COVID-19 Guidance for Designated Support and Visitor Access in Acute, Ambulatory and Emergency/Urgent Care

Due to high COVID-19 numbers and rates of community transmission, Alberta Health Services (AHS) has made the difficult decision to limit onsite designated support in acute care, ambulatory care and urgent care/emergency department settings. Patients and families are encouraged to maintain contact virtually. If patients identify it is in their best interest to have in-person support, then the following applies provided space permits:

- One (1) designated support person for ambulatory, emergency and urgent care, space permitting. Patients should maintain the same designated support person for any reoccurring ambulatory appointments.
- One (1) designated support person for maternity and postpartum and all other inpatient areas. For end-of-life see details below.
- Up to two (2) designated support persons for critical care, pediatrics and NICU.

A designated support person:
- Is a consistent individual identified by the patient as an essential support;
- Is someone the patient wants involved in their care and health matters;
- Is at least 18 years of age for pediatric patients and 14 years of age for adult patients;
- Can be a relative, close friend, or an informal or hired caregiver;
- Should be included as much as the patient/alternate decision maker requests for palliative and end-of-life care, critical care, life threatening diagnosis disclosure or as requested by the care team;
- Cannot be on isolation or quarantine, for suspected or confirmed COVID-19 unless meeting the criteria of an exemption (see below); and
- Can support patients with suspected/confirmed COVID-19 but must pre-book access with the service area and their visitation be approved by and under the direction of Infection Prevention & Control (IP&C).

A patient may identify a replacement designated support person if the original individual cannot perform their role due to quarantine, isolation, caregiver fatigue, etc.

A Visitor is anyone not identified as a designated support person and limited to:
- Individuals that have received government approved compassionate exemptions; and
- Individuals visiting patients at end-of-life including faith/religious leaders, elders/helpers, traditional knowledge keeper or legal supports if requested by the patient/decision-maker.

Responsibilities of designated support persons and visitors:
- Continuously mask at all times;
- Physically distance at all times from patients and others unless from the same household;
- Must wear designated support person or visitor identification;
• Remain in the patient’s room and minimize movement throughout the facility; and
• Must perform hand hygiene when entering/leaving the facility and the patient’s room.

Responsibilities of clinical program areas:
• Have a process for screeners to verify designated support persons at facility entry for inpatients;
• Where feasible, sites are strongly encouraged to have a process for providing a list and verifying designated support persons at facility entry for ambulatory patients;
• Offer and facilitate virtual options for patients and loved ones to connect;
• Discuss with designated support person when key clinical decisions, rounds and events may occur for them to be present;
• Welcome designated support person and visitors;
• Provide education on requirements while at the site;
• Provide designated support persons Know your Risk and Know your Role pamphlets;
• Maintain a list of designated support persons with names and phone numbers;
• Provide designated support persons with proper identification; and
• Provide Personal Protective Equipment (PPE) to patients, their designated support persons and/or visitors, as well as coaching on donning and doffing as required.

Supporting Patients at End-of-Life
Patients are considered to be at end-of-life during the last four to six weeks of life.

• End-of-life is the only circumstance when visitors are allowed when requested by patients;
• All persons considered to be end-of-life can have one (1) designated support person who can be present as much as the patient requests;
• Additional visitors need to pre-book seeing the patient with the site/unit;
• Time between visitors needs to be scheduled to avoid queueing;
• Visitors should leave the site as soon as their visit is complete;
• The maximum number of individuals (designated support persons and visitors) with the patient is three (3), space permitting;
• Physical distancing is required unless visitors are from the same household;
• Children under the age of 14 may visit if accompanied by an adult; and
• There are federal and provincial compassionate exemptions from quarantine for end-of-life and critical illness.

Considerations, Variation and Chief Medical Officer of Health Exemptions
• Pediatric Ambulatory: On a case-by-case basis, exceptions for having two (2) designated support persons may be considered by the clinic (in consultation with site leadership) for circumstances where they are required, and where physical distancing requirements can be maintained. Examples could be but are not limited to:
- End-of-life or goals of care discussions;
- Significant diagnosis/change in medical status leading to poor prognosis and patient implications;
- Behavioural challenges requiring two caregivers;
- Medical or equipment needs requiring two caregivers; or
- Involvement of Children’s Services.

- **Pediatric Inpatient:** In consultation with the unit manager/charge nurse on a case-by-case basis, other support persons (e.g. disability support worker) may be permitted in addition to the two (2) designated support persons. *Parents/guardians under quarantine/isolation for COVID-19 may be able to be present with their child.*

- **Dependent Adults:** Dependent adults can have one (1) designated support person. *A person quarantined or isolated because of COVID-19 who has an adult-dependent may be eligible to accompany or visit the adult-dependent patient requiring medical care.*

- **Maternity Inpatient:** To meet the care needs of some birthing circumstances, an additional designated support person may be considered by the unit manager/charge nurse if space is conducive to maintaining physical distancing requirements. For infants born via surrogate, and situations involving adoptive parents and guardians, the infant may have their own one (1) designated support person after birth.  
  **Maternity CMOH Exemption:** a designated support person under quarantine/isolation may access in accordance with *CMOH Exemption: Designated family & support person for obstetrical patients.*

- **Patient Passes:** Currently, patient off site passes for the purposes of visitation are not encouraged unless absolutely essential to the patient’s care plan.

*This guidance will be adapted as the circumstances of COVID-19 change and it allows for professional judgement to be used, based on site-specific considerations when necessary. Patients or family questions/concerns should be directed to the patient’s care team or Patient Relations at 1-855-550-2555.*