

As we see an increase in COVID-19 hospitalizations across the province, AHS has unfortunately had to make the difficult decision of adjusting family/designated support and visitation access at our sites. We encourage patients, family and friends to maintain contact virtually rather than in-person. Thank you for your continued patience and cooperation as we protect patients, families, staff, and physicians and work to ensure our sites remain safe for all Albertans.

If a patient, or caregiver of a patient, expresses the need for in-person support, then the following applies for designated support person(s) and visitors:

- **EFFECTIVE SEPT. 20, 2021 - Inpatient Services** – two (2) designated support persons can be identified however, **only one (1) at a time** can be on site with the patient unless alternate arrangements have been made with the service area (e.g., personal support worker or care provider), or if requested by the service area.
- **NEW – IMPLEMENTED BY OCT. 4 - Maternity** – one (1) designated support person can be on-site with the patient. Exceptional circumstances and requests by patients for two (2) designated support persons will be considered by site command posts on a case-by-case basis. One (1) additional designated support person (for the infant) will be considered in cases of adoption or surrogacy if physical distancing permits.
- **EFFECTIVE SEPT. 20, 2021 - Emergency and Urgent Care** - one (1) designated support person if required to support the care of the patient and physical distancing from others (not from their immediate household) must be able to be maintained. Seniors, minors and patients with mobility and/or cognitive challenges should be given priority to have their designated support person remain with them in-person.
- **End-of-Life** – two (2) designated support persons can be identified and be on-site with the patient as well as visitors with a visitation appointment scheduled through the service area (see below section Supporting family presence and visitation at the end-of-life).
- **Pediatric Inpatient and Ambulatory** - two (2) designated support persons can be identified and are welcome to be present with the patient at the same time.
- **Ambulatory**: one (1) designated support person only if masking and physical distancing from others, not in their immediate household, can be maintained; two (2) designated support persons when pre-arranged with the clinic area and in situations involving:
 - The need for assisting the patient and staff with patient care;
 - End-of-life care or goals of care designation (GCD) discussions;
 - Significant diagnosis/change in medical status leading to poor prognosis;
 - Behaviour challenges requiring two caregiver;
 - medical or equipment needs requiring two caregivers;
 - Involvement of Social Services; and/or
 - When requested by the care team.

Patients must maintain the same designated support person(s) throughout their stay and for any reoccurring ambulatory appointments. However, a patient may identify a replacement designated support person if the original designated support person cannot fulfil their role.

A confirmed outbreak at a site may require additional access restrictions for designated support persons and visitors to be implemented quickly. It is recommended that all designated support persons and visitors contact the site before coming for the most current access information.

Sites and service areas that have determined a need to restrict designated support persons and visitor access further than this guidance due to safety concerns (e.g. outbreaks, limited space preventing safe physical distancing, etc.) MUST follow the process outlined in Section 4.0 of the AHS COVID-19 DESIGNATED FAMILY / SUPPORT ACCESS AND VISITATION IN ACUTE CARE, AMBULATORY, AND EMERGENCY SITES directive [HCS-275 \(ahsnet.ca\)](#).

Designated support persons:

- Are individuals identified by the patient as a needed support and who the patient wants involved in their health matters (e.g., family members, close friends, or informal/hired caregivers);
- Must be 14 years of age or older.
- **Are strongly recommended to be fully-immunized;**
- Should be involved in care planning as much as the patient/alternate decision-maker requests;
- **Are physically and mentally able to assist the patient and staff with patient care;**
- Should not be a close contact of someone with possible or confirmed COVID-19;
- Cannot be on isolation or quarantine for possible, or confirmed, COVID-19 unless meeting the criteria of an exemption (see below section on Exemptions); and
- Can support a patient with suspected/confirmed COVID-19 with approval and direction from Infection Prevention & Control (IP&C).

Visitors are anyone not identified as a designated support persons, and access for visitors is currently limited to individuals with a scheduled appointment to see a patient who is at end-of-life, and outdoor visits. Children under 14 must be continuously accompanied by an adult.

