Alberta Health Services (AHS) continues to implement safety precautions to limit the transmission of COVID-19 in our facilities. These precautions are in place in addition to any public health measures due to the vulnerability of the patients we care for and the need to keep health facilities safe. Precautions include enhanced screening, continuous masking, limited site entry, access restrictions, and restriction exemption processes explained on the Family/DSPs & Visitors of Patients webpage.

Currently, AHS site access is limited to designated support persons, visitors with an appointment to see a patient who is at End-of-Life, and individuals with site administration/designate approval. See the section about Current Access for Designated Support Persons and Visitors.

Who are Designated Support Persons & Visitors?

Designated support persons (DSPs) are one or more individuals who are identified by the patient as an essential support, and who the patient wishes to be included in any encounters with the health care system. This includes (but is not limited to) family, relatives, friends, and informal or hired caregivers. All DSPs:

- 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 requires;
- Must be independent and able to take care of their own physical needs;
- Are willing to partner with the health care team to support the patient;
- Can support a patient with confirmed/probable/suspected COVID-19 provided they use appropriate personal protective equipment (PPE) and follow the requirements set forth in this guidance;
- Can support a patient on an outbreak unit provided they are informed of the risks in doing so, use appropriate PPE and follow all necessary measures/precautions as directed.

Alternate DSPs: Patients must maintain the same DSPs throughout their hospital stay and for any reoccurring ambulatory appointments. However, a patient may identify an alternate DSP if the original DSP cannot fulfil their role. Service areas must accommodate the alternate DSP in these circumstances.

A visitor is an individual who temporarily supports or socializes with the patient. They are not an essential partner to care planning and/or decision-making.

All DSPs and Visitors:

- Cannot have confirmed/probable/suspected COVID-19 unless qualifying for a restrictions exemption;
- Cannot be a close contact of a confirmed/probable/suspected case of COVID-19 unless qualifying for a restrictions exemption;
- Must follow all AHS protocols including (but not limited to) screening, continuous masking, hand
hygiene, physical distancing from individuals not from their immediate household, and minimizing movement while inside the facility;

- Failure to follow this direction will result in the DSP or visitor being required to leave the site. For more information about setting access limits for DSPs and visitors see Setting Access Limits with DSPs and Visitors and Safe Work Practices - DSP Access During Covid-19.

**Current AHS Site Access for DSPs and Visitors**

We encourage patients, family and friends to maintain contact virtually rather than in person. If a patient, AHS staff member or DSP expresses the need for in-person support, then the following applies:

1) **Ambulatory including Adult and Pediatric, Community Health Clinics and Immunization Sites:** one (1) DSP/patient however, patients are encouraged to attend appointments alone unless the appointment is for a minor, or for an adult who requires assistance. Two (2) DSPs can attend with the patient when pre-arranged with the clinic area and in situations involving:
   - Pediatric ambulatory appointments (note siblings cannot accompany patients to their appointments);
   - Need for DSPs to assist the patient 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 caregivers;
   - Medical or equipment needs requiring two caregivers;
   - Involvement of Social Services; and/or
   - When requested by the care team.

   NOTE: Infant(s) who are six (6) months of age or less are considered a unit with a parent/guardian (a count of 1) and can therefore be accompanied by a DSP (i.e.: two parents and an infant);

2) **NEW – Inpatient Adult and Pediatric Acute Care Services**
   - Two (2) DSPs can be identified and be present on site simultaneously with a patient;
   - For patients with a stay of ten (10) days or more, four (4) DSPs can be identified for families to distribute patient support. No more than two (2) DSPs can be with the patient simultaneously;
   - For service areas where maintaining physical distancing is a challenge, access should be scheduled for DSPs to stagger the number of individuals in the service area at the same time. See below for inpatient area specific requirements; and
   - See below for service area requirements, end of life, outbreaks, and visitors.

