Due to the rising COVID-19 numbers, to reduce the risk of transmission and in an effort to keep patients, staff and services safe, AHS has made the difficult decision to limit onsite visitation. Currently, access is limited to designated support persons and visitors with an appointment to see a patient at the end-of-life. We encourage patients, family and friends to maintain contact virtually rather than in person. If a patient, or caregiver of a patient, expresses the need for in-person support, then the following applies:

- **Inpatient Services** – two (2) designated support persons can be identified however, only one (1) at a time can be on site with the patient unless arranged with the service area.
- **Maternity** – one (1) designated support person for each patient. Please refer to the Designated Support Person Access in Maternity during COVID-19 webpage for more information.
  NEW Jan 31 - An access exemption may be granted by site command post/designate if the designated support person is a close contact who is asymptomatic (see section on exemptions). Requests by patients for additional birthing support will be considered by site command posts/designate on a case-by-case basis (see section on requesting additional birth support). If your designated support person is a doula, they are expected to be fully immunized. One (1) additional designated support person for an infant will be considered in cases of adoption or surrogacy.
- **Emergency and Urgent Care** – one (1) designated support person if required to support the care of the patient and physical distancing from others (not from their immediate household) must be able to be maintained. Seniors, minors and patients with mobility and/or cognitive challenges should be given priority to have their designated support person remain with them in person.
- **End-of-Life** – two (2) designated support persons can be identified and be on-site with the patient as well as visitors with a visitation appointment scheduled through the service area (see below section Supporting family presence and visitation at the end-of-life).
- **Pediatric Inpatient and Ambulatory** – two (2) designated support persons can be identified and are welcome to be present with the patient at the same time. An additional formal/professional support person (e.g., disability support worker, hired care provider, children’s services caseworker) may be permitted access in addition to the two (2) designated support persons if approved by Site Command Post/designate and in consultation with IP&C.
- **NICU** – two (2) designated support persons 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 healthcare team will work with the designated support persons to collaboratively determine the safest access plan.
- **UPDATED Jan 31 - Ambulatory and Community Site Appointments**: one (1) designated support person. Patients are encouraged to attend appointments alone unless the appointment is for a minor or for an adult who requires assistance. A patient’s infant(s) who are 6 months of age or less should be considered a unit with the patient and can accompany the patient in addition to the patient’s one (1) designated support person. Two (2) designated support persons when pre-arranged with the clinic area and in situations involving:
  Ð The need for assisting the patient and staff with patient care;
  Ð End-of-life care or goals of care designation (GCD) discussions;
  Ð Significant diagnosis/change in medical status leading to poor prognosis;
  Ð Behaviour challenges requiring two caregiver;
COVID-19 Designated Support Persons and Visitor Access Guidance for all AHS Acute Care, Ambulatory, Urgent Care and Emergency Care

- medical or equipment needs requiring two caregivers;
- Involvement of Social Services; and/or
- When requested by the care team.

**Designated support persons:**
- Are individuals identified by the patient as a needed support and who the patient wants involved in their health matters (e.g., family members, close friends, or informal/hired caregivers);
- 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 requests;
- Are able to be independent and partner with the health care team to support the patient;
- Cannot be a close contact\(^1\) of someone who has a confirmed\(^2\) or probable case\(^3\) of COVID-19;
- Cannot be on isolation or quarantine for probable, or confirmed, COVID-19 unless meeting the criteria of an exemption (see below section on Exemptions); and
- Can support a patient with probable or confirmed COVID-19 with approval and direction from Infection Prevention & Control (IP&C).

**Visitors** are anyone not identified as a designated support persons, and access for visitors is currently limited to individuals with a scheduled appointment to see a patient who is at end-of-life, and outdoor visits. Children under 14 must be continuously accompanied by an adult.

