	0	1	0	0	0	5 (25%)
Visits must be scheduled	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1 (5%)

AC – acute care; LTC – long-term care; blank – AC and LTC; (H) - Horizon; (V) - Vitalité; (C) - Central; (E) - Eastern; (W) - Western; (G) - Grenfell

Table 2c: Limited access

There is limited access in seven policies (35 percent).

Limited Access Type	QC AC	QC LTC	ON AC	ON LTC	MB	SK	AB AC	AB LTC	BC AC	BC LTC	NB (V)	NB (H)	NB LTC	PEI	NL (C)	NL (E)	NL (W)	NL (G)	NS AC	NS LTC	Total Number (%)	
Visits only during visiting hours	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	1 (5%)
Access is not specified	0	0	1	0	0	0	0	0	0	0	0	0	1	0	1	0	1	0	1	1	1	6 (30%)

AC – acute care; LTC – long-term care; blank – AC and LTC; (H) - Horizon; (V) - Vitalité; (C) - Central; (E) - Eastern; (W) - Western; (G) - Grenfell

Table 3: Essential care partner access during outbreaks by province

(1 is yes, 0 is no)

Caregiver Outbreak Access	QC AC	QC LTC	ON AC	ON LTC	MB	SK	AB AC	AB LTC	BC AC	BC LTC	NB (V)	NB (H)	NB LTC	PEI	NL (C)	NL (E)	NL (W)	NL (G)	NS AC	NS LTC	Total Number (%)
ECPs can visit	1	1	1	1	0	1	1	1	1	1	0	1	1	1	0	1	0	1	1	1	16 (80%)
ECP access is unchanged	1	1	0	1	0	1	0	0	0	0	0	1	1	1	0	1	0	1	1	1	11 (55%)
The number of ECPs is unchanged	1	1	0	1	0	0	0	0	1	1	0	1	0	0	0	1	0	0	1	1	9 (45%)
ECP access is dependent on the needs of the patient	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	2 (10%)
ECP access is dependent on the severity of the outbreak	0	0	1	0	0	1	1	1	1	1	0	0	0	0	1	1	0	0	1	0	9 (45%)

AC – acute care; LTC – long-term care; blank – AC and LTC; (H) - Horizon; (V) - Vitalité; (C) - Central; (E) - Eastern; (W) - Western; (G) - Grenfell