COVID-19 Designated Family/Support and Visitation Guidance

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To reduce the spread of COVID-19 and protect the health and safety of residents, patients, physicians, staff, and volunteers, Alberta Health Services (AHS) is taking steps to limit the number of individuals entering our facilities.

**UPDATED JULY 30:** One important step is the adoption of the role of the Designated Family/Support Person(s) for patients, and the difference between Designated Family/Support Persons and Visitors.

**A Designated Family/Support Person:**
- is someone identified by the patient as an important support
- is someone the patient wants involved in their care and health matters
- can be a relative, a legal guardian, a close friend or formal/informal caregiver
- will not have restrictions placed on when they are able to be present
- is 18 years of age or older for continuing care residents
- is 18 years of age or older for pediatric patients
- is 14 years of age or older for acute care patients

Currently, AHS is supporting the access of 1-2 Designated Family/Support Persons for each resident/patient across all sites.

**A Visitor is:**
- someone whose time with the patient is discretionary and usually temporary
- visiting for purposes that are more social in nature
- not involved in the patient’s health care
- someone who may have limitations placed on when they are able to visit

Currently, visitor access is dependent on the site. Visitors are encouraged to understand the site’s requirements before arriving and to arrange virtual visitation, and outdoor visit (if feasible) or enquire with the site about exceptional circumstances such as at end of life. These limitations are subject to change as is necessary to manage the risk of exposure to COVID-19.

It is imperative that all persons entering AHS facilities:
- Understand there is a risk of exposure to COVID-19 (for self and others).
- Agree to follow all required public health measures and site policies/procedures.
- Be feeling well on the date/time of entry into the facility.
- Complete a health screening prior to entering the facility, including a temperature check for fever over 38 degrees Celsius (where available), and a questionnaire.
- Wear Designated Family/Support Person or Visitor identification.
- Continuously wear a mask that covers the nose and mouth while inside the facility.
- Minimize movement throughout the facility.
- Perform hand hygiene when entering and leaving the facility and when entering and leaving the patient’s/resident's room.
Individuals will **NOT** be allowed to enter any healthcare setting if they:

- have symptoms consistent with COVID-19
- are on self-isolation for COVID-19 because they have tested positive
- they have been in close contact of a confirmed case
- they have returned from travel outside Canada within the previous 14 days

While this document aims to provide clarity regarding access for Designated Family/Support and Visitors during COVID-19, decisions related to application of this guidance in specific circumstances rest with the site/facility leadership.

1. **Designated Family/Support and Visitor in Long Term Care and Supportive Living**

All licensed supportive living (including group homes and lodges), long term care and facilities offering or providing a residential hospice model have updated their requirements for designated family support persons and visitors. These updates are detailed in the Chief Medical Officer of Health Order (CMOH) 29-2020.

2. **Designated Family/Support in Acute Care and Ambulatory Care in Clinics**

**All Ambulatory Clinics (including Emergency Department/Urgent Care)**

- Patients may have one Designated Family/Support Person accompany them while accessing ambulatory services in AHS facilities.
- There may be circumstances where physical distancing with other patients within clinic areas will not allow for the Designated Family/Support Person to be present.
- **NEW STARTING AUG. 4:** Staff will communicate space restrictions to the patient and their Designated Family/Support Person in advance of the ambulatory clinic appointment if possible, and discuss options based on patient need.

**All Inpatient Settings (Admission to Hospitals)**

- Patients may have two Designated Family/Support Persons while admitted.
- If the room is large enough for physical distancing to be maintained, both Designated Family/Support Persons may be permitted at the same time. If not, they must attend one at a time.
- **NEW STARTING AUG. 4:** Designated Family/Support Person(s) living within the same household are not required to physically distance from each other.
- A patient may identify a temporary replacement Designated Family/Support Person if one of the originally designated family/supports is unable to perform their role for a period of time (e.g. self-isolation, other caregiving duties, or otherwise unable). The intent is not for this designate to change regularly, or multiple times, but to enable a replacement when required.
- The Designated Family/Support Person’s involvement in patient care will be collaboratively determined between the patient, the care team and the Designated Family/Support Person.
- Designated Family/Support Person’s involvement in care can include, but are not limited to: assistance with feeding; mobility; personal care; emotional support; decision making; communication supports; consultations with health professionals; and moving belongings.
- If it is not possible for Designated Family/Support Persons to be physically present with a patient, AHS staff will provide support as needed for virtual connections through phone, video calls or chat apps. For more information on how to support patients and their families to be in contact virtually refer to: Using Technology to Stay Connected with your Loved Ones.
Screening and Orientation