**Sites and service areas that have determined a need to restrict designated support persons and visitor access further than in this guidance due to safety concerns MUST follow the process outlined in Section 4.0 of the AHS COVID-19 DESIGNATED FAMILY / SUPPORT ACCESS AND VISITATION IN ACUTE CARE, AMBULATORY, AND EMERGENCY SITES directive HCS-275 (ahsnet.ca).**

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\(^1\) Close Contact as defined in the Alberta COVID-19 Notifiable Disease Guideline means individuals that:
   - provided direct care for the case, (including HCW, family members or other caregivers), or who had other similar close physical contact (e.g., intimate partner, hug, kiss, handshake) without consistent and appropriate use of personal protective equipment (PPE), OR
   - lived with or otherwise had close prolonged contact which may be cumulative, i.e., multiple interactions for a total of 15 min or more over a 24-hour period and within two metres with a case without consistent and appropriate use of PPE and not isolating OR
   - had direct contact with infectious body fluids of a case (e.g., shared cigarettes, glasses/bottles, eating utensils) or was coughed or sneezed on while not wearing recommended PPE.
   - are a household contact 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.

\(^2\) Confirmed positive case as defined in CMOH Order 2 2022 means a COVID-19 infection where a person is:
   - asymptomatic and has taken two rapid tests, not less than 24 hours of each other, and both rapid tests indicate the person is positive for COVID-19;
   - symptomatic and has taken one or more rapid tests indicating the person is positive for COVID-19; OR
   - asymptomatic or symptomatic and has taken a PCR test which indicates the person is positive for COVID-19.

\(^3\) Probable Case - as defined in Alberta COVID-19 Notifiable Disease Guideline means a person who had close contact with a confirmed case OR was exposed to a known outbreak of COVID-19 OR had laboratory exposure to biological materials (e.g., primary clinical specimens, virus culture isolates) known to contain COVID-19 AND has not had a laboratory-based test completed or the result is inconclusive.
COVID-19 Designated Support Persons and Visitor Access Guidance for all AHS Acute Care, Ambulatory, Urgent Care and Emergency Care

Access Requirements and Restrictions for Designated Support Persons and Visitors

Alternate Designated Support Persons: Patients must maintain the same designated support person(s) throughout their stay and for any reoccurring ambulatory appointments. However, a patient may identify a replacement designated support person (who meets the criteria outlined above) if the original designated support person cannot fulfil their role; service areas must accommodate the alternate designated support person in these circumstances.

Outbreaks: A confirmed outbreak at a site may require additional access restrictions for designated support persons and visitors to be implemented quickly. It is recommended that all designated support persons and visitors contact the site before coming to the site for the most current access information. Acute care sites are required to update outbreaks on the public webpage.

Symptomatic, Confirmed and Probable Designated Support Persons and Visitors: A designated support person or visitor who is exhibiting COVID-19 core symptoms (that are not the result of pre-existing condition), or 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 unless they have a valid CMOH exemption (see the section below on available exemptions) until:

- a minimum period of 10 days have passed from the first day on which the designated support person or visitor exhibits COVID-19 core symptoms; and
- their COVID-19 core symptoms have resolved.

Asymptomatic Confirmed and Probable Designated Support Persons and Visitors: An asymptomatic designated support person 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 unless they have a valid CMOH exemption (see the section below on available exemptions) for a period of at least 10 days from when they take a Health Canada-approved test that confirms they are positive for COVID-19.

If an asymptomatic designated support person or visitor who has a confirmed case or probable case of COVID-19 develops COVID-19 core 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 period of 10 days from the first day on which the designated support person or visitor exhibits COVID-19 core symptoms has passed; and
- their COVID-19 core symptoms have resolved and they are fever-free for at least 24 hours.

Designated Support Persons and Visitors who become Close Contacts of Confirmed or Probable Cases: A designated support person or visitor who has become a close contact of a confirmed or probable case of COVID-19 must not enter an AHS site for the purposes of supporting or visiting a patient for at least 10 days since the day of last exposure. This requirement is regardless of their immunization status. Exceptions to

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4 “symptoms resolve” means 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.
COVID-19 Designated Support Persons and Visitor Access Guidance for all AHS Acute Care, Ambulatory, Urgent Care and Emergency Care

this requirement are if they are the designated support person for a minor child or dependent adult in need of medical attention, or have a site approved exemption for an end of life visit (see the section below on available exemptions).

