EVIDENCE SYNTHESIS BRIEFING NOTE

TOPIC: IMPACTS ON QUADRUPLE-AIM METRICS OF HOSPITAL VISITOR RESTRICTIONS DURING COVID-19

Information finalized as of September 24, 2020.[a] This Briefing Note was completed by the Research, Analysis, and Evaluation Branch (Ministry of Health) in collaboration with a member of the COVID-19 Evidence Synthesis Network. Please refer to the Methods section for further information.

Purpose: This note examines the risk of COVID-19 transmission in hospitals and the impacts on quadruple-aim metrics of visitor restrictions in hospitals based on public health measures, the state of the pandemic, and alternative communication modalities.

Key Findings:

- **Risk of Transmission**: No scientific evidence was identified about rates of transmission attributable to visitors. However, there are some reports of overall transmission rates in hospitals. For example, a systematic review found the proportion of nosocomial infections in patients with COVID-19 to be 44% in the early outbreak stage. Three other studies found the overall risk of hospital-acquired COVID-19 was low or resulted from poor adherence to public health measures.
- **Visitor Restrictions**: Limited evidence was found relating directly to the quadruple aim, with the exception of health-related benefits of public health measures (e.g., preventing transmission of COVID-19).
  - No Visitors with No Exceptions: No evidence sources or jurisdictional examples were identified.
  - Limited Visitors with Specific Exceptions: No evidence documents were identified that addressed adjusting visitor policies based on the active number of COVID-19 cases, trends in local areas, and availability of personal protective equipment (PPE) and testing supplies. China, Germany, South Korea, and New York allow more permissible visitor policies based on regional COVID-19 rates. Canadian jurisdictions range in the types of visitor policies (e.g., general visiting not permitted, visitor restrictions in select areas) and exceptions (e.g., palliative, pediatric, or labour and delivery patients) implemented.
  - Public Health Measures: Scientific evidence and jurisdictional experience suggest implementing measures, such as: limiting the number of visitors and/or length of visits, temperature and symptom screening, wearing a mask and other PPE, physical distancing, restricting visitors to select areas, and enhancing hand hygiene.
- **Alternative Communication Modalities**: Many Canadian provinces recommend that inpatients use outdoor hospital space to see visitors if they are able to. Many hospitals in Australia make use of Skype, WhatsApp, and Facetime to connect patients with families and friends; however, some studies documented bacterial contamination of mobile handheld devices used for this purpose, and advised that strict infection prevention and control programs accompany the use of these devices.

Analysis for Ontario: As of June 15, 2020, the Ministry of Health recommended that public and private hospitals resume allowing visitors (e.g., family, caregivers) in acute care settings, and institutional public health measures have been put in place (e.g., limits on the number of visitors or time of visit, designation of care partners, mask wearing). The Ontario Hospital Association also issued guidance on the length and frequency of visits and alternative communication modalities (e.g., virtual care, outdoor visits).

Implementation Implications: There is limited scientific evidence on the benefits or harms of visitors for COVID-19 patients in hospitals, but jurisdictional experiences reflect permissible visitor policies with accompanying public health measures and alternative communication modalities.

[a] This briefing note includes current available evidence as of the noted date. It is not intended to be an exhaustive analysis, and other relevant findings may have been reported since completion.

Supporting Evidence

Table 1 below summarizes the scientific evidence and jurisdictional experiences regarding the risk of COVID-19 transmission in hospitals and the impacts on quadruple-aim metrics of visitor restrictions and exceptions in hospitals based on public health measures, the state of the pandemic, and alternative communication modalities. In terms of jurisdictional experience, information is presented on all Canadian provinces and territories, China, Germany, South Korea, Spain, Taiwan, and United States (US) in general and New York City. The following framework was used to organize the findings:

