

# Aerosol-Generating Medical Procedures (AGMP) - Designated Support Person Access for Suspected or Confirmed COVID-19 Patients on a Continuous AGMP

## Principles

Being present with a patient with suspected or confirmed COVID-19 while a continuous [AGMP](#) is under way creates a situation where the risk of exposure to COVID-19 is higher due to ongoing aerosolization of respiratory secretions/particles. A [designated family/support person \(DSP\)](#)<sup>i</sup> entering the room with a suspected/confirmed COVID-19 patient with a continuous AGMP is at heightened risk of exposure to (and subsequent infection with) COVID-19 and potential ensuing transmission into their household and community.

Therefore, risk reduction criteria must be applied when assessing access for DSPs. In addition, an operational lead, attending physician and IPC representative must collaboratively determine if the DSP can enter the room safely.

Before a DSP can enter the same room as a patient with suspected/confirmed COVID-19 on a continuous AGMP, the clinical team must assess patient risk factors (related to communicability) and the risk to the DSP of being infected and developing severe illness. DSPs should be made aware of the access criteria (indicated below), and advised that they must be willing to disclose both their immunization status and COVID-19 status to the clinical team as part of a risk assessment. It is important to inform them that this information is not recorded and is intended only for the purposes of a risk assessment.

## Access for a Designated Support Person

The following criteria must be met:

- a. The DSP must meet the criteria for being a DSP outlined in the [COVID-19 DSP and Visitor Access Guidance](#). For Continuing Care refer to current visitor requirements in the [most recent CMOH Order](#).  
**AND**
- b. The DSP has identified themselves as fully immunized<sup>ii</sup> and has provided proof of immunization;  
**OR**
- c. The DSP has tested positive<sup>iii</sup> for COVID-19 AND had symptoms AND it has been a minimum of 10 days since the onset of symptoms AND their symptoms have resolved<sup>iv</sup>. Additional recovery days may be required depending on the severity of illness (up to 21 days).  
**OR**
- d. The DSP has tested positive<sup>iii</sup> for COVID-19 AND did not develop symptoms (asymptomatic) AND it has been a minimum of 10 days since they tested positive for COVID-19 by a Health Canada approved test (molecular or rapid antigen).

## Special Considerations

### DSPs who are Essential to Patient Care

An exception to the above access criteria can occur if the DSP is essential to care (e.g. pediatric patients and dependent adults). In these circumstances, the DSP would be considered exposed and be required to isolate with the patient in a private room with a dedicated bathroom. Meals are to be provided. In this circumstance, the DSP must not leave the room. If they do, they will risk not having return access. Facility/program should establish a process to support implementation of this consideration in consultation with IPC/designate and accountable leader.

---

For more information

[AHS.ECC@ahs.ca](mailto:AHS.ECC@ahs.ca)

## Communicating the Access Decision to the DSP and the Patient

Any DSP who meets the criteria for access must be apprised of the risks of being present to support a patient with suspected or confirmed COVID-19 and the requirements to follow all precautions as advised by the health care team.

The clinical team must be clear when communicating the decision regarding access, including:

- The decision to accommodate or limit access to the DSP;
- The reason(s) for accommodating/not accommodating access; and
- That an alternate DSP who meets the above criteria could be arranged

If access is not accommodated, the team must communicate

- When the DSP could again seek access; and
- If in-person access is not an option, alternatives such as non-bedside or virtual visitation should be offered and facilitated by staff.

Provide DSPs with the pamphlet [Knowing Your Risk Roles and Responsibilities: a guide for designated support persons](#).

## Additional Precautions for DSP Access

- In acute care, the number of DSPs a patient, can have is updated in the [COVID-19 Designated Support Persons and Visitor Access Guidance for all AHS Acute Care, Ambulatory, Urgent Care and Emergency Care \(albertahealthservices.ca\)](#). Restrictions to access beyond those outlined in the Guidance must follow section 4.0 of the [DESIGNATED FAMILY / SUPPORT ACCESS AND VISITATION IN ACUTE CARE, AMBULATORY, AND EMERGENCY SITES Directive HCS-275 \(ahsnet.ca\)](#).
- In continuing care, follow guidance in the most recent [CMOH Orders](#) and, where applicable, the [Family Presence | Alberta Health Services](#) policy suite.
- All DSPs must follow site access requirements, including screening, hand hygiene, physical distancing, personal protective equipment (PPE) requirements and all other preventive measures as directed by staff.
- DSPs must follow requirements for additional precautions including [Modified Respiratory Precautions Acute Care Poster \(albertahealthservices.ca\)](#) / [Modified Respiratory Precautions Continuing Care Poster \(albertahealthservices.ca\)](#).
- DSPs will be provided with an AHS-issued N95 respirator in acute care or a KN95 mask or N95 respirator in continuing care as outlined in the [Use of Masks Directive](#).
- The clinical care team must support the DSP with the correct donning/doffing procedure and cues for hand hygiene.
- Clearly communicate to DSPs that non-compliance with preventive measures (including PPE) may result in a loss of access.

## Discontinuing or pausing an AGMP during DSP presence

When the patient's treatment plan includes end-of-life care, discontinuing or pausing the AGMP during DSP presence can be considered. If the DSP does not meet the access criteria outlined above, all AGMPs should

---

be turned off to support safe visitation. In these situations, the clinical team should meet with the patient and family and review the following before making a decision to remove the AGMP:

- Removal from an AGMP can be perceived as a withdrawal of care, and it is essential to explain the limitations of the AGMP in light of the disease trajectory. The patient and their family need to be prepared for what this will mean (e.g. that it may hasten the patient's death), what treatment options can be provided (e.g. switching to oxygen for comfort), and the limits of those treatment options
- Removal of the AGMP must align with the patient's [Goals of Care Designation](#)
- Determine [what matters most](#) to the patient and their family
- Recommend a referral to palliative care services to support the family through their decision and throughout the end-of-life (EOL) experience, and
- If the decision is to discontinue/pause the AGMP, in acute care follow the guidance for EOL outlined in [COVID-19 Designated Support Persons and Visitor Access Guidance](#)
- If the decision is not to discontinue/pause the AGMP, alternative options can be considered on a case-by-case basis at the discretion of the patient, their DSP and upon discussion with IPC/designate and facility/program accountable leader
- Consultation with Clinical Ethics may also be considered to support decision making as appropriate.

---

<sup>i</sup> Designated Support Persons (DSP) refer to the patient identified supports (often family or close friend) who they want involved in their care matters when in an acute care facility. Visitors refers to anyone who is not a designated support person and are limited to individuals with a scheduled appointment to see a patient who is at end of life. For more information see - [COVID-19 Designated Support Persons and Visitor Access Guidance for all AHS Acute Care, Ambulatory, Urgent Care and Emergency Care \(albertahealthservices.ca\)](#) Note that for continuing care, the term DSP is no longer used and for the purposes of this document is equivalent to visitor.

<sup>ii</sup> Fully immunized means at least 14 days have passed since receiving two doses of vaccine in a two-dose vaccine series OR one dose in a one-dose vaccine series (with or without any booster doses for either).

<sup>iii</sup> Tested positive means within the past 90 days by a molecular test such as PCR, or in the last 21 days by rapid antigen test. Proof of a positive test and test date is not required.

<sup>iv</sup> Resolved means that the person's COVID-19 symptoms have improved, and the person remains afebrile for twenty-four hours without using fever-reducing medications.