- Facilities will have a screener greet each Designated Family/Support Person to conduct the health screening and verify if the person is authorized to enter the site. Each site must identify a process to ensure this occurs.
- AHS service areas will be responsible for providing an orientation to patients and their Designated Family/Support Persons including:
  1. Communicating the risks, requirements and responsibilities of being in the service area.
  2. Providing appropriate personal protective equipment (PPE) to Designated Family/Support Persons and instructions on how to use PPE, hand hygiene and other infection prevention and control precautions for the service area.

Pediatrics/NICU

- Two individuals may be Designated Family/Support Persons.
- A child age 14 years and older can visit an admitted patient in addition to one Designated Family/Support Person.
- Children under 14 years of age are currently not permitted to visit except during a prearranged outdoor visit. However, for compassionate reasons (such as at the end-of-life) and on a case-by-case basis, exceptions will be considered in consultation with the unit manager/charge nurse.
- Breastfed infants are able to accompany their mother.
- Parents/guardians under quarantine or isolation for COVID-19 may be permitted to visit. See Acute Care Guidance for Parents/Guardians Accompanying Children for more information.
- Ambulatory areas remain restricted to patients being accompanied by one Designated Family/Support Person 18 years of age or older.

Maternity/postpartum

- In consultation with the unit manager/charge nurse on a case-by-case basis, other support persons (e.g. surrogate parent or doula) may be permitted in addition to the two Designated Family/Support Persons.
- Special consideration may be given to a symptom free Designated Family/Support Person who is under quarantine or isolation. See Obstetrical Screening and Visitation Guidance for more information.

Adults with Disabilities

- 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 Designated Family/Support Persons.
- A person quarantined or isolated because of COVID-19 who has an adult dependent requiring medical care may be permitted to accompany or visit the adult dependent. For further information see: Memo: Clarification: Exemption – Quarantined and isolated persons who have adult dependents that require medical care.
Outdoor Visitation in Acute Care

- For patients who are admitted as an inpatient, outdoor visitation can occur between the patient and their Designated Family/Support Person(s) or other visitors subject to the needs of the patient and site circumstances.
- COVID-19 suspected or positive patients will not be able to have an outdoor visit.
- Outdoor visitation may occur in an unsupervised designated outdoor area where a site has the ability to do so, or access to the larger acute care grounds where the patient and their visitors can access existing green space.
- Each site will have the responsibility of outlining the specifics of their site’s outdoor options to their patients and their designated family/support persons.
- Before going outside, the patient and their designated family/support persons must agree to follow COVID-19 prevention precautions as outlined by the site and the patient’s care team.
- Considerations for outdoor visitations include:
  - The suitability of outdoor visitation be collaboratively determined between the patient, care team and designated family/support(s).
  - The site has a suitable area to accommodate outdoor visitation safely.
  - If there is no suitable outdoor space, visitation areas inside where physical distancing can be maintained are recommended.
  - **UPDATED JULY 30:** Anyone entering the facility to get to the patient or visit in a designated area must undergo screening.
  - All Designated Family/Support and visitors must wear a mask that covers their nose and mouth at all times.
  - **UPDATED JULY 30:** Physical distancing must be maintained at all times unless visitors and designated support persons are living in the same household.
  - Maximum group size of up to 3 people inclusive of the patient when feasible.
  - Children under 14 may be included and must be accompanied by an adult.
  - Anyone accompanying the patient back to their unit must practice hand hygiene.