- **Hospital Settings**: General and priority settings, including general medicine, intensive care unit (ICU), labour and delivery, mental health and addictions, and palliative care.
- **Rate of Transmission**: Rate of transmission of COVID-19.
- **Visitor Restrictions and Exceptions**: No visitors, no exceptions; limited visitors with specific exceptions (e.g., end of life, ICU, labour and delivery, and language barriers); and other restrictions.
- **Accompanying Public Health Measures**: Institution and in the community (but only when intersecting with visitor policies for institutions).
- **Alternative Communication Modalities**: Video calls, telephone calls, and others.
- **Quadruple Aim Metrics**:
    - Health-related benefits to patients, families, and caregivers of visitors (e.g., reduced infections in facility or in community, reduced delirium);
    - Health-related harms to patients, families, and caregivers from restriction of visitors (e.g., worsened mental health);
    - Experiences of patients, families, and caregivers (e.g., help with care and support, help with translation, less worry, less sedatives/constraints);
    - Experiences of providers (e.g., many stressful calls with families);
    - Per capita costs or resource consumption more generally (e.g., reduced PPE consumptions, staffing and iPad constrains, reduced sedative use).

Additional details are provided in Table 2 (for key findings from highly relevant evidence documents on transmission risk and visitor policies), Table 3 (for visitor restrictions in hospitals in Canadian provinces and territories), and Table 4 (for visitor restrictions in hospitals in other countries) in the Appendix.

Table 1: Scientific Evidence and Jurisdictional Experiences Regarding the Risk of COVID-19 Transmission in Hospitals and the Impacts on Quadruple-Aim Metrics of Visitor Restrictions/Exceptions in Hospitals

Scientific Evidence	• **Risk of Transmission of COVID-19**: None of the identified sources provided evidence about rates of transmission attributable to visitors, but rather focused on overall transmission rates in hospitals.
	  ○ A World Health Organization guideline (last updated July 9, 2020) described the routes of transmission of COVID-19, which occurs primarily through direct, indirect, and close contacts with infected people through infected secretions (e.g., saliva, respiratory) or respiratory droplets (e.g., coughing, sneezing, talking, singing).
	  ○ One systematic review (March 31, 2020) provided estimates of transmission rates in hospitals, where the proportion of nosocomial infections in patients with COVID-19 was found to be 44% in the early outbreak.

	○ Three studies were identified that discussed transmission rates of COVID-19 in hospitals: ▪ A study (September 11, 2020) found that the rate of nosocomial SARS-CoV-2 infection in an orthopaedic and traumatology department in Spain was 6.5%. ▪ A study (September 9, 2020) found that the overall risk of hospital-acquired COVID-19 was low in a cohort study of 9,149 patients admitted to a large US academic medical centre over a 12-week period where 697 COVID-19 cases were identified. ▪ A study (July 3, 2020) found a total of 303 hospital staff members and patients were exposed to 29 confirmed COVID-19 patients in a South Korean hospital, of which three were found to have COVID-19 which were largely as a result of poor adherence to public health measures. • **Visitor Restrictions**: Limited information was found relating directly to the quadruple aim, with the exception of findings relating to the health-related benefits of public health measures (e.g., preventing transmission of COVID-19). ○ No Visitors with No Exceptions: No information identified. ○ Limited Visitors with Specific Exceptions: Two studies examined visitor restrictions in Taiwan, noting that hospice units, in general, maintained their visiting policies as did other wards where less vulnerable patients were admitted. Instead of restricting access, hospitals in Taiwan used approaches such as limiting the number of visitors, limiting the length of visits, and checking identification and screening for symptoms. • **Visitor Restrictions and Accompanying Public Health Measures**: ○ No evidence documents were identified that addressed adjusting visitor policies based on the active number of COVID-19 cases, trends in local areas, and availability of PPE and testing supplies. ○ A rapid review (September 2, 2020) highlighted the importance of ensuring visitors had no suspicion of having been in contact with someone with COVID-19, limiting the number of visitors allowed to be at the hospital, and requiring visitors to wear PPE. Moreover, three studies (May 4, May 8, and July 30, 2020) highlighted the following strategies: ▪ Protecting medical staff through PPE and tracking of possible exposure; ▪ Restricting visitors to select areas; ▪ Taking a detailed history of all visitors; ▪ Implementing temperature and symptom screening; ▪ Enhancing hand hygiene; ▪ Prohibiting the wearing of PPE leaving a contaminated area; ▪ Disinfecting work areas; and ▪ Enhancing ventilation. • **Alternative Communication Modalities**: Evidence on measures that can be put in place to mitigate any potential harms associated with visitor restrictions was only identified for video calls, and not for telephone calls or other modalities: ○ A rapid review (April 2, 2020) noted that with strict visitor policies having been put in place, many hospitals in Australia are making use of Skype, WhatsApp, and Facetime to connect patients with families and friends. However, studies included in the rapid review documented bacterial contamination of mobile handheld devices used for this purpose, and advised that strict infection-prevention and control programs accompany the use of these devices.
International Scan	• **No Visitors with No Exceptions**: No examples identified. • **Limited Visitors and Accompanying Public Health Measures**: Though early in the pandemic many countries began with strict enforcement of no-visitor policies, those restrictions have since

