Alberta Health Services (AHS) had made the difficult decision to limit access for family and visitors at our acute care, ambulatory care and urgent care/emergency sites. We are now in the process of progressively restoring access. Patients and families are still encouraged to maintain contact with each other virtually, rather than in-person at the hospital, to reduce the risk of contracting and spreading the COVID-19 virus.

Patients can have designated support persons and should be asked who they would identify for their support. The following applies to designated support persons’ access:

- **All Inpatients** – two (2) designated support persons at the same time if space permits;
- **Emergency and Urgent Care** – one (1) designated support person;
- **UPDATED AUGUST 9 – Pediatric Ambulatory Care** – two (2) designated support persons at the same time;
- **Ambulatory** – Patients should maintain the same designated support person for any reoccurring ambulatory appointments and are able to have one (1) designated support person; two (2) designated support persons may be accommodated in situations involving:
  - 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 caregivers;
  - Medical or equipment needs requiring two caregivers;
  - Involvement of Social Services; or
  - When requested by the care team.

Due to COVID-19 Variants of Concern, a confirmed outbreak at a site may require additional access restrictions for designated support persons and visitors. Please contact the site before coming for the most current access requirements and restrictions. Sites and service areas wanting to implement additional restrictions must follow the process outlined in the AHS DESIGNATED FAMILY / SUPPORT ACCESS AND VISITATION IN ACUTE CARE, AMBULATORY, AND EMERGENCY SITES directive HCS-275 (ahsnet.ca).

**A designated support person**:

- Is an individual identified by the patient as a needed support;
- Is someone the patient wants involved in their care and health matters;
- Is 14 years of age or older;
- Can be a family member, close friend, or an informal/hired caregiver;
- Should be included as much as the patient/alternate decision-maker requests;
- Cannot be on isolation or quarantine for suspected, or confirmed, COVID-19 unless meeting the criteria of an exemption (see below section Chief Medical Officer of Health Exemptions);
- Can support a patient with suspected/confirmed COVID-19 with approval and direction from Infection Prevention & Control (IP&C); and
- 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 access is currently limited to:
- Individuals that have received government approved compassionate exemptions; and/or
- Community spiritual/religious care providers, Indigenous elders and traditional knowledge keepers requested by the patient/alternate decision maker at the end-of-life; and/or
- Legal supports requested by the patient/alternate decision-maker at the end-of-life; and/or
- Any individual with a scheduled visit to see a patient at the end-of-life.

**Responsibilities of designated support persons and visitors when at a site:**
- Must complete COVID-19 screening before entering a site;
- Must wear the provided [AHS Designated Family/Support or Visitor identification](#);
- Must continuously mask at all times or, if unable to mask, or having an official masking exception, must follow the requirements outlined in the [AHS Directive: Use of Masks During COVID-19](#);
- Must perform hand hygiene when entering/leaving the facility and when entering/leaving the patient’s room;
- Must practice physically distancing from others; and
- Shall remain in the patient’s room and minimize movement throughout the facility unless cleared with the patient’s healthcare team and only if masking/physical distancing 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:** 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 or disinfected as appropriate, prior to being brought in by the patient’s designated support person and again at the service area before being given to the patient.

**Responsibilities of clinical program areas to support safe visitation:**
- Confirm with patients who their designated support persons are;
- Contact and discuss with designated support persons when will be the best time for them to be on-site and with the patient (e.g., during rounds);
- Maintain a list of designated support person names and phone numbers and contact them in a timely way should access restrictions change (e.g., outbreak);
- Have a process for screeners to verify designated support persons and visitors at site entry; a process for verifying designated support persons for ambulatory patients is also advised;
- Provide AHS [Designated Support or Visitor identification](#);
- Provide Personal Protective Equipment to designated support persons and visitors at site entry;
- Provide coaching on proper donning and doffing of Personal Protective Equipment;
- Provide orientation to safety requirements while at the site;
- Provide designated support persons with the *Know Your Risk* and *Know Your Role* pamphlets; and
- Offer and facilitate virtual options for inpatients to connect with loved ones.
Supporting patients at end-of-life:

- Patients are considered to be at end-of-life during the last four (4) to six (6) weeks of life;
- End-of-life is the only circumstance when designated support persons and visitors are to be accommodated by all clinical areas;
- 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;
- Visitors need to pre-book seeing the patient with the site/unit;
- Schedule time between visitors to avoid queueing;
- Advise visitors before they come of site access requirements (e.g., continuous masking);
- Visitors should leave the site as soon as their visit is complete;
- Community spiritual/religious care providers, Indigenous elders and traditional knowledge keepers can schedule time to visit, or to perform end of life ceremonies, rituals and rites as requested by the patient;
- The maximum number of designated support persons and visitors with the patient at one time is three (3), space permitting;
- Physical distancing is required unless designated support persons and 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 the purposes of visiting a patient at the end-of-life and/or during critical illness.

Considerations and Variation:

- **UPDATED AUGUST 9 - Pediatric Inpatient and Ambulatory Care:**
  - An additional support person (e.g., disability support worker) may be permitted in addition to the two (2) designated support persons;
  - The sibling(s) of an inpatient can visit and, if no other care can be arranged, can accompany a patient to their ambulatory appointment;
  - If more than one (1) sibling is to visit/accompany the patient in their ambulatory appointment this should be prearranged with site operations and in consultation with IP&C. If advanced arrangements with the clinic cannot be made, screeners are to contact the service area to see if the sibling(s) can be accommodated;
  - Parents, guardians and siblings should physically distance from other patients, designated support persons, visitors and staff if the family is unable to be isolated from others;
  - An adult must accompany the sibling(s) if they are under the age of 14; and
  - 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.

- **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.

- **UPDATED AUGUST 9 - 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. The following are requirements for outdoor visitation:
  - 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 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; and
  - 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).

- **UPDATED AUGUST 9 - 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. Considerations 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;
  - The patient practices physical distancing when around others;
  - When exiting and re-entering the facility the patient must practice hand hygiene; 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:
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➢ Be suspected of having COVID-19;
➢ Be experiencing COVID-19 core symptoms; or
➢ Be on isolation for being COVID-19 positive.

o Prior to the patient being released on pass, advise the patient that upon their return from pass, they must:
  ➢ Identify that they are returning from a pass and be screened before entering the facility;
  ➢ They also must follow any admission criteria for the service care area, such as symptom monitoring at least twice per day; and
  ➢ If they present with symptoms of COVID-19, they may be required to quarantine.

o 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 including:
  ➢ Practicing physical distancing when possible;
  ➢ Practicing frequent hand hygiene;
  ➢ Limiting community exposure; and
  ➢ Wearing a mask that covers nose and mouth when physical distancing is not possible.

Chief Medical Officer of Health Exemptions

• CMOH Exemption – quarantined or isolated persons who have minor children requiring medical care: A quarantined or isolated person required to arrange or provide for the healthcare needs of a minor child needing medical care that can only be provided in a doctor’s office, hospital, or other medical facility and it is not possible that another parent or legal guardian not subject to isolation/quarantine can accompany the minor for medical care if complying with the requirements outlined in the Exemption: quarantined and isolated persons who have minor children that require medical care - Open Government (alberta.ca)

• CMOH Exemption - quarantined and isolated persons who have adult dependents that require medical care: A quarantined or isolated person required to arrange or provide for the healthcare needs of another person 18 years or older (dependent adult), and the dependent adult requires medical care that can only be provided in a doctor’s office, hospital, or other medical facility and it is not possible that another person can accompany the dependent adult; that person is exempt from the provision of the CMOH quarantine/isolation order to take dependent adults for scheduled medical care or for admission to hospital or other medical facility to the extent necessary to allow the dependent adult to receive scheduled medical care if complying with the requirements outlined in the Exemption: quarantined and isolated persons who have adult dependents that require medical care - Open Government (alberta.ca)

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