

<b>Policy Title:</b>	Family Presence	
<b>Applies To:</b>	Team Members, Essential Care Partners, Visitors	
<b>Approved:</b>	<b>Effective:</b>	<b>Next Review:</b>
April 17, 2025	May 27, 2025	April 17, 2029
<b>Sponsor:</b>	Rochelle Currie, Senior Director, Quality and Patient Safety	
<b>Approval Authority:</b>	EVP, Medicine and Clinical Operations Clinical Operations Council	
<b>Number:</b> AD-QR-020	<b>Manual:</b> Administrative	

**Note:** Defined terms are capitalized throughout this document. Definitions can be found in [Appendix A](#).

## PURPOSE

This policy provides direction for everyone involved in the presence of Essential Care Partners (ECPs) and Visitors in all care areas and services at Nova Scotia Health.

## PRINCIPLES AND VALUES

- o **Safety and Respect:** Patient care is the priority of Nova Scotia Health. ECPs are essential to safe Patient care. The presence of ECP(s) promotes quality and safety. ECPs are respected as members of the health care team.
- o **Collaboration:** Nova Scotia Health strives for collaboration amongst Patients, Substitute Decision Maker (SDM), ECPs, Visitors, and Team Members while prioritizing safety for everyone.
- o **Patient Autonomy:** The Patient/SDM, including a Mature Minor has the right to decide who is and who is not part of their ECP team.
- o **Patient Access:** ECPs may be welcomed 24 hours a day according to patient preference, space constraints, and/or operations of care area/facility.
- o **Equity, Diversity, and Inclusion:** Nova Scotia Health is striving to be a workplace that respects and values diversity and is free from racism and discrimination. One way we hope to do this is by

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minimizing health care disparities, particularly for Black and African Nova Scotians, Mi'kmaq and Indigenous people, and Persons of Colour. We aim to demonstrate respect for cultural and religious diversity by working with Patients and families collaboratively to maintain familial and community connections during a hospital stay.

## KEY DEFINITIONS

<b>Essential Care Partner (ECP)</b>	Provide physical, psychological and emotional support, as deemed important by the patient. This care can include support in decision making, care coordination and continuity of care. Essential care partners are identified by the patient (or substitute decision maker) and can include family members, close friends or other caregivers (Healthcare Excellence).
<b>Health Care Provider</b>	A Team Member who is either regulated or unlicensed who is responsible for the direct care of Patients at Nova Scotia Health.
<b>Mature Minor</b>	A person under the age of 19 who, in the judgement of the Health Care Provider, can appreciate the purpose, risks, and benefits of the treatment and/or procedure proposed
<b>Patient</b>	All individuals, including clients, residents, and members of the public who receive or have requested health care or services from Nova Scotia Health and its health care providers.
<b>Substitute Decision Maker (SDM)</b>	A person who is given the authority to make admission/discharge, care, or Treatment decisions on behalf of a Patient who lacks capacity.

## POLICY

### Identification of Essential Care Partners

1. Team Members must advise Patients/Substitute Decision Makers (SDMs), including Mature Minors, that they may identify up to two people as Essential Care Partner(s) (ECP) and define how they will be involved in care and decision-making.
  - 1.1. If the SDM is an ECP, one additional ECP can be chosen by the Patient/SDM.
  - 1.2. There may be programs/services where more than two people can be identified as ECPs (for exceptions, see [Supporting Safe Visitation for Patients in Nova Scotia Health Facilities](#)).
2. The person(s) chosen as ECP(s) can change as specified by the Patient/SDM.