	loosened as COVID-19 cases have decreased. These jurisdictions include in China, Germany, South Korea, and New York, all of whom took a regional approach to regulation, whereby more permissible visitor policies were allowed based on regional COVID-19 rates. Institutional public health measures that have been put in place to mitigate the potential risks of visitors include: ○ Conducting symptom and temperature checks for visitors at the entrance (China, South Korea, and New York); ○ Having visitors sign-in using a visitors log (China and South Korea); ○ Requiring visitors to wear masks while in the hospital (China, South Korea, and New York); ○ Limiting the number of visitors at any given time (China and New York); ○ Limiting visiting times (New York); ○ Restricting visitors to specific locations within hospitals (China); ○ Maintaining physical distancing (South Korea); and ○ Disinfecting hands upon entrance and exit to the hospital (New York). • **Alternative Communication Modalities**: No examples identified.
Canadian Scan	• **No Visitors with No Exceptions**: No examples identified. • **Limited Visitors with Specific Exceptions**: ○ British Columbia, Manitoba, New Brunswick, Nova Scotia, Newfoundland and Labrador, and Northwest Territories have strict policies in place whereby general visiting is not permitted or may be limited to one individual where deemed medically necessary. Common exceptions to this are for exceptional circumstances including palliative care units, for pediatric patients, and in labour and delivery suites. ○ Alberta and Saskatchewan have asked that patients designate two visitors who, so long as they adhere to public health measures, are permitted to see the patient throughout their admission. ○ Quebec and the Yukon are both allowing general visitors in most areas of the hospital but have designated specific areas where additional restrictions apply, including the emergency department, oncology department, and ICU, as well as for select patients such as those receiving bone marrow transplants. • **Public Health Measures**: Institutional public health measures that have been put in place to mitigate the potential risks of visitors include: ○ Maintaining physical distance (British Columbia, Quebec, New Brunswick, Nova Scotia, and Newfoundland and Labrador); ○ Washing or disinfecting hands upon entry and exit (British Columbia, Saskatchewan, Nova Scotia, and Newfoundland and Labrador); ○ Wearing a mask and other PPE (British Columbia, Saskatchewan, New Brunswick, and Nova Scotia); ○ Pre-screening for symptoms, including temperature checks (Saskatchewan, Nova Scotia, Newfoundland and Labrador, and Nunavut); ○ Registration of visitors for contact tracing (Manitoba); ○ Not permitted to eat or drink while visiting (New Brunswick); and ○ Must stay in a patient's room when visiting (Nova Scotia). • **Alternative Communication Modalities**: Many provinces (British Columbia, Alberta, Saskatchewan, and Manitoba) are recommending that inpatients should make use of outdoor hospital space to see visitors if they are able to. Visitor limits for outdoors differ by province, but are capped at between two and five.

