

Aerosol-Generating Medical Procedures (AGMP) - Designated Family/Support Person Access for Patients with a Suspected or Confirmed Respiratory Communicable Disease on a Continuous AGMP

Principles

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

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

Before a DFSP can enter the same room as a patient with a suspected/confirmed respiratory communicable disease on a continuous AGMP, the clinical team must assess patient risk factors (related to communicability) and the risk to the DFSP of being infected and developing severe illness. DFSPs should be made aware of the risks to themselves (e.g., exposure and subsequent infection).

Access for a Designated Family / Support Person

- a. The DFSP must meet the criteria for being a DFSP outlined in the [Family Presence: Designated Family / Support Person and Visitor Access](#) Policy.
- AND**
- b. The DFSP must abide by any limits set for visitation in accordance with the [Managing Limits to Designated family / support person and Visitor Access](#) Procedure.

Special Considerations

Reducing Risk

In most circumstances, a DFSP would be considered exposed and the DFSP should continue to complete symptom screening for a minimum of 7 days post visit as well as prior to entering the facility. The DFSP must not leave the room unless wearing appropriate PPE and should limit activity outside of the room to entering/exiting the facility. Facility/program should establish a process to support DFSPs in consultation with IPC/designate and accountable leader.

Communicating the Access Decision to the DFSP and the Patient

Any DFSP who meets the criteria for access must be apprised of the risks of being present to support a patient with a suspected or confirmed respiratory communicable disease 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 DFSP;
- The reason(s) for accommodating/not accommodating access; and
- The circumstances that would require an alternate DFSP be arranged (e.g., primary DFSP develops symptoms, nonadherence to routine practices and additional precautions, actions contravene AHS policy).

For more information

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If access is not accommodated, the team must communicate

- When the DFSP 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 DFSPs with the pamphlet [Knowing Your Risk Roles and Responsibilities: a guide for designated support persons](#).

Additional Precautions for DFSP Access

- All DFSPs 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.
- DFSPs must follow requirements for additional precautions including [Modified Respiratory Precautions Acute Care Poster \(albertahealthservices.ca\)](#) / [Modified Respiratory Precautions Continuing Care Poster \(albertahealthservices.ca\)](#).
- DFSPs 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 during COVID-19 Directive](#).
- The clinical care team must support the DFSP with the correct donning/doffing procedure and cue for hand hygiene.
- Clearly communicate to DFSPs that non-compliance with preventive measures (including PPE) may result in a loss of access.

Discontinuing or pausing an AGMP during DFSP presence

When the patient's treatment plan includes end-of-life care, discontinuing or pausing the AGMP during DFSP presence can be considered.

In these situations, the clinical team should meet with the patient and DFSP and review the following before deciding 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 considering 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, follow guidance for visitation at EOL
- If the decision is not to discontinue/pause the AGMP, guidance for additional precautions (above) must be followed
- Consultation with Clinical Ethics may also be considered to support decision making as appropriate.