



Purpose:

Island Health is committed to People Centered Care and recognizes family as a fundamental support structure. Client directed family involvement and voice in care is essential to improving the outcomes of the client and for client satisfaction. This document provides direction on the presence and participation of designated family member(s), working together to improve the client and family's experience of care.

Cultural Safety and Humility:

Island Health offers programs and services on the unceded and traditional territories of the Coast Salish, Kwakwaka'wakw, and Nuu-chah-nulth Peoples.

As a signatory to the 2015 Declaration of Commitment to Cultural Safety and Cultural Humility, Island Health is committed to addressing the ongoing impacts of colonialism and Indigenous-specific racism in order to provide a culturally safe, inclusive, healthy and respectful environment. The organization is committed to strengthening diversity, equity, and inclusion to enable excellence in health and care for everyone, everywhere, every time. Through these commitments, Island Health strives to deliver the highest possible standard of care and to promote safe workplaces.

Scope:

- **Audience:** All roles involved in the provision of care for clients, including:
 - Direct clinical care staff
 - Documenting clinicians and providers
 - Clinical support staff
 - Management and leadership
 - **Environment:**
 - All Island Health sites, facilities, departments, units, programs, and contracted agencies providing direct care.
 - **Exceptions:** None
- Note:**
- For the purpose of this Policy, the term "client" refers to a patient, resident, or person in recipient of healthcare services within Island Health or parents/legal guardians where required.

1.0 Objectives

- To set the standard practice for family presence in Island Health.
- To set the expectation for safe, inclusive practices for designated family across Island Health.
- To distinguish the roles of designated family member(s) from visitors.
- To acknowledge designated family member(s) role in supporting the client and recognize their knowledge of the client's history, preference and needs.

1.1 Principles

- **This Policy is based on four principles:**
 1. Family is an essential partner within the healthcare team.
 2. The client defines and identifies designated family member(s).
 3. Family presence is tailored to meet the needs of the client, as directed by the client in collaboration with the health care team.

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4. The role of designated family member(s) is distinct from those of visitors.

- As a signatory to the 2015 Declaration of Commitment to Cultural Safety and Cultural Humility, this Policy is intended to address the impact of colonialism and Indigenous-specific racism and will respect and value the determination of the client to identify designated family members as part of their care team. This Policy upholds diversity and respects clients' cultural beliefs, protocols, and traditions recognizing that spiritual and cultural practices vary between communities, Nations, and the three Cultural Families.

1.2 Introduction to Client Directed Family Presence

- Family presence ensures designated family member(s) are involved and welcomed as essential partners in safe, quality care according to client's preferences.
- Clients determine how and when designated family member(s) will be present in their care, in collaboration with clinical care staff to ensure care and safety needs are met. They can choose to identify designated family member(s), but it is not required.
- The client may identify designated family member(s) and their level of involvement will be reviewed as needed through current and subsequent encounters. Designated family member(s) will be documented in the client's chart as per Island Health's Clinical Documentation Policy.
- While clients may identify preferred roles for their designated family member(s), those family members may also determine which roles they are comfortable assuming.
- Family support does not replace the duties and responsibilities of the Clinical Care Team, Representatives, or any other person legally appointed as decision makers.
- Care providers will support family well-being by providing emotional support, guidance, resources, and referrals to help families participate safely and effectively in care.
- Care providers will recognize and support diverse family structures and cultural values.

1.3 Operationalizing Family Presence

- Designated family member(s) role(s) can include, but are not limited to:
 - Presence During Care** – Who the client would like to be physically present in the care setting.
 - The number of designated family members will be determined as a collaborative discussion with the care team and client based on many factors including but not limited to: multibed rooms, acuity, special needs of others, fire regulations and space constraints.
 - Designated family member(s) must be able to safely and independently manage their own personal needs (e.g., food, medications, personal care). If physical presence is constrained by space, the healthcare team will collaborate to explore alternative options, including virtual options, to support the client and their family's connection.
 - If staff encounter challenges with family presence impacting care, staff will discuss concerns with the client and escalate to the unit leaders as needed.
 - Involvement in Care** – How healthcare staff will involve designated family member(s) in care.
 - In accordance with the client's wishes, active participation by designated family member(s) will be welcomed and acknowledged by the healthcare team, as much as possible, in aspects of care (e.g. care planning, decision-making, and daily care activities).