Ontario Scan	• **No Visitors, with No Exceptions**: No examples identified.
	• **Limited Visitors**: As of June 15, 2020, the Ministry of Health recommended that public and private hospital resume allowing visitors (e.g., family, caregivers) in acute care settings with public health measures set in place. For example:
	  ○ The University Health Network allows inpatients to have one essential care partner visit the hospital per day (with a few exceptions).
	  ○ London Health Sciences Centre is limiting family/caregiver visits and provides guidance on number of allowable visitors and length/duration of visits for specific patient populations (e.g., children, women in labour, palliative, major surgery, stays longer than seven days, and emergency department) and situations (e.g., patients experiencing a mental health crisis, actively dying, outpatient appointments).
	  ○ The Ottawa Hospital permits patients to identify two visitors, but they can only have one visit with one person each day for one hour.
	  ○ Guidance has been issued from the Ontario Hospital Association related to length and frequency of visits.
	• **Public Health Measures**: Institutional public health measures that have been put in place to mitigate the potential risks of visitors include:
	  ○ Limits on the number of visitors and/or time of visiting;
	  ○ Designation of care partners;
	  ○ Maintaining physical distance;
	  ○ Washing or disinfecting hands upon entry and exit; and
	  ○ Wearing a mask and other PPE.
	• **Alternative Communication Modalities**: Guidance from the Ontario Hospital Association recommends using care partner identification badges, virtual care, and outdoor visits to connect care partners and patients.

Methods

The COVID-19 Evidence Synthesis Network is comprised of groups specializing in evidence synthesis and knowledge translation. The group has committed to provide their expertise to provide high-quality, relevant, and timely synthesized research evidence about COVID-19 to inform decision makers as the pandemic continues. The following member of the Network provided an evidence synthesis product that was used to develop this Evidence Synthesis Briefing Note:

- Waddell K, Wilson MG, Moat KA, Wang Q, Gauvin FP, Ahmad A, Alam S, Bhuiya A, Tchakerian N, Lavis JN. (September 24, 2020). COVID-19 rapid evidence profile #19: What is the risk of transmission of COVID-19 in hospital and long-term care settings, and the impacts of hospital-visitor policies? *Hamilton: McMaster Health Forum*.

For more information, please contact the Research, Analysis and Evaluation Branch (Ministry of Health).

APPENDIX

Table 2: Key Findings from Highly Relevant Evidence Documents on Transmission Risk and Visitor Policies[b]

Questions	Key Findings
Risk of transmission (question 1)	*Key findings from guidelines using a robust process* • Transmission of COVID-19 occurs primarily between people through direct, indirect, or close contact with infected people through infected secretions such as saliva and respiratory secretions, or through their respiratory droplets, which are expelled when an infected person coughs, sneezes, talks or sings (WHO technical guidance; last updated 9 July 2020) *Key findings from full systematic reviews* • Proportion of nosocomial infection in patients with COVID-19 was found to be 44% in the early outbreak (AMSTAR rating 9/11; literature last searched 31 March 2020) *Key findings from primary studies* • Nosocomial SARS-CoV-2 infection in an orthopaedic and traumatology department was 6.5% (published 11 September 2020) • Overall risk of hospital-acquired COVID-19 was low in a cohort study of 9,149 patients admitted to a large U.S. academic medical center over a 12-week period where 697 COVID-19 cases were identified (published 9 September 2020) • A total of 303 hospital staff members and patients were exposed to 29 confirmed COVID-19 patients in a South Korean hospital, of which three were found to have COVID-19 which were largely as a result of poor adherence to public health measures (published 3 July 2020)

Visitor restrictions (and exceptions) **in general and in priority settings (question 2)**	**No visitors, no exceptions**
	• No findings from highly relevant evidence documents were identified
	
