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, 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 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);
- 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 IP&C.

A patient may identify a replacement designated support persons 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;
- Provide PPE to patients, their designated support persons and 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
- Pediatrics: 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:** In consultation with the unit manager/charge nurse on a case-by-case basis, doulas may be permitted in addition to the one (1) designated support person. A support person under quarantine may access the site following the Obstetrical Screening and Visitation Guidance.

• **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. See our Holiday Visitation Frequently Asked Questions.