**Inpatient service area specific requirements:**

**NEW - COVID-19 Confirmed/Probable/Suspected Patients:**
COVID-19 Designated Support Persons and Visitor Access Guidance for all AHS Acute Care, Ambulatory, Urgent Care and Emergency Care

- Two (2) DSPs can be identified however, only one (1) at a time can be on site with the patient unless approved by site administration/designate and in consultation with IPC;
- For patients with a stay of ten (10) days or more, four (4) DSPs can be identified for families to distribute patient support. However, only one (1) can be with the patient at a time.
- End-of-Life situations should follow the below section Accommodating DSPs and Visitors during End-of-life and consult with IPC;
- DSPs of a confirmed/probable/suspected COVID-19 patient must be provided with an equivalent level of mask as outlined in the Use of Masks during COVID-19 Directive (i.e. a KN95 mask or N95 respirator in continuing care and a N95 respirator for acute care); and
- For confirmed/probable/suspected COVID-19 patients undergoing AGMP, follow the AHS Provincial Guidance for DSPs Access for Suspected or Confirmed COVID-19 Patients on a Continuous AGMP.

NEW - Critical Care/ICU:
- Units will expand bedside access for End of Life or potential loss of life situations to all identified support persons and visitors as approved by site administration/designate. Simultaneous presence may be limited by the ability to safely accommodate more than two (2) DSPs. This will be dictated by room configuration and patient care needs.

Emergency and Urgent Care:
- One (1) DSP if required to assist the patient and if physical distancing can be maintained;
- Seniors, minors, and patients with mobility and/or cognitive challenges should be given priority to have their DSP remain with them in person.

NEW - Maternity:
- Two (2) DSPs can be identified and be present on site simultaneously with a patient provided physical distancing between individuals not from the same household can be maintained. If physical distancing cannot be maintained, the two (2) DSPs may only be present one at a time;
- A doula can be one (1) of the two (2) DSPs;
- One (1) additional DSP for an infant in cases of adoption or surrogacy;
- Refer patients to the Designated Support Person Access in Maternity during COVID-19 webpage for more information; and
- If the DSP is a close contact and is asymptomatic an exemption may be granted by site administration/designate (see exemption section).

NICU:
- Two (2) DSPs can be identified and all efforts are made for them to be present at the same time in the NICU, however, due to the vulnerability of patients, access is dependent on the ability to maintain physical distancing and other risk factors;
- The health care team must work with the DSPs to collaboratively determine the safest access plan; and
- Refer to the AHS NICU COVID-19 IPC Guidance & Visitation Document.

NEW - Pediatric Inpatient:
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- Two (2) DSPs can be identified and be present on site simultaneously with a patient;
- For patients with a stay of ten (10) days or more, four (4) DSPs can be identified for families to distribute patient support;
- No more than two (2) DSPs can be with the patient simultaneously;
- For service areas where maintaining physical distancing is a challenge, access should be scheduled for DSPs to stagger the number of individuals in the service area at the same time. See below for service are specific requirements.
- An additional formal/professional support person involved in the patient’s care (e.g., disability support worker, hired care provider, children’s services caseworker) may be accommodated in addition to DSPs, if approved by site administration/designate and in consultation with IPC;
- Sibling visitation may occur in addition to DSP presence with site administration/designate approval and in consultation with IPC;
- Critical care units will expand bedside access for End of Life or potential loss of life situations to all identified support persons and visitors as approved by site administration/designate. Simultaneous presence may be limited by the ability to safely accommodate more than two (2) DSP. This will be dictated by room configuration and patient care needs; and
- For End–of–Life circumstances see the section Accommodating DSPs and Visitors during End-of-Life.