	Limited visitors with specific exceptions (e.g., end-of-life, ICU, labour and language barriers)
	
	Key findings from primary studies
	• During the COVID-19 pandemic, nearly all hospice units in Taiwan changed their visitation policies, with:
	  ○ one quarter instituting differing visitor policies than the ordinary wards in the same hospital;
	  ○ most wards restricting access in terms of the number of visitors allowed and the length of visits; and
	  ○ others checking identity and screening (published 21 April 2020)
	
	Other types of restrictions
	
	Key findings from primary studies

[b] Waddell et al (2020) appraised the methodological quality of full systematic reviews and rapid reviews using AMSTAR. Note that quality appraisal scores for rapid reviews are often lower because of the methodological shortcuts that need to be taken to accommodate compressed timeframes. AMSTAR rates overall quality on a scale of 0 to 11, where 11/11 represents a review of the highest quality. It is important to note that the AMSTAR tool was developed to assess reviews focused on clinical interventions, so not all criteria apply to systematic reviews pertaining to delivery, financial or governance arrangements within health systems or to broader social systems.

	• In Taiwan, about three-fifths of hospitals posted new visiting policies as a result of the pandemic, many of which still allowed visitors to ordinary wards but restricted the number of visitors at a time, and the times within which they could visit (published 4 May 2020)
Visitor restrictions that are adjusted based on the public-health measures that are in place within the institution to mitigate the potential risks of visitors (e.g., screening at entry; adherence to mask wearing and physical distancing) **and/or based on the state of the pandemic in the local community** (e.g., low rate of new infection) **or adherence to public-health measures** (e.g., mark and physical distancing) 1 (question 3)	**Public-health measures based on the state of the pandemic in the local community** • No findings from highly relevant evidence documents were identified **Public-health measures that are in place within the institution to mitigate the potential risks of visitors** *Key findings from rapid reviews* • Considerations for allowing visitors for patients in hospital include: having no suspicion of COVID-19, limiting the number of patients, and limiting the time that visitors are allowed to be at the hospital, as well as requiring visitors to wear PPE (AMSTAR 4/9; literature last searched 2 September 2020) *Key findings from primary studies* • Nosocomial transmission of COVID-19 from accidental exposure in a South Korean hospital's emergency department was found to be successfully prevented through isolation and surveillance policies and comprehensive PPE use (published 30 July 2020) • Key infection-prevention and control measures in one Chinese hospital included protecting medical staff (e.g., screening and tracking for possible exposures, use of PPE, encouraging hand hygiene), prohibiting the wearing of PPE leaving a contaminated area, disinfecting work areas, ventilation and social distancing (published 8 May 2020) • Hospitals also took histories of visitors (e.g., travel history, occupation, contacts), and many of those who changed their visitation policies also implemented temperature screening, hand hygiene measures and identity checks (published 4 May 2020)
Measures that can be put in place to mitigate any potential harms associated with visitor restrictions (e.g., alternative communication modalities such as iPad 'visits') (question 4)	**Video calls** *Key findings from rapid reviews* • Where strict visitor policies are in place, many hospitals in Australia are using Skype, WhatsApp and Facetime to support individual care, however providers have been asked to notify patients that their use may introduce privacy risks (AMSTAR rating 2/9; literature last searched 2 April 2020) • Studies have documented bacterial contamination of mobile handheld devices being used to facilitate visitations, so it is imperative that infection-prevention and control programs be put in place including routine use of UV irradiation or germicidal wipes, use of waterproof/resistant and non-porous cases for devices and disinfection of the device before and after patient/family use (AMSTAR rating 2/9; literature last searched 2 April 2020) **Telephone calls** • No findings from highly relevant evidence documents were identified **Other** • No findings from highly relevant evidence documents were identified