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- Health care staff will engage with clients and their designated family member(s) early and continuously, beginning at the first point of contact (e.g. triage, intake, consult or program entry) and throughout the care journey.
- Information provided by designated family member(s) must be considered throughout all phases of assessment, care delivery, and care planning to support informed people centered care and decision-making.
- **Spiritual and Cultural Health** – Who the client would like present to provide spiritual and/or cultural support.
 - Access to spiritual health services should be offered to clients and initiated upon request.
 - Spiritual and cultural practices will be supported and accommodated in alignment with space availability and the fire code regulations.

1.4 Indigenous Health Considerations

- Family is medicine and essential to an individual’s health and well-being.
- Family presence promotes healing. This may include the presence of:
 - Elders: Recognized for their wisdom and cultural guidance.
 - Community Members/Supports: To provide emotional and cultural support.
 - Extended Family: Including significant relations as defined by the client.

1.5 Informed Consent, Information Privacy and Confidentiality

- Clients must consent to designated family being present during healthcare interactions and activities. If the client is under 19, follow the Consent for Health Care for a Minor Policy, to determine who should provide consent to family presence. This consent must be documented on the chart by the care team.
- The privacy of other clients must be respected at all times during family presence, ensuring that their confidentiality and personal information are protected.
- Client’s right to privacy must be respected with the *Freedom of Information and Protection of Privacy Act*, Consent to Health Care and Advance Care Planning Policy, and other legislation, professional codes of ethics, and standards of practice.
- The Policy allows family presence in healthcare settings in a supportive role and is not meant to replace existing consent, decision-making, and privacy legislation.

1.6 Infection Prevention and Control

- Clinical care staff will instruct family on proper infection prevention and control practices. Staff will instruct family on hand hygiene, and the donning and doffing of personal protective equipment as necessary.
- In the event of an infectious disease outbreak requiring public health and safety restrictions to visiting an I/or family presence, staff will work directly with clients, families, and visitors to ensure they are able to support the client and family, according to outbreak management guidelines.

1.7 Monitoring and Evaluation

- The Human Experience Cross Continuum Committee (CCC) will be responsible for maintaining this Policy and will conduct a regular evaluation and quality improvement review set forth in the implementation and evaluation plan, and in accordance with the Island Health Policy Framework and emerging evidence and best practices.

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- All Local and Regional implementation supports and any additional policy documents must be endorsed by the Human Experience CCC.
- Operational leaders and individual program areas are responsible for ongoing alignment of program-specific policies, procedures, and guidelines with this Policy which may include use of existing auditing, quality assurance, quality improvement, and performance management processes.

2.0 Definitions

- **Care Plan:** An individualized plan that identifies the diagnoses, goals of care, clinical and functional needs to be addressed and health services required, considering the client’s abilities, physical, social and emotional needs, and cultural and spiritual preferences.
- **Care Planning:** Continuous process of assessment, goal(s), identification, intervention, monitoring and evaluation by the care team, client, and Family.
- **Client:** An adult or child who receives or has requested health care services from Island Health, its health care providers, or individuals authorized to act on behalf of Island Health. It also encompasses terms such as “patient” or “resident” and includes parents/guardians where required.
- **Clinical Documentation:** Any written client/client information that captures the care and or service received.
- **Clinical Support Staff:** Those not providing direct client/client care such as: nursing unit assistant, booking clerk, admitting clerk, scheduling clerk, health record, pharmacy dispensary, any individuals supporting clinical operations.
- **Colonialism:** Occurs when groups of people come to a place or country, steal the land and resources from Indigenous peoples, and develop a set of laws and public processes that are designed to violate the human rights of the Indigenous peoples, violently suppress their governance, legal, social, and cultural structures, and force them to conform with the colonial state.
- **Confidentiality:** Refers to the responsibility or obligation of an individual or organization to ensure that personal and confidential information is kept secure and is collected, accessed, used, and disclosed appropriately.
- **Collaborative Practice:** Collaborative practice happens when multiple health workers from different professional backgrounds work together with clients, families, carers, and communities to deliver the highest quality of care across settings.
- **Cultural Humility:** A process of self-reflection to understand personal and systemic biases and to develop and maintain respectful processes and relationships based on mutual trust. Cultural humility involves humbly acknowledging oneself as a learner when it comes to understanding another’s experience.
- **Cultural Safety:** An outcome based on respectful engagement that recognizes and strives to address power imbalances inherent in the health care system. It results in an environment free of racism and discrimination, where people feel safe when receiving health care.
- **Designated Family Member(s):** Person or persons who are related in any way (biologically, legally, or emotionally), including immediate relatives and other individuals in the clients support network. Family includes a client’s extended Family, partners, friends, guardians, and other individuals. The client defines the makeup of their Family and has the right to include or not include Family members in their care and redefine the makeup of their Family over time.
- **Direct Clinical Care Staff:** Includes providers (physician, midwife, nurse practitioner and respective student populations (i.e. medical students and residents, nurse practitioner students)); Allied Health disciplines such as dietitian, laboratory staff, occupational therapist, pharmacist, physiotherapist, rehab assistant, speech-language