Unaccompanied Outdoor Access for Patients

*Note: this approach refers to situations where an individual goes outside unaccompanied for relatively short durations of time.*

- COVID-19 suspected or positive patients will not be able have unaccompanied access off the site.
- Considerations for unaccompanied outdoor access include:
  - The suitability of unaccompanied outdoor access be collaboratively determined between the patient, care team and, if appropriate, other stakeholders (e.g. legally designated alternate decision makers, others).
  - The site has a suitable area to accommodate unaccompanied outdoor access safely.
  - The patient must practice physical distancing when around others and minimize contact with others while outside.
  - When re-entering the facility, the patient must practice hand hygiene.
NEW STARTING AUG. 4: Visiting Pets

Subject to precautions and the ability of the site to accommodate, one pet is permitted to accompany a Designated Family/Support Person or other visitor for outdoor visits.

- The animal needs to be of a temperament suitable for the animal interaction that is planned.
- Only domesticated animals are recommended for visitation at health care facilities.
- The pet must be in good health (i.e. not displaying signs of illness, such as diarrhea or vomiting) and must have up to date immunizations.
- The pet must not come from a household with high risk of exposure to COVID-19.
- Hand hygiene shall be performed before and after contact with animals in accordance with the AHS Hand Hygiene Policy and Procedure.
- A disposable or washable barrier (e.g. a blanket or a bed sheet) should be provided by the animal handler and be placed between the patient and the animal to prevent cross contamination (e.g. on the patient’s lap).
- Pet visitation should take place in an appropriate area, away from other people, and where the animal's biological needs can be met.
- Animal handlers are responsible for the welfare of the animal including their basic biological needs.
- All dogs are required to wear a clean leash/collar. Leashes must be non-retractable and less than 2 meters in length. No choke or pinch type collars as they may injure fingers. Unleashed animals are to be carried in a clean carrier.
- In extenuating circumstances, if a patient is unable to have an outdoor visit, a manager or supervisor may approve indoor visitation with a pet on a case-by-case basis (ex: end of life). In these circumstances please refer to the AHS IP&C Animals in Health Care Facilities guidance.

NEW STARTING AUG. 4: Gifts and Personal Patient Belongings

- The Designated Family/Support Person(s) should check with the service area prior to bringing the items to the site to confirm what is appropriate.
- Designated Family/Support Person(s) can bring into the hospital some personal belongings for the patient such as clothing, toiletries and supportive footwear.
- Designated Family/Support Person(s) may bring gifts, including non-perishable food and/or flowers and plants (where allowed in the service area).
- At the discretion of the service area, some items may be required to be cleaned and disinfected by the Designated Family/Support Person(s) prior to being brought to the site. Please refer to the IPC Family/Support Tip Sheet.

Patient Off-Site 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 as part of their treatment plan. If the care team, patient (or Alternate Decision Maker) and their Designated Family/Support Person determine that an off-site pass is appropriate, the following are required to ensure safety of the patient, staff and the community. These steps would be in addition to any existing site or program specific pass requirements/expectations.
  - The pass is deemed an essential part of the patient’s treatment plan by the care team.
  - Weekend, overnight, and day passes must be ordered by a physician or designate.
  - The facility, home environment, and any destinations are not within an outbreak community.
and the patient’s plans while out of the facility do not include travel to an outbreak community.

- The patient and/or their Alternate Decision Maker along with the Designated/Family Support Person taking the patient on pass must agree to follow prevention precautions as laid out by the care team including:
  - Practicing physical distancing when possible.
  - Practicing frequent hand hygiene.
  - Limiting community exposure.
  - Wearing a mask that covers nose and mouth when physical distancing is not possible.

- Prior to the pass being granted, the individuals in the household where the patient will be staying must complete the Online COVID-19 Self-Assessment and confirm that no one in the household:
  - Has COVID-19
  - Is suspected of having COVID-19
  - Is experiencing COVID-19 symptoms
  - Is on self-isolation for COVID-19

- To help decrease any risks, the patient receiving a pass should follow all public health recommendations provided by the Alberta Government.

- Prior to leaving the facility, unit staff will review the most up to date public safety guidelines with the patient and any Designated Family/Supports.