Table 3: Visitor Restrictions in Hospitals in Canadian Provinces and Territories

Province/Territory	Visitor Restrictions

British Columbia	**Hospitals**
	• In conjunction with the BC Centre for Disease Control, the Ministry of Health has put forward several visitor restrictions guidelines to help prevent the spread of COVID-19 in acute care settings.
	  ○ Essential visits—such as, visiting a patient to provide: 1) compassionate care; 2) assistance with care and well-being; and 3) assistance as a registered volunteer—are still permitted.
	  ○ Although the provincial guidelines limit essential visits to one individual, palliative care units will accommodate for more than one essential visitor at a given time.
	  ○ All visitors are to be screened prior to their stay, and must adhere to appropriate physical distancing, hand hygiene, and respiratory etiquette guidelines.
	  ○ As it relates to maternity care, a birthing woman's spouse or partner will be classified as an essential visitor, while her doula will be recognized as part of her care team.

Alberta	• On 12 August 2020, Alberta Health Services updated their guidance on patient visitation regulations in hospital and long-term care settings.
	  ○ Guidelines are structured based on two distinct categories, which include visits from a: 1) Designated Family/Support Person; and 2) visitor.
	  ○ A Designated Family/Support Person is a classified as an individual (e.g., family member or friend) who is involved in the ongoing care and support of a patient, while a visitor is not directly involved with the patient's needs but temporarily visits to "socialize".
	• Restrictions in hospital settings vary based on the care or service that is provided:
	  ○ As it relates to maternity care, up to two Designated Family/Support Persons can accompany the birthing mother, while additional supports (e.g., doula) will require further approval.
	  ○ In inpatient, pediatric, and palliative settings, two Designated Family/Support Persons can accompany a patient, and there is a possibility for all three individuals to be present in the same room at once if physical distancing measures can be maintained.
	  ○ In acute care settings, outdoor visits are limited to three individuals (including the patient).

Saskatchewan	• The following visitor restrictions have been implemented across all Saskatchewan Health Authority facilities, including acute and long-term care.
	  ○ A maximum of two individuals (e.g., family members) can be designated as support persons. Though, it is worth noting that only one may accompany the patient or resident in the facility at a given time.
	  ○ Patients in palliative, pediatric, maternal services, or intensive care units may be permitted to have two individuals present at a given time as long as physical distancing can be practiced.
	  ○ Additional support persons can be designated in the case of palliative or end-of-life patients.
	  ○ Several health and safety measures are in place for visitors, including: pre-screening for symptoms; performing temperature checks; practicing appropriate hand hygiene techniques; and wearing medical grade masks.
	• Outdoor visits are recommended as an alternative option to indoor visits; these gatherings may consists of a larger number of visitors as long as public health protocols can be maintained.

Manitoba	• Shared Health (Manitoba) has released guidelines that aim to help expand the province's inpatient visit regulations.
	  ○ Visitor restrictions highlighted in this document include: 1) inpatient visits being limited to one visitor at a given time; and 2) under certain circumstances, a second designated support person may be permitted to accompany a patient (e.g., labour and delivery, and pediatrics settings).
	  ○ Approval of additional patient visitors (up to a maximum of four) in palliative care will be reviewed on a case-by-case basis.
	  ○ If possible, outdoor visits (of up to two people) are recommended.

