



# Ontario hospital visitor restrictions during the pandemic:

## December 2020 update

Throughout the COVID-19 pandemic, many hospitals have used the “Essential Visitor” model to manage visitor access. While the Chief Medical Officer of Health (“CMOH”) has not issued a Directive to Ontario Public Hospitals regarding visitor restrictions, the Ministry of Health issued “[COVID-19 Guidance: Acute Care](#)” on June 15 2020, which includes the most recent Ministry guidance on “Managing Visitors.” Where a hospital has an active outbreak within its facility, a local Medical Officer of Health has the authority to issue an Order under the [Health Protection and Promotion Act](#), directing a hospital to take specified actions to respond to the outbreak, including restricting or prohibiting access to visitors during the outbreak.

Absent a public health order or directive, a hospital has the authority to limit who may enter the hospital’s premises, how often and for how long. Each hospital may determine how to balance the mitigation of risks posed by COVID-19 with a patient’s need for visitors, in consultation with its in-house IPAC expertise. The level of visitor restriction may vary depending on the [public health zone](#) in which the hospital is located, the extent of community spread and the risk that COVID-19 may pose to different patient populations. A recent informal survey of Ontario hospital visitor policies found that hospitals located in Grey (Lock Down), Red (Control) and Orange (Restrict) public health zones were likely to have more stringent restricted visitor access than those in Green (Prevent) or Yellow (Protect) zones.

## Evolution of Hospital Visitor Policies during the Pandemic

The definition of an essential visitor has evolved during the pandemic and will be context and time specific, depending on the risks posed by the prevalence of COVID-19 in different communities at different times.

In **March 2020**, [the CMOH recommended](#) that acute care settings allow only essential visitors, such as “those who have a patient who is dying or very ill, or a parent/guardian of an ill child or youth, or a visitor of a patient undergoing surgery or a woman giving birth.” The list was not exhaustive but, rather, examples of the type of visitor whose pre-approved presence is considered essential to the safety and well-being of an inpatient.

On **June 15, 2020**, a further [memorandum](#) from the CMOH recommended that acute care settings allow visitors while working closely with their local public health unit to understand COVID-19 activity in their community overall, and to inform and adjust visitation policies as needed.

## December 2020: Visitor Policy Considerations

- Adjust policy for local outbreaks and [COVID-19 Zone](#) where hospital is located
- Consult Hospital’s internal IPAC and ID clinicians when changing visitor policy
- Consider whether visitors should be limited to essential visitors and if so, how to define
- Consider patient’s circumstances and risk
- Determine appropriate restrictions on number of essential visitors per patient, frequency and length of visit
- Consider whether to manage visitor frequency with scheduled appointments
- Conduct active screening for any permitted visitor
- Reinforce IPAC measures (e.g., mandatory masking, hand hygiene, physical distancing)
- Engage in public education on COVID-19 risks
- Make policy available to patients, family, caregivers and other visitors

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