Designated Support Persons and Visitors who develop symptoms: A designated support person 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 healthcare 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. New Jan 31 - Designated support persons and visitors can wear their own N95 or KN95 unless otherwise directed by the service area. If unable to mask, follow the directions of staff as outlined in the AHS Directive Use of Masks During COVID-19;
- Perform hand hygiene when entering/leaving the facility, washrooms, and/or the patient’s room;
- Practice physical distancing from others who are not from their immediate household; and
- Minimize movement throughout the facility unless otherwise arranged with the patient’s health care team and only if masking and physical distancing from others not from their immediate household can be maintained

Fully immunized designated support persons and visitors are still required to adhere to all precautions as directed by staff including complete screening, practice hand hygiene, physical distancing and continuous masking when at the site.

Responsibilities of sites and service areas to support family presence and visitation:
- Adhere to this guidance and the AHS COVID-19 DESIGNATED FAMILY / SUPPORT ACCESS AND VISITATION IN ACUTE CARE, AMBULATORY, AND EMERGENCY SITES directive HCS-275 (ahsnet.ca);
- Confirm with patients who their designated support persons are, contact them and mutually determine when would be the best time for them to be on-site with the patient (e.g., during rounds);
- Maintain a list of designated support person and visitors names and phone numbers to contact them in a timely way should access restrictions change (e.g., outbreak);
- Provide ambulatory patients with information in advance about access restrictions (e.g., arranging childcare prior to attending an appointment if applicable); and
- Have a process for screeners to verify designated support persons and visitors at site entry including for ambulatory appointments.

Provide designated support persons and visitors with:
- AHS Designated Support or Visitor identification;
- Appropriate personal protective equipment (PPE) when needed;
- Coaching on proper donning and doffing of PPE and an orientation to any site safety requirements;
COVID-19 Designated Support Persons and Visitor Access Guidance for all AHS Acute Care, Ambulatory, Urgent Care and Emergency Care

- The Knowing your Risk, Role and Responsibilities brochure to designated support persons; and
- Offer and facilitate virtual options for in-patients to connect with loved ones.

Supporting family presence and visitation at the end-of-life:
Patients are considered to be at end-of-life during the last four (4) to six (6) weeks of life.
- 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, as well as additional visitors;
- Visitors need to pre-book seeing the patient with the site/service areas and should leave the site as soon as their visit is complete;
- The maximum number of designated support persons and visitors with the patient at one time is three (3), space permitting;
- Physical distancing is required between those who are not from the same household;
- Children under the age of 14 may visit if accompanied by an adult;
- There are Compassionate Exemptions from quarantine for the purposes of visiting a patient at the end-of-life and/or during critical illness;
- Sites/service areas must schedule time between visitors to avoid queueing and advise visitors before they come of site access requirements (e.g., continuous masking);
- Community spiritual/religious care providers, Indigenous elders and traditional knowledge keepers can schedule time to visit and/or to perform ceremonies or rituals and administer rites or facilitate other spiritual practices as requested by the patient; and
- Where applicable, spiritual care and/or nursing need to consider patient's pre-mortem and post-mortem end-of-life care.

Patient belongings, gifts, food and flowers:
- 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 and/or disinfected as appropriate prior to being brought into the site and again at the service area before being given to the patient.
- Designated support persons and approved visitors should check with the service area before bringing in 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 are able to support patients in addition to designated support persons 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 Hospital Liaisons or designated Community Health representatives where possible and per this guidance.

Pediatric Care – sibling visitation
Sibling visitation for inpatients is temporarily restricted to one visit every two weeks. Sibling visitation must be approved by site command post (or designate) and follow guidance from IP&C;
COVID-19 Designated Support Persons and Visitor Access Guidance for all AHS Acute Care, Ambulatory, Urgent Care and Emergency Care

- An adult must accompany sibling(s) if they are under the age of 14 at all times;
- 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;
- Sibling(s) cannot accompany a patient to an ambulatory appointment.