	○ All visitors are required to sign in when arriving to a health care facility.
Ontario	• The Ministry of Health recommended that public and private hospital resume visitors (including family, caregivers, and other types of visitors) for acute care settings with public health measures set in place such as proper hand hygiene, masking, and physical distancing, in addition to infection control and prevention practices (memorandum from 15 June 2020). • The Ontario Hospital Association recently released guidance for hospitals on visits from care partners (family caregivers). ○ Care partners should follow public health measures such as undergo screening before entering the hospital, perform proper hand hygiene (hand washing and/or use of hand sanitizer) before and after hospital and patient room visits, wear a mask, and limit movement within common areas in the hospital. ○ Additional guidance is provided on length and frequency of visits, use of care partner identification badges, and other ways to connect care partners and patients (e.g., virtual care, outdoor visits) • London Health Sciences Centre is limiting family/caregiver visits, and provides guidance on number of allowable family/caregivers and length/duration of visits for specific patient populations (e.g., children, women in labour, palliative, major surgery, stays longer than seven days, and emergency department) and situations (e.g., patients experiencing a mental health crisis, actively dying, outpatient appointments) • Effective 19 August 2020, hospitals within the University Health Network will allow inpatients to have one essential care partner visit the hospital per day (with a few exceptions) ○ There is no access for the public and other visitors with no pre-approval. ○ Outpatients are allowed one essential care partner. ○ Care partners must follow public health measures such as self-screen for COVID-19 symptoms the day before and morning of visit, perform proper hand hygiene before, during, and after visit, wear a mask, screen for symptoms at the hospital entrance, limit movement within the hospital, and practice physical distancing. • The Ottawa Hospital permits patients to identify two visitors, but they can only have one visit with one person each day for one hour. Visitors must schedule a visit in advance, wear a mask, screen for symptoms at the hospital entrance, perform proper hand hygiene, and go directly to the patient's room (limit movement within the hospital).
Quebec	• On 26 June 2020, visits to hospital centres have been allowed under certain conditions. Each hospital centre may modify these guidelines on an exceptional basis in the event of an outbreak or during busier times at the centre. Centres must continue to facilitate the patient's virtual communication with family and friends.
New Brunswick	• Hospitals and health care facilities within the Horizon Health Network generally limit one visitor at a time between 2:00 and 8:00 pm daily with public heath measures (e.g., must wear a mask, physical distancing, limit interaction outside of patient room) with public health measures and exceptions. ○ Patients in palliative care may have two visitors at a time, and for those receiving end-of-life care may have an additional pastoral/spiritual care visitor. ○ Patients in critical care may have one visitor at a time (limited to close family members). ○ Emergency and outpatient departments visits are restricted to one support person only • The Vitalité Health Network limit patients to one visitor at a time with public health measures (e.g., mask, physical distancing, not permitted to eat or drink in the room) ○ No visitors for patients with COVID-19 or in isolation with suspected COVID-19 cases. ○ Two visitors plus a spiritual/pastoral care visitor is permitted for palliative care units. ○ One support person for visits at the emergency department, outpatient services, oncology services, and ultrasound services.
Nova Scotia	• No general visits are allowed at Nova Scotia hospitals. However, family members and primary support persons/caregivers are allowed to visit patients. ○ All visitors will be screened upon entry, and are required to physically distance, as well as wear a mask. ○ Visitors must stay in the patient's room and are asked not to use the patient's washroom or personal belongings.

Prince Edward Island	• With respect to hospital, palliative and mental health care, there are no restrictions to the number of people who can visit a patient in one day.
	  ○ Overnight visits are permitted if allowed by clinical staff.
	  ○ For patients at the end-of-life, any number of visitors can be present at bedside at a given time.
	  ○ Outpatients are allowed to have one support person with them.
	• All visitors will be screened for COVID-19 and have their personal contact information recorded. Visitors will also be asked to practice physical distancing and wear a mask at all times.

Newfoundland and Labrador	• Hospital pediatric patients are allowed to have both parents visit at once. Similarly, obstetric patients and inpatients are permitted one visitor per visit. Obstetric patients may also have a doula present in addition to a designated visitor.
	  ○ Outpatients may be allowed to have visitors present depending on the circumstance.
	  ○ Religious support persons are considered part of the patient's care team and are allowed to visit the patient alongside a designated visitor.
	• All visitors will be screened and educated about COVID-19 signs and symptoms, personal protective equipment, hand hygiene, and physical distancing. Visitors will also be required to wear a mask and to coordinate their visit with the patient's clinical care team.

