AHS Guidance: Designated Family/Support Person and Visitor Access during COVID-19
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Alberta Health Services (AHS) has taken steps to restrict access to acute care, long term care and supportive living facilities. These restrictions have been made with the intent of protecting patients/residents and those at greatest risk of severe illness. We recognize that this may be difficult for patients/residents, family and staff, but we must do what we can to minimize the risk of infection while also ensuring patients/residents have the support they need. AHS will continue to evaluate the access restrictions to facilities throughout the pandemic.

While this document aims to provide clarity regarding access for designated family/support persons and visitors during COVID-19, decisions related to the application of this guidance in specific circumstances rests with the site/facility leadership and the following AHS Directives:

- [Designated Family/Support Access and Visitation in Acute Care, Ambulatory and Emergency Care Sites during COVID-19](#)
- [Designated Family/Support Access and Visitation in Designated Living Option and Hospice Settings during COVID-19](#)

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.
1) **NEW NOV. 16:**

**Designated Family/Support Persons & Visitors: Roles, Responsibilities and Restrictions**

Due to the rising numbers of COVID-19 cases across the province, Alberta Health Services (AHS) is taking steps to limit the number of individuals entering our facilities. One crucial step is the differentiation between designated family/support persons and visitors.

**A designated family/support person:**
- is identified by the patient as an essential support;
- is someone the patient wants involved in their care and health matters;
- can be a relative, a legal guardian, a close friend or a formal/informal caregiver;
- 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 supports access for:
- One (1) designated family/support person and patient for ambulatory appointments, emergency and urgent care.
- Two (2) designated family/support persons for each inpatient or resident across all sites.

**NEW NOV. 16:** For inpatients, in order to reduce the risk of COVID-19, staff must collaborate with patients and designated family/support persons to determine the following:

- Who the patient’s designated family/support persons are.
- What support the patient needs from their designated person(s). Support includes, but is not limited to:
  - providing information to the healthcare team on how to best support the patient;
  - supporting for the mental wellbeing of the patient;
  - assisting with feeding;
  - assistance with mobility;
  - assisting with personal care such as hygiene, laundry and needed belongings;
  - communication assistance for persons with hearing, visual, speech, cognitive, intellectual or memory impairment;
  - assistance for persons with disabilities;
  - assistance with emotional and behaviour regulation;
- assistance with making care decisions, transitions, and planning.

- While wanting to encourage direct contact between patients/residents and their designated family/support persons, it is important to recognize that whenever someone comes to a site from outside, there is risk that COVID-19 could inadvertently be brought in or carried back out. Therefore, patients/residents and their designated family/support person must evaluate the need for them to be physically present vs. providing virtual support for at least some aspects of care. As an example, providing information to the healthcare team may often be done virtually without the need to enter the site. For more information on how to support patients to be in contact virtually refer to: Using Technology to Stay Connected with your Loved Ones.

- If patients and their designated family/support persons feel they should be physically present, consideration needs to be given to determine the best time for them to come, how often and for how long.

- Designated family/support persons must be included as much as the patient or their alternate decision maker requests during palliative and end of life care, critical care, life threatening diagnosis disclosure, as well as during labour and delivery.

A Visitor is:

- someone whose time with the patient is discretionary and temporary;
- visiting for purposes that are more social in nature; and
- not involved in the patient’s healthcare.

**NEW NOV. 16:** Currently, due to the rising number of COVID-19 cases across the province, visitor access is supported only during end of life care (as outlined in section 5 of this guidance) or for someone receiving critical care for a life-threatening illness. The exceptions are for faith/religious leaders, elders, an elder’s helper, traditional knowledge keeper or legal supports who are requested by the patient or alternate decision-maker. These visits must be booked in advance with the service area.

**2) UPDATED NOV. 16: Screening and Education**

Facilities must have a process to ensure all designated family/support persons and visitors complete a health screening before entering the site. All persons who must enter 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;
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- Complete a temperature check for fever over 38 degrees Celsius (where available);
- 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; and
- Complete a screening questionnaire appropriate to the setting (see screening questionnaires for continuing care and acute care).

**UPDATED NOV. 16:** No one is permitted to enter any healthcare facility (without a qualifying exemption outlined in section 8) if they have:

- had symptoms consistent with COVID-19 that started in the last 10 days;
- tested positive for COVID-19 in the previous 10 days;
- been in close contact with someone who is COVID-19 positive in the previous 14 days;
- been in close contact with someone who has symptoms of COVID-19 in the last 14 days;
- returned from travel outside Canada within the last 14 days;
- been at a location with a declared outbreak of COVID-19 in the previous 14 days; or
- been instructed to get tested or to self-isolate due to possible exposure to COVID-19 in the last 14 days.