### Presence of Essential Care Partners and Visitors

**Note:** For more information about the roles of ECPs and Visitors, see [Appendix B](#).

3. The Patient/SDM has the right to limit or deny ECPs and Visitors.

4. The Health Care Team must collaborate with the Patient/ECP/SDM to facilitate Visitor Presence.
  - 4.1. How many visitors are present depends on the clinical environment and a collaborative discussion between Health Care Team Members, the Patient, the ECP(s), and SDM (as appropriate).
5. All Team Members must consider the safety (including actual or the perception of safety) of all Team Members, Patients, and Visitors when Patients have ECPs and/or Visitors on site.
6. Team Members must consider the level of noise and light in Patient areas and aim to minimize disruption.
7. The ECP(s) and Visitor(s) must follow the [policies and procedures](#) applicable to them (including, but not limited to, those related to: Infection Prevention and Control, Privacy, Respectful Workplace, Code of Conduct, and others promoting safe patient care and a safe work environment).
8. The ECP(s):
  - 8.1. May not give instructions that contradict those of the Patient or SDM and may not give or withdraw consent to treatment.
  - 8.2. Is welcome to spend the night with the Patient where appropriate and where space is adequate.
  - 8.3. Must be able to safely stay alone and take care of their own needs.
  - 8.4. The ECP must be sensitive to the needs of others by keeping noise and disturbances to a minimum.
    - 8.4.1. This includes (but is not limited to) the volume of personal, mobile devices.
9. Team Members collaborate with the ECP to facilitate ECP/Visitor Presence with guidance from Infection Prevention and Control (for example: in case of an outbreak of infection, or to prevent an outbreak of infection).

### **Interruption of ECP/Visitor Presence**

10. Team Members collaborate with Patients/SDM and ECPs regarding the decision to interrupt ECP/Visitor Presence, whenever possible.
11. Interruption of ECP/Visitor Presence (including an ECP/Visitor being asked to leave the facility) for reasons of safety or privacy is at the discretion of Health Care Providers.

### **COMPLIANCE WITH THIS POLICY**

- Compliance with this policy is a condition of employment and privileges. Non-compliance may lead to disciplinary action or other consequences.

### **PROCEDURE**

1. Designating ECP(s)

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- 1.1. Patients/SDM may identify up to two people upon registration/admission as Essential Care Partner(s) and define how they are to be involved in care and decision-making (for exceptions, see Related Documents: Supporting Safe Visitation for Patients in Nova Scotia Health Facilities).
  - 1.2. Health Care Provider (HCP) clarifies with the Patient/SDM their preferences regarding who is to be present during rounds, exams, and procedures on an ongoing basis.
  - 1.3. HCP records the information on the patient health record and communicates consistently and comprehensively to the Patient's Circle of Care across settings.
2. Communication
- 2.1. Team Members may ask the Patient/SDM to designate a spokesperson (normally an ECP) who is responsible to facilitate communication among extended Family, as appropriate and in accordance with the Patient's/SDM's wishes.
  - 2.2. Team Members encourage the ECP(s) to share questions/concerns/options regarding the Patient's daily needs, goals of care, and readiness for discharge.
  - 2.3. Team Members advise Patients/SDMs and ECP(s) upon registration/admission that Family Presence is welcome and may be interrupted as per this policy.
3. Overnight ECP Presence
- 3.1. HCPs collaborate with Patients and ECPs to determine the number of people welcomed at the bedside at any one time, including overnight.
  - 3.2. The ECP is responsible for their own food, personal care items, and tidies their sleeping area.
4. Team Members provide the ECP with information about use of washrooms, access to linens, access to food, and other amenities/services that support ECP Presence.
5. Conduct and Behaviour
- 5.1. Team Members may ask the ECPs(s) to leave the facility if their behaviour becomes disruptive to Families, Team Members, roommates, Patients, or other Visitors, or interferes with Patient care.
  - 5.2. Team Members inform the Family/ECP about the privacy and confidentiality of all Patient information.

See: Nova Scotia Health [Code of Conduct](#)

## REFERENCES

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## Legislative Acts/References

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## RELATED DOCUMENTS

### Policies

[Outbreak Management - Policy and Procedure - NSHA IPC-CD-001](#)

[Acceptable Use of Electronic Infrastructure - Policy - NSHA AD-IT-005](#)

Infection Control Policies

Privacy Policies

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Violence in the Workplace policies

## **Other**

[Supporting Safe Visitation for Patients in Nova Scotia Health Facilities](#)

[NSHA Patient Story 2 - Family Presence](#)

## **Appendices**

[Appendix A: Definitions](#)

[Appendix B: Essential Care Partners vs Visitors: Frequently Asked Questions](#)