3) **New - Outbreaks:**

- A confirmed outbreak at a site may require additional access restrictions for DSPs and visitors to be implemented quickly though should not go below one (1) DSP per patient;
- Acute care units/sites must follow section 4.0 of the Provincial COVID-19 Designated Family/Support and Visitor Access in Acute Care, Ambulatory and Emergency Care Directive if implementing access restrictions in excess of this guidance.
- It is recommended that all DSPs and visitors contact the service area before coming to the site for the most current access information.
- Units/sites on outbreak restrictions are required to:
  - Implement the least restrictive access limit to mitigate the issue;
  - Notify DSPs and visitors in a timely way as to the reason(s) for additional restrictions;
  - Inform DSPs of the risks in entering the service area and the need to follow all precautions when it is on outbreak;
  - Determine the timing, frequency, and duration of access for DSPs;
  - Advise DSPs on what they can do to reduce the risk of transmission;
  - Provide DSPs with the Know Your Risk Know Your Role Pamphlet; and
  - Provide appropriate PPE as outlined in the Use of Masks during COVID-19 Directive.
4) Accommodating DSPs and Visitors during End-of-life:

- Patients are considered to be at End-of-Life during the last six (6) weeks of life although it can be difficult to determine this trajectory. Care teams must err on the side of accommodating access if End-of-Life is likely to be within this approximated timeframe;
- Critical care units will expand bedside access for End of Life to all identified support persons and visitors as approved by site administration/designate. Simultaneous presence may be limited by the ability to safely accommodate more than two (2) DSP. This will be dictated by room configuration and patient care needs;
- Visitors need to pre-book an appointment with the service area to visit the patient and must leave the site as soon as their visit is complete;
- Service areas must schedule time between visitors to avoid queueing;
- Service areas must advise visitors of their responsibilities before they come on site;
- Children under the age of 14 may visit if accompanied by an adult;
- Individuals who do not meet access requirements may be eligible for an exemption from site access restrictions for the purposes of visiting a patient at the End-of-Life and/or during critical illness (see section on exemptions below); and
- Where applicable, spiritual care and/or nursing must consider the need to accommodate culturally specific End-of-Life practices and schedule adequate time for community spiritual/religious care providers, indigenous elders, and traditional knowledge keepers to support the patient and perform ceremonies, rituals, administer rites or facilitate other spiritual practices as requested by the patient or family.

5) Visitors are currently limited to:

- Individuals with a scheduled appointment with the service area to see a patient at End-of-Life;
- **NEW** - Circumstances where disease or injury could result in loss of ability to meaningfully interact (including recognition of family and friends). Additional family/visitors need to be approved by the site administration/designate and the timing, frequency and any additional precautions required determined in advance of access.
- **NEW** - Critical Care – site administration/designate approved visitation for some critical care circumstances;
- Outdoor visits when meeting the criteria outlined in this guidance; and
- Children under 14 years of age must be continuously accompanied by an adult when visiting a patient.

Access Requirements and Restrictions for DSPs and Visitors

5/11
Last Updated: March 25, 2022, 0900 H
ECC Approved: March 23, 2022, 1500 H
**COVID-19 Designated Support Persons and Visitor Access Guidance for all AHS Acute Care, Ambulatory, Urgent Care and Emergency Care**

**Confirmed/Probable/Suspected COVID-19 DSPs and Visitors:** A DSP or visitor who is exhibiting COVID-19 core symptoms, or who has a confirmed/probable/suspected case of COVID-19, must not access an AHS site for the purposes of supporting or visiting a patient (unless qualifying for an exemption) until a minimum of ten (10) days have passed from the first day on which they exhibited COVID-19 core symptoms AND their symptoms have resolved\(^1\).

**Asymptomatic Confirmed and Probable COVID-19 DSPs and Visitors:** An asymptomatic DSP or visitor who has a confirmed or probable case of COVID-19 must not access an AHS site for the purposes of supporting or visiting a patient for a period of at least ten (10) days from when they took a Health Canada-approved test confirming positivity (unless qualifying for an exemption). If an asymptomatic DSP or visitor who is COVID-19 confirmed/probable/suspected and asymptomatic develops symptoms during the period of access restrictions, they must not enter an AHS site for the purposes of supporting or visiting a patient until a minimum of ten (10) days from the first day on which they exhibited symptoms have passed AND their symptoms have resolved (unless qualifying for an exemption).

