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Alberta Health Services (AHS) has taken steps to restrict visitors to protect patients and those at greatest risk of severe illness - including seniors and immunocompromised patients.

We recognize that the temporary visitor restrictions we have put in place are difficult for families and loved ones, but we must do all we can to minimize the risk of infection to our patients, residents and staff. AHS will continue to evaluate the limitations placed on visitations throughout the pandemic.

We encourage patients and families to use other methods to be in touch with loved ones, such as a phone or video calls. For more information, refer to Involving Families During COVID-19.

While this document aims to provide clarity for visitation during COVID-19, decisions related to application of this guidance in specific circumstances rest with the site/facility leadership.

1. Visitor Restrictions in Long Term Care, Supportive Living or Congregate Living

In accordance with the Chief Medical Officer of Health (CMOH) Order, all long term care, supportive living and congregate living sites have implemented a No Visitor Policy.

Residents of these sites are at extreme risk if exposed to COVID-19.

- Sites may allow one Essential Visitor:
  - Where the resident’s quality of life and/or care needs cannot be met without the assistance of the Essential Visitor.
  - In end of life situations where there is a time-sensitive need to be with a loved one.

- A resident may have only one Essential Visitor designated by the resident or guardian (or other alternate decision maker).

- The Essential Visitor may be a family member, friend, religious care provider or paid caregiver over 18 years of age.

- Outdoor visits may be possible, with limitations, as per the Order if the facility layout permits.

- In end of life situations:
  - The Essential Visitor determines who among a dying resident’s family/religious leader(s)/friends may also visit the resident.
  - Only one visitor at a time can visit a dying resident. A second visitor may be permitted if the room is large enough to accommodate social/physical distancing.
  - A visitor who is a child may be accompanied by the Essential Visitor or the child’s parent or guardian only in end of life situations.
  - The site manager, in consultation with the patient’s care team, determines if the patient condition is considered end-of-life. See “Visiting Patients at End of Life” below for further guidance.

All visitors in long term care, supportive living or congregate living facilities must:

- Pre-arrange visits and timing of the visits with the facility manager and care team.
• Be feeling well on the date/time of visit.
• Complete health screening prior to entering the facility, including a temperature check for fever over 38 degrees Celsius (where available) and a questionnaire.
• Wear a mask or face covering while inside the facility.
• Sign in and out of all visits.
• Be escorted by site staff to the resident’s room and remain in the resident’s room for the duration of the visit. Visitation with other residents is not permitted.
• Perform hand hygiene (hand washing and/or use of hand sanitizer) when entering and leaving the facility and when entering and leaving the resident's room.

2. Visitor Restrictions in Acute Care/Outpatient Settings

All acute care and outpatient settings have implemented a No Visitor Policy.

Exceptions are permitted in the following circumstances:

• Allow one visitor at a time for patients with specific challenges such as mobility, hearing, visual, speech-language or memory impairment or patients with developmental disabilities requiring the presence of the visitor for care and/or support. This may be a Disability Support Worker or other caregiver.

• Allow one visitor at a time for patients whose condition is considered end-of-life. The decision to allow visitation needs to be made by the Unit Manager/Charge Nurse in consultation with the patient’s care team and the Site Command Post (where applicable). See “Visiting Patients at End of Life” below for further guidance.

Additional Guidance for Specific Care Acute Care Settings

Outpatient and Emergency Department/Urgent Care

• Both patients and visitors will be required to be masked depending on the clinical setting.
• Police, Correctional Officers, and Peace Officers accompanying a patient for security reasons are not considered visitors.

Maternity/postpartum

• Allow one designated visitor in most circumstances.
• In exceptional situations and in consultation with the Site Command Post, the Unit Manager/Charge Nurse may approve two visitors at a time on a case-by-case basis (e.g. surrogate parent or Doula).

ICU

• ICU Visitation is restricted to 1-2 designated visitors for non Covid-19 suspected or confirmed patients.
• In exceptional situations, and in consultation with unit leadership, ICU patients with suspected or confirmed COVID-19 may be allowed 1-2 designated visitors on a case-by-case basis.
• Two parents may be designated visitors; visits must be sequential (one at a time).
• In exceptional situations and in consultation with the Site Command Post, the Unit Manager/Charge Nurse may consider two visitors at a time on case-by-case basis (e.g. both parents in a pediatric end of life situation).
• Parents/guardians under quarantine or isolation may be permitted to visit. See Acute Care Guidance for Parents/Guardians Accompanying Children for more information.
• The Stollery Children’s Hospital and the Alberta Children’s Hospital will maintain specific pediatric criteria.

All Visitors in Acute Care or Outpatient Facilities Must:

• Be over 18 years of age.
• Be feeling well on the date/time of visit.
• 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 a mask while inside the facility.
• Be escorted at all times by the staff of the health care facility, except when with the patient/resident in their room.
• Perform hand hygiene (hand washing and/or use of hand sanitizer) when entering and leaving the facility and when entering and leaving the patient’s room.
• Not bring animals to the visit except service dogs.

Facilities will have a screener greet each visitor to conduct the health screening and verify if the visitor is authorized to attend as per the above. Each site must identify a process to ensure this occurs.

3. Visiting Patients at End of Life

• While it is difficult to be precise around when an individual is at end of life, this generally refers to the last 2 weeks of life, with consideration given to stage of illness, projection regarding timing of death, and trajectory of expected decline.
• The decision as to when an individual is reaching the end of their life needs to be supported by someone at a level removed from the direct care team (e.g. Site Command Post, site manager) but informed by the care team and the circumstances for any individual.
• Visits need to be limited to one person at a time, and in consideration of the needs of both the visitor and the patient. If the room is large enough for social/physical distancing to be maintained, no more than 2 visitors may be permitted. 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/resident 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.
• Recognizing the importance of connection with loved ones for the emotional well-being of patients and families in end of life situations, wherever possible, units/sites should encourage and facilitate alternative means to connect with loved ones such as virtual visits.

Indigenous Considerations

• AHS acknowledges the significance and importance of traditional Indigenous practices and protocols. In support of Indigenous patients, families and communities:
  o 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 recognizes that this is integral part of the plan for some Indigenous peoples for their final journey to the Spirit World.
  o AHS recognizes 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. Only one visitor will be permitted at a time except in particular care settings as outlined in this guidance.

4. Visiting a Patient with Suspected or Confirmed COVID-19

• In end-of-life or for maternity/postpartum and pediatric situations when there is a critical need to be with a loved one with suspected or confirmed COVID-19, unit or site leadership should contact Infection Prevention and Control for further guidance as required.

5. Requirements for all Visitors Regardless of Setting

You will NOT be allowed to visit if you meet any of the following criteria:

• You have symptoms consistent with COVID-19.
• You are immunocompromised.
• You are on self-isolation for COVID-19.
• You are being tested for COVID-19.
• You have tested positive for COVID-19. You will not be allowed to visit until your required period of mandatory self-isolation has passed.

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.