**NEW NOV. 16:** AHS service areas will be responsible for providing appropriate personal protective equipment (PPE) and education to patients, their designated family/support persons and visitors on safe visitation practices, including the risks, requirements and responsibilities of being in the facility; how to use PPE appropriately; hand hygiene; and any other infection prevention and control precautions for the service area. Provide designated family/support persons with the following pamphlets:

- [Know Your Risk](#)
- [Know Your Role](#)

3) **UPDATED NOV. 16:** Designated Family/Support and Visitation in Long Term Care, Supportive Living or Congregate 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 designated family/support persons and visitors' requirements. The Chief Medical Officer of Health's (CMOH) [Order 29-2020](#) and the AHS [Designated Family/Support Access and Visitation in Designated Living Option and Hospice Settings during COVID-19](#) detail these requirements.
4) **UPDATED NOV. 16: Designated Family/Support and Visitation in Acute Care and Ambulatory Care**

a) **UPDATED NOV. 16: All Ambulatory Clinics (including Emergency/Urgent Care)**

Patients may have one (1) designated family/support person accompany them while accessing ambulatory services in AHS facilities. However, there are some exceptions:

- There may be situations or circumstances within facilities where physical distancing from other patients, staff and support persons will not allow for designated family/support persons to be present with patients.
- When possible, staff will communicate any access restrictions for designated/family support persons in advance of the appointment.
- A second designated family/support person may be requested by a clinic if they are essential to the appointment and virtual options for meeting are not possible.
- Pediatric ambulatory patients can have one (1) designated family/support person 18 years of age or older. However, on a case-by-case basis, exceptions for having two (2) designated family/support persons can be considered by the clinic (in consultation with the site leadership) for circumstances related to:
  - end of life or goals of care discussions;
  - significant diagnosis or change in medical status leading to poor prognosis and patient implications;
  - behavioural challenges requiring two caregivers;
  - medical or equipment needs requiring two caregivers; or
  - involvement of children’s services.

b) **UPDATED NOV. 16: All Inpatient Settings (Admission to Hospitals)**

- Patients may have two designated family/support persons while admitted.
- If the patient room is large enough for physical distancing to be maintained, both designated family/support persons may be permitted simultaneously. If not, they must attend one at a time.
- Designated family/support person(s) living within the same household are not required to be physically distant.
- There may be situations where physical distancing from other patients and staff will require designated family/support persons to temporarily step out of the room.
- A patient may identify a replacement designated family/support persons if the originally individual cannot perform their role(s) (e.g. self-isolation, caregiver fatigue, or otherwise unable). The intent is not for this designate to change regularly or multiple times, but to enable a replacement when required.
- If it is not possible for designated family/support persons to be physically present
with a patient, AHS staff will facilitate keeping patients and designated family/supports connected through virtual and/or telephone connection.

c) UPDATED NOV. 16: Pediatrics/NICU

- A pediatric inpatient can have two (2) designated family/support persons who are 18 years of age and older.
- 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. However, on a case-by-case basis, exceptions can be considered (such as at the end-of-life) in consultation with site leadership.
- Breastfed infants can accompany their mother throughout the facility.
- Parents/guardians under quarantine or isolation for COVID-19 may be able to be present with their child. See Acute Care Guidance for Parents/Guardians Accompanying Children for more information.

d) Maternity/postpartum

- Two designated family/support persons can support the patient. Additional support persons (e.g. surrogate parent or doula) may be permitted on a case-by-case basis in consultation with the service area manager.
- A designated family/support person under quarantine, or isolation, may have access to the site. For requirements and guidance, see: Obstetrical Screening and Visitation Guidance.

e) 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 (2) designated family/support persons.
- A person quarantined or isolated because of COVID-19 who has an adult-dependent requiring medical care may be eligible to accompany or visit the adult-dependent. For requirements, see: Quarantined and isolated persons who have adult dependents requiring medical care.

f) UPDATED NOV. 16: Outdoor Visitation

Given the risk of exposure and transmission in the community, outdoor visitation is not recommended at this time.
g) **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 suspect or positive patients cannot have access off the site.
- Considerations for unaccompanied outdoor access include:
  - The suitability of unaccompanied outdoor access be collaboratively determined between the patient or alternate decision maker, and the care team;
  - The site has a suitable area to accommodate unaccompanied outdoor access;
  - The patient wears a medical mask when moving throughout the facility;
  - The patient must practice physical distancing when around others; and
  - When re-entering the facility must practice hand hygiene.

h) **UPDATED NOV. 16: Visiting Pets**

Subject to precautions, the site's ability to accommodate, and service user approval, one pet is permitted to accompany a designated family/support person for a scheduled visit.

