

Date: May 2, 2022

To: Zone Emergency Operations Centres (ZEOCs)
Site Leaders

From: The COVID-19 Family Presence and Visitation ECC Taskforce, Spiritual Care, Volunteer Resources, WHS, IPC, and the Acute Care Node

RE: Visitation access for community-based spiritual and religious care providers

Please share this information with your site command posts, managers, and providers.

Dear ZEOCs and Site Leaders,

On behalf of the Family Presence Visitation Taskforce, Spiritual Care, Volunteer Resources, WHS, IPC, and the Acute Care Node: The following intends to clarify access to acute care sites for community-based spiritual and religious care providers' visitation/support of patients.

Community spiritual and religious care providers who are registered with AHS Volunteer Resources as Religious Care Visitors (RCVs) are recognized as vital members of the AHS team. RCVs can visit and support patients **throughout patient care when requested by the patient and/or the patient's decision maker**. Service areas can procure a list of RCVs available for each site through Volunteer Resources.

RCVs must adhere to the following:

- [Immunization of Workers for COVID-19 Policy](#); all volunteers starting after November 30, 2021, must be fully immunized. See the [COVID-19 Immunization Policy Staff FAQ](#)
- [Directive: Attending work with COVID-19 Symptoms; Positive Test or Close Contact, including Return to Work Decision Chart](#)
- Site entry requirements as specified by AHS staff, including completing the [Fit for Work Screening](#) in accordance with the [COVID-19 Daily Fit for Work Screening Protocol](#)

As their activities involve visitation with patients, they are subject to the requirements outlined in the [Designated Support Person and Visitor Access Guidance during COVID-19](#), including:

- The patient or patient's decision-maker requests the visit or services of a community spiritual and religious care provider;
- The RCV must schedule their visit with the unit in advance of seeing the patient and confirm on arrival that it is an appropriate time to visit;
- The RCV must agree to follow all site and service IPC precautions;
- That no more than two individuals are present with the patient simultaneously, with an exception in end of life or potential loss of life visitation in service areas where space allows more than two individuals to be present; and
- That they minimize movement throughout the facility.

It is recommended that prior to RCV return to sites, site-based Spiritual Care Services, IPC and Volunteer Resources collaborate to determine a process for coordinating RCV access and identify any additional preventive measures as needed, for example:

- RCVs who will visit multiple patients on a given day; and
- Scheduling meetings with patients who are COVID confirmed, probable or suspected last.

Currently, community spiritual and religious care providers **who are not AHS-registered RCVs** can schedule in-person visitation with the service area when requested by the patient or patient's decision-maker during end of life or potential loss of life circumstances.

These visits must follow the requirements for end of life visitation outlined in the [Designated Support Person and Visitor Access Guidance for Acute Care](#). Service areas will also support telephone or virtual visitation with community spiritual and religious care providers when requested by the patient or patient's decision-maker at any point during the patient's care journey.

If a community spiritual and religious care provider is interested in becoming registered with AHS as an RCV, please have them contact Volunteer Resources at volunteer_resources@ahs.ca.

Questions regarding this guidance can be directed to ahs.ecc@ahs.ca

Best regards,

ECC