**DSPs and Visitors who are Close Contacts of a Confirmed or Probable COVID-19 Case:** A DSP or visitor who is a close contact of a confirmed/probable case of COVID-19 must not enter an AHS site for the purposes of supporting or visiting a patient for at least ten (10) days since the date of last exposure (unless qualifying for an exemption and receiving approval by site administration/designate).

**DSPs and visitors who develop COVID-19 symptoms:** A DSP or visitor who develops COVID-19 core symptoms while at an AHS site must notify a member of the patient’s health care team, and follow the guidance outlined above for symptomatic individuals unless otherwise directed by AHS staff.

**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. DSPs and visitors can wear their own N95 or KN95 unless otherwise directed by the service area if it is clean, in good condition and does not have a valve. If the DSP or visitor is unable to mask follow the AHS *Use of Masks During COVID-19 Directive*;
- Perform hand hygiene when entering/leaving the facility, washrooms, and the patient’s room;
- Practice physical distancing from others who are not from their immediate household;
- Minimize movement throughout the facility unless otherwise arranged with the patient’s health care team and only if masking and physical distancing from others can be maintained; and
- Fully immunized DSPs and visitors are still required to adhere to all precautions.

**Responsibilities of Sites and Service Areas to DSPs and Visitors**

- Adhere to this guidance and the AHS COVID-19 Designated Family/Support and Visitor Access in...
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Acute Care, Ambulatory, and Emergency Sites Directive:

- Have a process to confirm with patients who their DSPs are, establish contact with the DSP and mutually determine when would be the best time for the DSPs to be on-site with the patient;
- Provide DSPs and visitors with:
  - Virtual options for patients to connect with loved ones;
  - Designated Support or Visitor identification and the Knowing your Risk, Role and Responsibilities pamphlet which can all be ordered here;
  - Appropriate PPE and information and instruction about donning and doffing;
  - An orientation to any site safety requirements (e.g., which washrooms they can use);
- Provide ambulatory patients with information in advance of their appointment about access requirements (i.e.; at booking determining if the patient can attend alone or if they require assistance from a DSP);
- Have a streamlined process to complete COVID-19 screening of DSPs and visitors at site entry;
- Have a process for verifying which patients DSPs and/or visitors have access to the service area;
- Maintain a list of DSP and visitor names and phone numbers for notification purposes should access requirements change (i.e.: outbreak) or for contact tracing should an outbreak occur. **NEW** - This information must be maintained in a privacy compliant way for 14 days then destroyed after the patient has been discharged for DSPs and 14 days after the last visit for visitors;
- **NEW** - Have a timely process for escalating situations to site administration/designate that require their approval.

Additional Information for DSPs and Visitors

Patient belongings, gifts, food, and flowers:

- Patients can have necessary belongings brought to them by their DSPs (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.
- DSPs and approved visitors should check with the service area before bringing 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 inside to patients.

Volunteers:

AHS volunteers are recognized as vital members of the AHS team and can support patients in addition to DSPs 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
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hospital liaisons or community health representatives where possible and per this guidance.

**Outdoor Visitation in Acute Care:**
For patients who are admitted, outdoor visitation can occur between the patient, their DSPs and/or other visitors per the following:

- COVID-19 suspected or positive patients cannot have an outdoor visit;
- The suitability of outdoor visitation is to be collaboratively determined between the patient, care team and DSPs;
- 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 DSPs 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 DSP, undergo screening, wear a mask, and practice hand hygiene before entering and exiting the patient’s room and the facility;
- DSPs 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 DSPs and visitors must wear a mask while outside if they are unable to physically distance themselves from the patient (e.g., pushing a wheelchair).