- On return from pass the patient must:
  - Identify that they are returning from a pass and be screened before entering the facility
  - Follow any admission criteria for the service care area, such as symptom monitoring at least twice per day.

- In addition, if the patient presents with new onset of symptoms of COVID-19, they may require Contact and Droplet precautions be instituted. This may necessitate a move if the patient has been in shared accommodation in the hospital.

**Visiting AHS Site-Based Hairdresser/Barber Services**

Hair dresser and barber services within AHS facilities can open when supported by site leadership to do so. These services should be only available to patients admitted to the facilities and shall remain closed to the general public at this time.

**Facilitators Visiting Sites for Community Support Groups**

Community support services that are deemed a part of the treatment program such as Alcoholics Anonymous and Narcotics Anonymous may resume meetings at the discretion of the AHS facility for inpatients only. All facilitators of these community support groups are required to be screened upon entry to the building and follow all AHS PPE protocols and practice hand hygiene on entry and exit of the facility. All attendees of these support services need to practice physical distancing and routine hand hygiene.

**Legal Services**

Lawyers, barristers, solicitors and representatives from the Office of the Alberta Ombudsman are requested to book an appointment through the site/unit to meet with patients and their Designated Family/Support Persons to facilitate drafting or completion of important patient documents such as wills, guardianship, power of attorney, personal directives and trusteeship. These professionals will be required to be screened upon entry to the building, must follow AHS PPE protocols and practice physical distancing, as well as hand hygiene on entry and exit of the facility.
Faith Leaders

A community faith/religious leader may meet with a patient/family in hospital if requested by the patient, or their Designated Family/Support Person. These visits must be booked with the unit. These individuals must be screened upon entry to the building, follow all AHS PPE protocols, practice physical distancing and hand hygiene on entry and exit of the facility.

Volunteers

AHS volunteers are recognized as a member of the AHS team and are not to be counted as one of the patient’s support persons. In consultation with leadership and Volunteer Resources, visitation and other programs should be considered for reinstatement.

3. Supporting Patients at End-of-Life

While it is difficult to be precise, an individual is considered to be at end-of-life during the last four to six weeks of life, with consideration given to stage of illness, projection regarding timing of death, and trajectory of expected decline. An exception for visitation is made for patients at end-of-life as follows:

- All persons considered to be at the end-of-life can have a Designated Family/Support Person with them as much as desired by the patient and/or alternate decision maker. Their presence should be coordinated with the care team and reflect the needs of both the patient and their Designated Family/Support Person.
- If the room is large enough for physical distancing to be maintained, up to three individuals may be with the patient at the same time. Physical distancing must be maintained at all times unless visitors and designated support persons are living in the same household.
- Visitors need to pre-arrange seeing the patient with the site/unit. The length of time spent on the visit needs to reflect what both the patient and the visitor need from the visit, as well as the ability of the dying patient to tolerate the visit.
- There may be exceptions/situations where some requested end-of-life visits cannot be accommodated. Based on individual patient circumstances and/or operational considerations, sites may apply additional restrictions on a case-by-case basis that limit the length and frequency of in-person visits.
- Children under age 14 may visit if accompanied by an adult.

4. Indigenous Considerations

AHS acknowledge the significance and importance of traditional Indigenous practices and protocols. In support of Indigenous patients, families and communities:

- AHS will facilitate and provide care and support for Indigenous peoples who have chosen an end-of-life pathway that includes remaining in or returning to their home community. AHS recognize that this is an integral part of the plan for some Indigenous peoples for their final journey to the SpiritWorld.
- AHS recognize the significance and importance of Elders, Elders Helpers and Traditional Knowledge Keepers. These individuals are welcome to visit at end-of-life provided they meet the criteria set out in this guidance.
5. Designated Family/Support for Patients with Suspected or Confirmed COVID-19

- **UPDATED JULY 30:** Patients suspected or confirmed with COVID-19 can have their Designated Family Support Person present. It is recommended unit staff work with Infection Prevention and Control to ensure this can be done as safely as possible.

If patients or families have questions or concerns about this guidance, they should contact the patient’s care team or Patient Relations at 1-855-550-2555.