Scope – Calgary Zone

Due to the rising community transmission rates, and hospitalization rates, Calgary Zone has made the difficult decision to limit onsite Designated Support Persons in all acute care facilities at this time. This includes all inpatient units, ambulatory care, urgent care, emergency departments, and maternity settings. Patients and families are encouraged to maintain <u>contact virtually.</u>

This guidance is applicable to Calgary Zone to help balance site and patient safety with the intention of allowing Designated Support Persons (DSPs) access to acute care facilities. Restrictions would be enacted for 14 days and then be reviewed and reassessed to balance access and COVID-19 risk of spread.

A local escalation process will be established whereby any issues regarding access to the site by Designated Support Persons or end-of-life visitors is disputed or becomes a safety concern. The escalation process will include notification to the Site Command Post and Calgary ZEOC. During business hours the escalation pathway is frontline staff at bedside > manager > Site Command Post > ZEOC > CZO. After hours the escalation pathway is frontline staff at bedside > Site Command Post > acute/community on-call, as required. Access to facilities with outbreak and/or watch areas require special considerations and may require consultation with Infection Prevention and Control to maintain safety.

Designated Support Person Guidelines

A Designated Support Person is defined as a caregiver or Disability Support Worker, that is required to provide essential care for patients that cannot be provided in any other way. Only one (1) Designated Support Person is permitted per patient unless otherwise specified for a specific unit/service area below.

- Is a consistent individual and is an essential support;
- 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 in 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 visitation must be approved under the direction of IP&C;
- A patient may identify a replacement Designated Support Person if the original individual cannot perform their role due to quarantine, isolation, caregiver fatigue, etc.
- All Designated Support Persons must be approved through a process identified by the site.

Inpatient

Examples of where one (1) Designated Support Person should be present, unless there is a clinically justified reason to restrict this involvement, include the following:



- Patients with cognitive impairment (intellectual and memory impairments) who are agitated and cannot be consoled;
- Patients who are not able to make their own decisions and decision cannot be made remotely;
- Communication impairments (vision, hearing, speech);
- For mental health crisis (required emotional support);
- To support behavioral challenges;
- Life altering diagnosis;
- Before major surgeries requiring critical care; and
- Care transitions where there is complex discharge (e.g. teaching is required); or
- Where the unit/site requests that someone be present due to other reasons not listed here.

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. For requirements, see: <u>Quarantined and isolated persons</u> who have adult dependents requiring medical care.

Maternity and Postpartum

One (1) Designated Support Person is permitted. A Designated Support Person under quarantine may access the site following the Obstetrical Screening and Visitation Guidance. For more information, see: <u>Essential Support Person COVID-19 Exemption</u>.

Emergency Department

Where possible one (1) accompanying Designated Support Person is permitted.

- There may be situations or circumstances within facilities where physical distancing from other patients, staff and support persons will not allow for support persons to be present with patients.
- These restrictions should be posted and communicated as early as possible. Staff will support alternative connections, such as regularly scheduled phone calls or virtual/video connections.

Pediatrics and NICU

Up to two (2) designated parents/guardians are permitted with acknowledgement that pre-existing guidelines may decrease these numbers. 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. For more information, see: <u>Essential Support Person Pediatrics Exemption.</u>

Ambulatory (Outpatient)

Patients may have one (1) Designated 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 Support Persons to be present with patients.
- When possible, staff will communicate any access restrictions for Designated Support Persons in advance of the appointment and support alternative communication such as phone or virtual/video calls.

Pediatric Ambulatory

Patients may have one (1) Designated Support Person 18 years of age or older. However, on a case-by-case basis, exceptions for having two (2) Designated Support Persons may 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.

Critical Care

Up to two (2) Designated Support Persons are permitted.

- There may be situations or circumstances within facilities where physical distancing from other patients, staff and support persons will not allow for Designated Support Persons to be present with patients.
- When possible, staff will communicate any access restrictions for Designated Support Persons in advance of the appointment and support alternate communication such as phone or virtual/video calls.
- There are federal and provincial <u>compassionate exemptions from quarantine</u> for end-of-life and critical illness.

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 as requested by patients/decision-makers;
- 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 <u>federal and provincial compassionate exemptions from quarantine</u> for end-of-life and critical illness.



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;
- 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.

Visitation During the Holiday Season

As we approach the holiday season, many patients and families will want to connect in-person offsite. However, given the current rate of COVID-19 transmission, the following applies:

- There are **no off-site passes recommended** for the holiday season. This includes day and overnight passes in any AHS acute care facility.
- If a pass is essential to support a patient's care plan, the care team must weigh the risks and benefits with the patient before the decision is made. Passes will not be considered strictly for the purposes of social visitation over the holidays. Impacts include exposure to COVID-19 due to high rates of community transmission and the potential need to quarantine upon returning to the facility.

Responsibilities of Clinical Program Areas:

- Have a process for screeners to verify Designated Support Persons at facility entry;
- 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/Visitors, providing education on site requirements;
- Provide Designated Support Persons with <u>Know Your Risk</u> and <u>Know Your Role</u> pamphlets;
- Maintain a list of Designated Support Persons and Visitors (end-of-life);
- Provide Designated Support Persons with proper identification; and
- Provide PPE to patients, their Designated Support Persons and Visitors, as well as coaching on donning and doffing as required.

In all of our healthcare settings, we are encouraging staff, patients, and Designated Support Persons to work together to reduce the amount of time spent in AHS facilities by considering what support needs to be provided in person and what can be provided virtually. Designated Support Persons should assess their risk of exposure and transmission of COVID-19 before they enter an AHS facility. To support this, the taskforce has created two brochures for designated support persons: Know Your Risk and Know Your Role.