**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:**
Passes should only be issued for patients when it is deemed by the care team an essential part of the patient’s treatment plan (e.g., for patients who have an Alternate Level of Care designation, those in dedicated rehabilitation programs and/or Addiction and Mental Health patients) that cannot be delayed to a safer time.

- The pass must be ordered by a physician or designate;
- The individuals in the household where the patient will be staying must not be on isolation for COVID-19, have COVID-19 core symptoms, or a close contact of someone with COVID-19;
- The patient receiving a pass should be oriented to all recommended safety practices before
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departure;

- Advise the patient when they return that they must be screened before entering the facility and agree to follow any admission criteria for the service area (e.g., symptom monitoring at least twice per day); and
- Advise the patient that if they have been exposed to COVID-19 or develop COVID-19 symptoms, they will be required to isolate on site.

Exemptions

Any individual qualifying for an exemption must follow the requirements outlined in the applicable exemption and all AHS protocols as outlined in this guidance including, but not limited to:

- Site entry and/or service area screening;
- Continuous masking with the appropriate type of mask or respirator;
- Performing hand hygiene when entering/leaving the facility, washrooms, and the patient’s room;
- Being escorted to the service area and to the exit after their visit;
- Physical distancing from those not in their household.

Site administration/designate need to consult with IPC and operations leadership to coordinate a timely process for implementing exemptions and safe site access processes for exempt individuals including:

- A designated entrance away from main entrances where the individual can be met by an AHS staff member with any required PPE;
- Notification by service areas to entry screeners regarding individuals with appointments;
- Notification by site entry screeners to service areas when individuals arrive who qualify for an exemption and/or who have an approved exemption;
- AHS staff escorting exempt individuals to the service area and back to the exit after their visit;
- A timely and privacy compliant process for collecting, sharing and storing information needed from DSPs and visitors to support safe site access and presence while in the site;
- A timely process for site leadership to review and decide on exemption requests that require their approval; and
- A process for exempt individuals to be oriented to required safety precautions while in the facility.

Compassionate Exemptions for End-of-Life and Critically Ill Patients

1) **NEW** - CMOH Exemption from Isolation for COVID-19 positive and symptomatic individuals who need to be present during the End-of-Life of a loved one, or a client – A confirmed/probable/suspected case of COVID-19 may leave isolation for the purposes of visiting a loved one in a health care facility at End-of-Life. These individuals must make an appointment with the service area in advance of arrival.

2) **Government of Canada** Compassionate Exemption from Quarantine – Access may be granted to international travelers who have a valid Government of Canada and AHS authorized Compassionate
Exemption to leave their federally required quarantine for the purposes of visiting a critically ill or End-of-Life patient. This exemption requires completion of the application process for the COVID-19 Exemptions from Quarantine and Access Restriction. These individuals must have been approved by leadership.

3) **AHS Exemption for Visitors who are Close Contacts and Asymptomatic to visit an End-of-life or Critically Ill Patient** - Individuals who do not meet access criteria because they are close contacts of a confirmed or probable case of COVID-19 may request an exemption to visit an End-of-Life or critically ill patient by following the process outlined on the COVID-19 Exemptions from Quarantine and Access Restriction webpage. These individuals must have been approved by leadership prior to arrival and must have an appointment booked with the service area.

**Access Restrictions Exemptions**

4) **CMOH Exemption - for isolated persons who have minor children or adult dependents that require medical care** – Individuals that have a confirmed/probable/suspected case of COVID-19 may leave isolation for the purposes of procuring needed medical care for minor children or an adult dependent. Sites and service areas must be familiar with the precautions and requirements outlined in the exemptions. Screeners should contact the service area service area to arrange safe site access.

5) **AHS Exemption for DSPs of Minor Children and Adult Dependents who are close contacts of a confirmed/probable/suspected case of COVID-19** - DSPs who are close contacts of a confirmed/probable/suspected case of COVID-19 may enter AHS sites for the purposes of procuring needed medical care for a child or an adult dependent. Screeners should contact the service area to arrange review and safe site access.