Responsibilities of designated support persons and visitors:

- Do not come to the site if feeling unwell;
- Complete the COVID-19 screening before entering a site;
- Wear the provided [AHS Designated Family/Support or Visitor identification](#);
- Continuously mask at all times or, if unable to mask, must follow the requirements outlined in the [AHS Directive: Use of Masks During COVID-19](#);
- Perform hand hygiene when entering/leaving the facility, washrooms, and/or the patient's room;
- Practice physical distancing from others who are not from their immediate household; and
- Minimize movement throughout the facility unless otherwise arranged with the patient's health care team and only if masking and physical distancing from others not from their immediate household can be maintained.

Immunized individuals: are still required to complete screening and practice hand hygiene, physical distancing and continuous masking when at the site.

Patient belongings, gifts, food and flowers:

- Patients can have necessary belongings brought to them by their designated support persons (e.g., electronic devices, charging cables, toiletries, supportive footwear, and clothing in a cleanable container). Items must be cleaned and/or disinfected as appropriate prior to being brought into the site and again at the service area before being given to the patient.
- Designated support persons and approved visitors should check with the service area before bringing in gifts, food and/or flowers to confirm what is appropriate for the unit and how to bring items in safely.
- Delivery services cannot bring gifts, food and flowers to patients or drop them off at site entries.

Responsibilities of sites and service areas to support family presence and visitation:

- Adhere to this guidance and the AHS COVID-19 DESIGNATED FAMILY / SUPPORT ACCESS AND VISITATION IN ACUTE CARE, AMBULATORY, AND EMERGENCY SITES directive HCS-275 (ahsnet.ca).
- Confirm with patients who their designated support persons are, contact them and mutually determine when would be the best time for them to be on-site with the patient (e.g., during rounds);
- Maintain a list of designated support person and visitors names and phone numbers to contact them in a timely way should access restrictions change (e.g., outbreak);
- Provide ambulatory patients with information in advance about access restrictions (e.g., arranging childcare prior to attending an appointment if applicable); and
- Have a process for screeners to verify designated support persons and visitors at site entry including for ambulatory appointments.

Provide designated support persons and visitors with:

- AHS Designated Support or Visitor identification;
- Personal Protective Equipment (PPE) to designated support persons and visitors at site entry;
- Coaching on proper donning and doffing of PPE and an orientation to any site safety requirements;
- The Know Your Risk and Know Your Role pamphlets to designated support persons; and
- Offer and facilitate virtual options for in-patients to connect with loved ones.

Supporting family presence and visitation at the end-of-life: Patients are considered to be at end-of-life during the last four (4) to six (6) weeks of life.

- All persons considered to be at end-of-life can have two (2) designated support persons who can be on site as much as the patient requests, as well as additional visitors;
- Visitors need to pre-book seeing the patient with the site/service areas and should leave the site as soon as their visit is complete;
- The maximum number of designated support persons and visitors with the patient at one time is three (3), space permitting;
- Physical distancing is required between those who are not from the same household;
- Children under the age of 14 may visit if accompanied by an adult;
- There are Compassionate Exemptions from quarantine for the purposes of visiting a patient at the end-of-life and/or during critical illness;
- Sites/service areas must schedule time between visitors to avoid queueing and advise visitors before they come of site access requirements (e.g., continuous masking);

- Community spiritual/religious care providers, Indigenous elders and traditional knowledge keepers can schedule time to visit and/or to perform ceremonies or rituals and administer rites or facilitate other spiritual practices as requested by the patient; and
- Where applicable, spiritual care and or nursing need to consider patient's pre-mortem and post-mortem end-of-life care – Religious/Cultural Protocols.

Considerations and Variations

Volunteers: AHS volunteers are recognized as vital members of the AHS team and are able to support patients in addition to designated support persons and visitors.

Indigenous Wellness: AHS acknowledges the significance and importance of traditional Indigenous practices and protocols and promotes the involvement of AHS cultural helpers, traditional wellness counsellors, Indigenous Health and Hospital Liaisons or designated Community Health representatives where possible and per this guidance.