- The pet must not come from a household where there has been exposure, or possible exposure, to COVID-19.
- A manager, or supervisor, may approve visitation with a pet on a case-by-case basis. In these circumstances, please refer to the [AHS IPC Animals in Health Care Facilities guidance](#).
- Hand hygiene shall be performed before and after contact with the animal following the [AHS Hand Hygiene Policy and Procedure](#).

i) **UPDATED NOV. 16: Bringing Gifts and Belongings to the Site**

- Designated family/support persons can bring personal belongings for the patient such as clothing, toiletries and supportive footwear. However, they should check with the service area before bringing additional items (e.g. food, gifts, flowers and plants) to confirm what is appropriate. Please refer designated family/support persons to the [IPC Family/Support Tip Sheet](#).

j) **UPDATED NOV. 16: Patient Off-Site Passes**

As part of their treatment plan, patients may require an off-site pass. Requirements for off-site passes are as follows:
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- Weekend, overnight, and day passes must be ordered by a physician or designate.
- The facility, home environment, and any travel destinations while on pass are not within a community with an outbreak of COVID-19.
- That all individuals who will be with the patient when on pass must complete the [Online COVID-19 Self-Assessment](#) on the day the pass is issued to confirm that no one has COVID-19 symptoms, has been in close contact with someone who has COVID-19, is on self-isolation for COVID-19 exposure or a positive test, or has tested positive for COVID-19 in the last 14 days.
- Agreement from the patient (or alternate decision maker) and designated family/support person(s) that should any COVID-19 symptoms develop prior to the pass they will postpone taking the patient on pass until the symptoms end or a negative COVID-19 test result is received.
- That the patient (or alternate decision maker) and designated family/support persons must understand and agree to the possibility that the patient may require isolation upon return to the facility.
- The patient (or alternate decision maker) and the designated/family support person accompanying agree to follow prevention precautions as laid out by the care team including: physical distancing when possible; frequent hand hygiene; limiting community exposure; wearing a mask that covers nose and mouth when physical distancing is not possible; and they will follow all public health recommendations outlined by the [Government of Alberta](#).
- Upon return to the facility, the patient must be screened using the [communicable disease assessment tool](#).

k) Visiting AHS Site-Based Hairdresser/Barber Services

Hairdresser and barber services should only be available to patients admitted to the facilities and shall remain closed to the general public at this time.

l) Community Support Group Facilitators

Community support services that are deemed a part of treatment programs such as Alcoholics and Narcotics Anonymous can resume meetings at the discretion of the AHS facility to serve inpatients only.

m) Volunteers

AHS volunteers are not counted as one of the patient's designated family/support persons. In consultation with leadership and Volunteer Resources, volunteer visitation programs can be considered for reinstatement.
5) 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, considering the 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 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 once. Individuals who are living in the same household are not required to distance from each other.
- 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 and 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 limits the length and frequency of in-person visits.
- Children under age 14 may visit if accompanied by an adult.

6) UPDATED NOV. 16: Indigenous Considerations

Staff need to collaborate with the patient and their designated family/support persons to involve elders, elders' helpers, traditional knowledge keepers, and/or AHS Indigenous cultural liaisons if requested. AHS supports patients in retaining their traditional Indigenous practices and protocols throughout care and while following COVID-19 precautions.

7) Designated Family/Support for Patients with Suspected or Confirmed COVID-19

- Patients suspected or confirmed with COVID-19 can have their designated family/support person present. It is recommended that unit staff work with Infection Prevention and Control to ensure this can be done safely.
8) **NEW NOV. 16: Exemptions from Quarantine and Isolation** are determined by Alberta's Chief Medical Officer of Health in consultation with AHS. The following are current exemption requirements and processes:

- [Quarantined and Isolated Persons who have Minor Children that Require Medical Care](#)
- [COVID-19 Screening and Management of Obstetrical Patients and Designated Family/Support Persons](#)
- [Quarantined and Isolated Persons who have Adult Dependents that Require Medical Care](#)
- [Safe Visitation under Federal and Provincial Compassionate Exemptions](#)