Maternity Care – requesting additional birth support:
In exceptional circumstances, and if requested by patient, an additional birth support may be requested:

- Requests should be made in advance by patients through communication with the delivering site;
- Requests for an additional support person should be forwarded for review to the site command post (or delegate) by the service area during business hours;
- After hours or short notice requests can be approved through administration on call. Approval decisions do not sit with frontline staff; and
- Rationale to deny an additional support person should be based on the individual situation and the ability to maintain a safe environment for the staff, patient, and infant.

Requests for an additional designated support person will not be approved if:

- The additional support person is a hired caregiver/support/doula who is not fully immunized;
- The additional support person is symptomatic, awaiting test results, or COVID-19 positive;
- The additional support person has had a close contact with a COVID-19 positive/probable person;
- The additional support person has ANY influenza or respiratory like illness symptoms; and
- There is not adequate space for the additional support person to physically distance from those not from their household.

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 per the following:

- 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 continuously 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
COVID-19 Designated Support Persons and Visitor Access Guidance for all AHS Acute Care, Ambulatory, Urgent Care and Emergency Care

- 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).

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 be in close contact with someone with COVID-19;
- The patient receiving a pass should be oriented to all recommended safety practices before 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.

Available Exemptions:
CMOH and Close Contact Exemptions for Designated Support Persons of Minor Children and Adult Dependents – Designated Support Persons who are required to isolate by CMOH order, or who do not meet AHS access criteria because they are close contacts of a confirmed or probable case of COVID-19 may access the site to support minor children or an adult dependent. The designated support person, site and service areas must follow the precautions outlined in the CMOH exemptions, authorize entry for exempt individuals at facility entry, escort them to the service area, and consult IP&C and site leadership as required.

Government of Canada Compassionate Exemption – Access may be granted to international travellers 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. These individuals must not be symptomatic, COVID-19 positive or awaiting test results for COVID-19 at the time of the visit. The process outlined on the COVID-19 Exemptions from Quarantine and Access Restriction | Alberta Health Services webpage must be completed. They must have made an appointment with the service area in advance of their arrival and the service area must verify access before screeners allow entry. For individuals who do not have a compassionate exemption but may be eligible, please refer them to COVID-19 Exemptions from Quarantine.
COVID-19 Designated Support Persons and Visitor Access Guidance for all AHS Acute Care, Ambulatory, Urgent Care and Emergency Care

and Access Restriction | Alberta Health Services.

NEW Jan 31, 2022 - AHS Access Restriction Exemption for Asymptomatic Close Contacts of Obstetrical Patients - Site command posts/designate may grant an exemption from site access restrictions for asymptomatic designated support persons of obstetrical patients when the designated support person discloses (prior to entry), that they are a close contact of a positive/probable case of COVID-19. Site command post/designate must approve entry and safe site access measures in consultation with IP&C. Designated support persons must follow all precautions as directed by staff including completion of screening, hand hygiene, physical distancing from those not from their household and continuous masking. Designated support persons 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; if a designated support person develops active COVID-19 symptoms they will be required to leave the site to begin isolation at home as required by CMOH Order. Failure to adhere to precautions and directions from the staff at any time will require DSPs to leave the site.

AHS Access Restriction Exemption for Asymptomatic Close Contacts of End of Life Patients – Access may be granted to individuals who do not meet AHS access criteria because they are close contacts of a confirmed or probable case of COVID-19 for the purposes of visiting a critically ill, or end-of-life patient. These individuals must be asymptomatic. Access must be approved by site command post/designate. The visitor must make an appointment with the service area in advance of their arrival and the service area must verify access before screeners allow entry. For individuals who do not have an AHS Access Restriction Exemption but may be eligible, please refer them to COVID-19 Exemptions from Quarantine and Access Restriction | Alberta Health Services.

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.