Pediatric Inpatient and Ambulatory Care:

- An additional formal/professional support person (e.g., disability support worker, hired care provider, children's services caseworker) may be permitted access in addition to the two (2) designated support persons;
- **EFFECTIVE SEPT. 20, 2021** - Due to the increased prevalence and spread of COVID-19 variants, sibling visitation for inpatients is temporarily restricted to monthly visits for long stay patients (those who have been admitted for a minimum of 30 days) and for patients who are at end-of-life. Sibling visitation must be approved by site command post and follow guidance from IP&C. An adult must accompany sibling(s) if they are under the age of 14 at all times;
- A maximum of two (2) individuals are able to be with the patient at a given time unless otherwise arranged by the service area and in consultation with IP&C.
- **EFFECTIVE SEPT. 20, 2021** - Sibling(s) cannot accompany a patient to an ambulatory appointment. Exceptional circumstances for sibling visits may be given consideration through site command post review and approval.

Outdoor Visitation in Acute Care: For patients who are admitted, outdoor visitation can occur between the patient, their designated support person(s) and/or other visitors per the following:

- COVID-19 suspected or positive patients will not be able to have an outdoor visit;
- The suitability of outdoor visitation is to be collaboratively determined between the patient, care team and designated support person(s);
- The site needs to have a suitable area to accommodate outdoor visitation where physical distancing can be maintained;
- Children under 14 must be continuously accompanied by an adult;
- Before going outside, the patient and their designated support person(s) must agree to follow COVID-19 prevention precautions as outlined by the patient's care team;

- Anyone entering the facility to get a patient, or to return a patient to their unit, must be a designated support person, undergo screening, wear a mask and practice hand hygiene before entering and exiting the patient's room and the facility;
- Designated support persons and visitors who are not living in the same household at the time of the outdoor visit must physically distance from each other and the patient;
- All designated support persons and visitors must wear a mask if they are unable to physically distance themselves from the patient (e.g. pushing a wheelchair); and

Unaccompanied outdoor access for patients: This refers to situations where an individual goes outside unaccompanied for relatively short durations of time on or off-site. Requirements for unaccompanied outdoor access include:

- The suitability of unaccompanied outdoor access as determined by the patient and care team;
- Suitable area at the site to accommodate unaccompanied outdoor access;
- The patient wears a medical mask when moving throughout the facility, physically distances when around others; and practices hand hygiene when exiting and entering the facility; and
- COVID-19 suspected or positive patients cannot have access off-site.

Patient Passes: Patients with an Alternate Level of Care designation, those in dedicated rehabilitation programs and Addiction and Mental Health patients may require an off-site pass. The following are requirements for an offsite pass and would be in addition to any site, or program specific off-site pass expectations:

- The pass is deemed an essential part of the patient's treatment plan by the care team and must be ordered by a physician or designate;
- Passes should not be granted if the patient's plans include staying in a location where any individual is on either isolation or quarantine;
- Prior to the pass being granted, the individuals in the household where the patient will be staying must not be on isolation for COVID-19, be experiencing COVID-19 core symptoms; be completing a COVID-19 quarantine and/or be a close contact of someone with COVID-19;
- To help decrease the risk of contracting COVID-19, the patient receiving a pass should be oriented to all recommended safety practices prior to departure; and
- Prior to departing on pass, advise the patient when they return they must be screened before entering the facility, follow any admission criteria for the service area (e.g., symptom monitoring at least twice per day), and if they have been exposed to COVID-19, or develop COVID-19 symptoms, they may be required to isolate.

Exemptions

- CMOH Exemptions - Individuals who are symptomatic and/or a close contact of a confirmed or probable COVID-19 case, who are the designated support person (when no other support is available) for a pediatric patient, maternity patient or for an adult dependent. The sites and service areas must follow the requirements outlined in these CMOH exemptions, authorize entry for exempt individuals, escort them if necessary, and consult IP&C as required.
- Individuals who have an authorized Compassionate Exemption and an appointment booked with the service area to visit a critically ill, or end-of-life patient. These individuals must not be

symptomatic at the time of the visit. For individuals who do not have a compassionate exemption, please refer them to [COVID-19 Compassionate Exemptions from Quarantine | Alberta Health Services](#).

This guidance will be adapted as the circumstances of COVID-19 change. Patients or family with questions/concerns should be directed to the patient's care team and/or Patient Relations at 1-855-550-2555.