6) **AHS Exemption for DSPs who are Close Contacts and Asymptomatic - Obstetrics** - DSPs who do not meet access criteria because they are close contacts of a confirmed/probable/suspected case of COVID-19 may request an exemption. Site administration/designate must approve entry. DSPs of COVID-19 confirmed or suspected patients must be treated as a dyad and co-isolated with the patient. If a DSP leaves the parameters of isolation, they cannot return to the patient and will have to leave the site. Screeners should contact the service area to arrange review and safe site access.

*This guidance is meant to be applied with professional judgement. It 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.*
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Definitions

i Fully –immunized as Defining fully immunized for COVID-19 - Open Government (alberta.ca)

ii Confirmed Case - A person with confirmation of infection with the virus (SARS-CoV-2) that causes COVID-19 by:
   • Asymptomatic or symptomatic AND has positive result on a molecular test (e.g. PCR) that is Health Canada approved or approved by the lab accreditation body of the jurisdiction in which the test was performed; OR
   • A positive result on a Health Canada approved rapid antigen test in a person with COVID-19 symptoms; OR
   • Two positive results on a Health Canada approved rapid antigen test completed not less than 24 hours of each other in an asymptomatic person. OR
   • A positive result on a Health Canada approved rapid/point-of-care (POC) antigen test(B) in a person with COVID-19 symptoms OR
   • Two positive results on a Health Canada approved rapid/POC antigen test(B) completed not less than 24 hours of each other in an asymptomatic person.

iii Probable Case - A person who in the last 10 days had close contact with a confirmed COVID-19 case OR was exposed to a known outbreak of COVID-19 OR had laboratory exposure to biological material (e.g., primary clinical specimens, virus culture isolates) known to contain COVID-19 AND
   • Has clinical illness and NO molecular test or rapid antigen test or the result is inconclusive; OR
   • Has NO clinical illness and one positive rapid antigen test result with NO second rapid antigen test completed.

iv Suspected Case - A person who is not an acute care patient who has COVID-19 symptoms OR an acute care patient with COVID-19 symptoms with or without exposure risk factors.

v Definition of Close Contacts A close contact is someone exposed to a case while they were infectious and is defined as:
   • An individual who had direct contact with infectious body fluids of a case i.e. was coughed or sneezed on while unprotected or who for example, shared cigarettes, glasses/bottles, eating utensils with a case; OR
   • A Health Care Workers who provided unprotected direct care for the case; OR
   • An individual and/or family member or other care givers who provided direct care to the case or who had other similar direct physical contact (e.g., intimate partner, hug, kiss, handshake) with the case; OR
   • An individual who lived with or otherwise had unprotected prolonged contact with a case for 10 minutes or more over a 24-hour period (may be cumulative, i.e., multiple interactions) and within two metres; OR
   • An individual who had unprotected contact with a case within two meters for one minute or longer where the case engaged in activities generating increased aerosols such as speaking, singing, shouting or breathing heavily (e.g., exercise)

NOTE:

➢ Transmission can also happen beyond two metres when sharing a confined, crowded and/or poorly ventilated air space with a case while unprotected. Public Health and/or Occupational Health and Safety (OH&S) who assess close contacts in high-risk settings may take that into consideration.

➢ The exposures identified in the table carry the highest risk for viral transmission. Where contact tracing is not being conducted by PH and/or OH&S, cases should consider also notifying their contacts who have shared confined, crowded and/or poorly ventilated air space with them even at distances greater than two metres.

NOTE:

➢ A household contact is defined as a person who lives in the same residence as the case OR who has been in frequent, long-duration, close-range interaction with the person who tested positive. For example, someone who is a caregiver, an intimate or sexual partner. Household contacts are a type of close contact that have the highest attack rate.

vi Symptoms Resolve - the state when a person's COVID-19 symptoms improve and the person remains afebrile for a period of twenty-four hours without using fever reducing medications.

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