AHS Provincial Guidance for Designated Support Person Access for Suspected or Confirmed COVID-19 Patients on a Continuous AGMP

Being present with a COVID-19-positive patient while a continuous AGMP is under way creates a situation where the risk of exposure to COVID-19 is higher due to the ongoing aerosolization. A designated family/support person (DSP) 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. For this reason, 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 suspected/confirmed COVID-19 patient 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.

Determining 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 and has provided proof of immunization; OR
   The patient and the DSP are from the same household, AND the DSP has tested positive for COVID-19 within the past 90 days by a molecular test such as PCR (or in the last 21 days by rapid antigen test) AND it has been a minimum of 10 days* since the onset of symptoms for the DSP AND their symptoms have resolved.

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1 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.

2 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).

3 Resolution of symptoms means that the person's COVID-19 symptoms have improved, and the person remains afebrile for twenty-four hours without using fever-reducing medications.
The DSP is asymptomatic AND it has been a minimum of 10 days since they tested positive for COVID-19 by a Health Canada-approved test. Additional recovery days may be required depending on the severity of illness (10 to 21 days). Proof of a positive test date is not required.

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.

Communicating the Access Decision to the DSP and the Patient

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

- the decision to accommodate or limit access to the DSP;
- the reason(s) for accommodating/not accommodating access;
- if access is not accommodated, when the DSP could again seek access;
- that an alternate DSP who meets the above criteria could be arranged; and
- if in-person access is not an option, alternatives such as non-bedside or virtual visitation should be offered and facilitated by staff.

- Any DSP who meets the criteria for access must be apprised of the risks of being present with a COVID-19-positive/suspect patient and the requirements to follow all precautions as advised by the health care team.
- Provide DSPs with the pamphlet Knowing Your Risk Roles and Responsibilities: a guide for designated support persons.

Additional Access Precautions for DSPs

- In acute care, the number of DSPs a patient, can have is updated in the Provincial Designated Support Persons and Visitor Access Guidance. Restrictions to access beyond those outlined in the Guidance must follow section 4.0 of the Designated/Family Support and Visitor Access in Acute Care Directive.
- 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 Modified Respiratory Precautions.
- 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.
- Communicate to DSPs that non-compliance with preventive measures (including PPE) may result in a loss of access.
DSP and Visitor Access for Patients on an AGMP Who are at the End of Life (EOL)

At the end of life, patients in acute care can have two DSPs as well as additional visitors with a scheduled appointment. In continuing care settings, check with the site or program area for any limitations to the number of visitors.

If the DSPs/visitors do not meet the access criteria outlined above, the AGMP must be turned off to support safe visitation. In these situations, the clinical team should meet with the patient and family and determine the following before making a decision to remove the AGMP:

- 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 EOL experience;
- 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; and
- If the decision is to remove the AGMP, to follow the DSP and visitor access guidance for EOL outlined in COVID-19 Designated Support Persons and Visitor Access Guidance.

Please direct questions regarding this document to AHS.ECC@ahs.ca.