Yukon	• Hospital visitors are restricted from entering specific areas of the hospital, but may be exempt if they are under 18 years of age, have a disability, require a substitute decision maker or have had medication administered such that it impairs their decision-making skills. • Hospital visitors may be asked to wear a staff by staff depending on the circumstance.
Northwest Territories	• A maximum of two visitors per stay are allowed for patients in acute care, including obstetrics and pediatrics. Only one visitor is allowed per visit for patients in outpatient care. This is with the exception of pediatric patients, who can have two visitors present per visit.
Nunavut	• As of September 2020, limited visitors are allowed into the Qikiqtani General Hospital. All visitors are required to complete a COVID-19 questionnaire. Non-essential visits to mental health patients are not allowed.

Table 4: Visitor Restrictions in Hospitals in Other Countries

Country	Visitor restrictions

China	• National Health Commission of China issued the health protection guidelines in key places and units during COVID-19 epidemic on 20 July 2020.
	  ○ For nursing home and mental health institutions in low-risk regions, following strategies should be considered:
	  ▪ conducting temperature for visitors at the entrance
	  ▪ visitors should wear masks
	  ▪ limiting number of visitors, restricting area and frequency of visits
	  ▪ registering visitors and implementing appointment management when necessary
	  ○ For nursing home and mental health institutions in medium- and high-risk regions:
	  ▪ not allowing visitors
	  ▪ encouraging video calls
	• Medical institutions should intensify management over wards and forbid visits to patients by their family members or friends unless necessary.

Germany	• Regulation and recommendations around care homes visitors have been put in place across federal states in Germany.
	  ○ For most states, ban of visitors maintained and visitation can be allowed for relatives of a person at the end of their life.
	  ○ Social contacts should be maintained as far as possible via telecommunication.
	  ○ Visitors with symptoms of a cold or who are a contact person to someone with COVID-19 should stay away.
	  ○ In the case where visitors are allowed, every visitor (name, date of visitor, name of resident visited) should be registered. Visits should be minimal and there should be a time limit.
	  ○ Visitors must adhere to protective measures that involve maintaining a distance of at least 1.5-2 metres from the resident, must wear a protective gown and mouth-nose protection and disinfect their hands when leaving the resident's room.
	• From 6 May 2020, people at hospitals and nursing homes, as well as facilities for the elderly and the disabled may once again receive visitors, as long as there are no active COVID-19 cases
	  ○ Older people and people with pre-existing conditions are being urged to avoid direct contact with others.
	  ○ Distance should be maintained, or barriers should be erected between residents and visitors.
	  ○ Wearing a non-medical face mask (community mask) are generally required.
	  ○ Family members can generally stay in contact via regular (video) calls or via the internet.

South Korea	• The following strategies should be considered for visitation of hospitals and clinics:
	  ○ Shunning in-person visits and opting for telephone calls/video calls
	  ○ Minimizing the number of visitors and shortening visiting time
	  ○ Checking in advance if visiting is allowed
	  ○ Canceling a visit if visitors have risk factors such as a fever or respiratory symptoms (cough, soar throat, etc.) Or exposure to someone with COVID-19
	  ○ Upon entry and exit, cooperating with COVID-19 prevention and control measures including heath checks (temperature and respiratory symptoms screening, etc.), entry logs (digitally or in handwriting), and information management (retention and destruction after four weeks)
	  ○ Prior to and after visit, washing hands with soap and running water for at least 30 seconds or using hand sanitizer
	  ○ Staying two meters (at least one meter) away from patients and keeping a mask on while talking to each other

New York, US	• On 10 April 2020, the New York State Department of Health issued a health advisory which suspended visitation within hospitals and described the necessary requirements for the allowance of patient support persons. The Department made updates to this announcement to address the need for sustainable hospital visitation policies for the next phase of the pandemic. Beginning on 19 June 2020 all 11 public hospitals will allow one visitor at a time per patient for four hours a

	day. This rule applies to patients from any department. Visitors are advised to perform regular hand hygiene, required to wear personal protective equipment, and undergo symptom and temperature checks upon entering the hospital.