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pathologist, respiratory therapist and registered social worker; nursing (e.g. registered nurse, registered psychiatric nurse, licensed practical nurse); health care assistants; and other students.

- **Documenting Clinicians and Providers:** All health care professionals (regulated and unregulated) granted access to a client/client’s chart to document timely and appropriate observations, reports of assessments, decisions about client/client status, plans, interventions, and client/client outcomes.
- **Healthcare Provider:** Includes medical staff (physician, midwife, nurse practitioner and respective student populations (i.e. medical students and residents, nurse practitioner students)); Allied Health disciplines such as dietitian, laboratory staff, occupational therapist, pharmacist, physiotherapist, rehab assistant, speech-language pathologist, respiratory therapist, imaging technologist and registered social worker; nursing (e.g. registered nurse, registered psychiatric nurse, licensed practical nurse and respective nursing students); health care assistants; and other students.
- **Indigenous-Specific Racism:** The unique nature of stereotyping, bias, and prejudice about Indigenous Peoples in Canada that is rooted in the history of settler colonialism. It is the ongoing race-based discrimination, negative stereotyping and injustice experienced by Indigenous Peoples that perpetuates power imbalances, systemic discrimination, and inequitable outcomes stemming from the colonial policies and practices.
- **People Centered Care:** Partnership between clients, families, and service providers, where health care providers do something with clients and families rather than doing something for clients/families.
- **Resuscitation:** To bring (someone who is unconscious, not breathing, or close to death) back to a conscious or active state again.
- **Visitor:** Any non-staff person who comes to see a client to provide temporary support and companionship.

3.0 Related Island Health Policy Documents

- Animal Visitation Policy
- Animal Visitation Guideline
- Code of Conduct Policy
- Client Safety Incident Management Policy
- Collaborative Care Planning
- Communicating and Assessing Risk of Violence Policy
- Communicating and Assessing the Risk of Violence – General Procedure
- Confidential Information - Privacy Rights of Personal Information Policy
- Confidential Information Management Code of Practice
- Consent to Health Care and Advance Care Planning
- Consent to Health Care for a Minor
- Family Presence in the Emergency Departments
- General Client Care, Safety: Visitors who Pose a Risk to Health and Safety in VIHA
- Hand Hygiene Policy
- Inpatient Care Planning in the Electronic Health Record
- Island Health Clinical Documentation Policy
- Recording (photographing, videotaping or audio recording) by Clients and Visitors
- Respectful Workplace Policy

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- Virtual Care and Family Rights
- Visitors Policy
- Visitors who Pose a Risk to Health and Safety in VIHA Health Care Facilities
- Workplace Violence and Prevention Program

4.0 References

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5.0 Resources

- Guidelines for the Presence and Participation of Families and Other Partners in Care: Institute for Client and Family Centered Care
- *The Family Law Act* - British Columbia
- *Freedom of Information and Protection of Privacy Act*
- *Infants Act* – British Columbia
- Island Health Tools:
 - Parental Presence During Induction of Anesthesia
 - Risk of Violence Screener Tool
 - Violence Alert Behavior Assessment Considerations Tool VBACT
- Island Health Intranet Sites
 - Accreditation Standards
 - Child, Youth and Family
 - Community Spiritual and Religious Supports
 - Cultural Safety
 - Indigenous Health Program Contacts
 - Infection Prevention and Control
 - Person-Centred Care & Service
 - Policies and Procedures
 - Recording by Patients, Clients & Visitors
 - Spiritual Health
 - Violence Prevention
 - Virtual Care Services

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