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**Appendix A: Definitions**

<b>Circle of Care</b>	The group of healthcare providers involved in assessing and managing a Patient's care, as identified in discussion with the Patient.
<b>Essential Care Partner (ECP)</b>	Provide physical, psychological and emotional support, as deemed important by the Patient. This care can include support in decision making, care coordination and continuity of care. Essential Care Partners are identified by the Patient (or substitute decision maker) and can include family members, close friends, or other caregivers (Healthcare Excellence).
<b>Health Care Provider</b>	A Team Member who is either regulated or unlicensed who is responsible for the direct care of Patients at or Nova Scotia Health.
<b>Mature Minor</b>	A person under the age of 19 who, in the judgement of the Health Care Provider, can appreciate the purpose, risks, and benefits of the treatment and/or procedure proposed
<b>Patient</b>	All individuals, including clients, residents, and members of the public who receive or have requested health care or services from Nova Scotia Health and its health care providers.
<b>Substitute Decision Maker</b>	A person who is given the authority to make admission/discharge, care, or Treatment decisions on behalf of a Patient who lacks capacity.
<b>Team Member</b>	Unless specifically limited by a certain policy, refers to all employees, physicians, learners, volunteers, board members, contractors, contract workers, franchise employees, and those with affiliated appointments and other individuals performing activities within Nova Scotia Health.
<b>Visitor</b>	A guest of the Patient. Can include friends, colleagues, or family who may wish to visit the Patient but are not included in their care.

Appendix B: Frequently Asked Questions

## Essential Care Partner vs. Visitor Roles: Frequently Asked Questions



**Visitor**

**Essential Care Partner**  
*(Old terms include: Family/Primary Support Person, Family Caregiver)*

<b>Who is this role for?</b>	<p>People who are <u>not involved</u> in the patient’s care.</p> <p>This role is for anyone wanting to visit a patient who is not chosen as an Essential Care Partner.</p> <p>A visitor’s time with the patient is optional, temporary, and social in nature.</p>	<p>People chosen by the patient or Substitute Decision Maker (SDM), who are <u>involved</u> in the patient’s care in some way.</p> <p>This person might be a patient’s extended family, partners, friends, advocates, guardians, and other people in the patients support network.</p> <p>Each patient or Substitute Decision Maker has the right to choose who is an Essential Care Partner and can change this choice at any time.</p>
<b>What does this role do?</b>	<p>Visitors spend time with the patient to give them social and emotional support.</p> <p>Patients might feel lonely when they have to stay in the facility. Visits from family and friends can be one way to help the patient feel less lonely.</p>	<p>Essential Care Partners provide physical, psychological, and emotional support, as deemed important by the patient or Substitute Decision Maker. Examples include helping the patient:</p> <ul style="list-style-type: none"> <li>• Make decisions about their care</li> <li>• Coordinate their care</li> <li>• Communicate with their care team</li> <li>• Eat their meals</li> <li>• With daily activities and personal hygiene</li> <li>• Walk, play, and stay active</li> </ul>
<b>How long can they stay with the patient?</b>	<p>This depends on the unit or facility that the patient is in.</p> <p>Usually, visitors only stay with the patient for a short amount of time.</p>	<p>This person is welcome to stay with the patient 24 hours per day, as long as it doesn’t interfere with patient care or safety. This is arranged with the care team.</p> <p>The number of people allowed to see the patient at the same time might be different in some areas of the facility.</p>
<b>What about a virtual/online visit?</b>	<p>Visitors can talk with the care team about ways to visit virtually (online) with the patient.</p>	<p>Technology may be available to allow virtual involvement of Essential Care Partners with patients in a facility.</p> <p>Staff should discuss this option with patients, Substitute Decision Makers, and Essential Care Partners.</p>

**VERSION HISTORY**

Version:	Effective:	Approved by:	What's changed:
Original	2017-09-18	ELT	N/A
Revised	2025-05-27	Clinical Operations Council	Standard Revision: <ul style="list-style-type: none"> <li>• Clarified direction for health care teams, patients, ECPs, and families</li> </ul>



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