

# FAQ - Transitioning from the COVID-19 Access Directive to the Family Presence Policy Suite

Throughout the pandemic, access restrictions have limited the number of visitors and designated family/support persons (DFSPs) in healthcare facilities. While limits to family presence and visitation have been necessary to reduce the risk of transmission, we understand how challenging these restrictions have been for patients, their families and the staff who must enforce them.

With the easing of public health mandates and our organization's move into pandemic recovery, sites and service areas must transition from COVID-19 access restrictions on DFSPs and visitors to the [AHS Provincial Family Presence Policy Suite](#).

## **Q: What is the AHS Provincial Family Presence Policy Suite?**

The Family Presence Policy Suite consists of two documents:

1. A Policy - [Family Presence: Designated Family / Support Person and Visitor Access](#)
2. A Procedure - [Managing Limits to Family Presence Procedure](#)

This policy suite was originally developed prior to COVID-19 to provide the organization with clear expectations regarding family presence and visitor access to AHS sites. All AHS operations areas will refer to this policy suite when the COVID-19 visitation [directive](#) and [guidance](#) are stood down. A webpage to support teams with this transition has been established here: [Transitioning to the Family Presence Policy Suite | Alberta Health Services](#).

## **Q: Will this policy suite apply to all AHS sites?**

Yes. This policy suite applies to all AHS sites and has been implemented in Continuing Care since July 31, 2021. Implementing the policy suite for acute care, ambulatory, community, emergency, and urgent care environments is part of the next phase of pandemic recovery at AHS.

## **Q: What changes will this mean for sites and service areas?**

Sites will no longer have blanket restrictions on the number of DFSPs and visitors per patient, or restricted visitor access. However, an implementation approach must be determined by site leadership in collaboration with service areas as each has its own unique needs.

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### Q: Is physical distancing still required?

There are no set limits to the numbers of DFSPs or visitors BUT physical distancing remains required for those not from the same household. Pragmatically that means that there may be space constraints that will limit how many people can be in the space at the same time. This is not a restriction but will require teams to have a system of managing the flow of DFSP presence and visitor access.

### Q: How do we determine how many DFSPs/visitors can access our service area?

The ECC Family Presence and Visitation Taskforce recommend the following requirements, considerations and guidance be used when making this decision:

- **When possible, accommodate open family presence. This means:**
  - No limits on the number of DFSPs or visitors per patient/resident.
  - No limit on the number of DFSPs or visitors present at a time indoors or outdoors as long as they are able to be accommodated safely with physical distancing.
  - Large groups are asked to schedule their visit with the care team.
- **Should your service area decide limits are needed, aim for the most access possible:**
  - Any access limits that are more than what is outlined in the [COVID-19 Designated Support and Visitor Access Guidance](#) must be made following the Policy and the Procedure.
  - Implement the least restrictive limits necessary to mitigate identified risks.
  - Bedside access for end-of-life, or potential loss of life circumstances, should not have limits placed on the number of DFSPs or visitors permitted. Efforts should be made to accommodate as many people to be present as space/layout allows.
  - Support alternate DFSPs when needed.
  - Limits need to be reviewed every 14 days.

### Q: What do we do if DFSPs and visitors want to come in simultaneously?

When determining a patient's DFSPs, anticipate who will be coming to site. Encourage patients to limit the number of DFSPs they designate, especially if the patient's stay is likely to be less than seven days (unless multiple DFSPs need to be involved to support the patient).

If the patient's stay is likely to be longer than several days:

- Accommodate the family's support for the patient and recommend the best times for them to come in.

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- Request large families schedule their time with the patient before arrival.
- Determine any limits your area might have for the number of DFSPs that can be at the bedside if physical distancing is needed.
- Consider asking the patient or DFSPs to set up a schedule to ensure the patient can have the support needed in the space available.

In settings where space is limited such as **ambulatory clinics, community health clinics, emergency care and urgent care centres** it is recommended one (1) DFSP per patient being accommodated. If space is limited in a waiting room, DFSPs can be accommodated once a patient is admitted to a treatment area. However, when possible, all attempts should be made to keep patients and their DFSP together. Seniors, minors, patients with mobility and/or cognitive challenges, and AMH patients should be given priority to have their DFSP remain with them in-person in the waiting room. Two DFSPs can be accommodated in these settings when involving minors, dependent adults or when pre-arranged with the clinic area. Examples of when two DFSPs are ideal include:

- Pediatric ambulatory appointments;
- Need for DFSPs to assist the patient with patient care;
- End-of-Life care or Goals of Care Designation (GCD) discussions;
- Significant diagnosis/change in medical status leading to poor prognosis;
- Behaviour challenges requiring two caregivers;
- Medical or equipment needs requiring two caregivers;
- Involvement of Social Services; and/or
- When requested by the care team.

Note – infants 6 months or less are to be counted as one individual with their parent/guardian.

### **Q: Can children visit the patient in person if they are not able to mask?**

Our current masking directive indicates that everyone age three (3) and older should be wearing a mask. For those children unable to mask or maintain the appropriate mask continuously, conversations should happen between the care team, the patient, the adult supervising the child and the child. This discussion should address the risks of an in-person visit to both the patient and the child (along with any alternative measures available to create the safety conditions required).

If mitigation alternatives cannot meet the required safety conditions after discussion with the unit's management team, visitation may be restricted.

### **Q: What about circumstances where an unmasked child is to visit a patient who is on enhanced precautions (such as respiratory isolation)?**

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The care team should do what they can to facilitate safe visitation while clearly communicating the risks and safety measures to all involved.

If a limit must be introduced, use the MANAGING LIMITS TO DESIGNATED FAMILY / SUPPORT PERSON AND VISITOR ACCESS procedure and choose the least restrictive measure to mitigate the risk (for example, permitting in-person access only for those who are able to meet PPE requirements). For designated family/supports and visitors who are not able to meet the requirements, an alternative way to connect, such as virtual visitation, should be facilitated by AHS.

### Q: Will screening remain in place?

Sites with entry screening will continue to communicate masking, hand hygiene and physical distancing requirements.

Those coming to site are encouraged to self-screen using the [Provincial DFSP and Visitor Screening Questionnaire for all AHS Sites](#) before they arrive.

### Q: Will the policy suite be able to inform family presence during different phases of the COVID-19 pandemic?

The Policy and the Limits Procedure were both refreshed in 2021 to include direction that helped us navigate Family Presence in the context of a pandemic. This direction included:

- An escalation procedure for setting limits in service areas site-wide or zone-wide access limits when appropriate (for example, outbreaks, infectious disease, public health emergencies or other safety concerns);
- Clear differentiation between Designated Family/Support Person (DFSP) and visitors in order to identify and prioritize presence for those involved in patient care, support and decision-making when access is limited; and
- Provisions to accommodate any infection prevention and/or safety precautions set forward by the organization for DFSPs and visitors (for example, continuous masking, hand hygiene and screening etc.).

### Q. Why do we still need to identify DFSPs?

DFSPs have a unique role as partners in the care team. They are involved in patient care, planning and decisions to the extent that the patient desires. DFSPs differ significantly from visitors whose role is temporary and primarily social.

### Q: With restrictions rescinded, what do we do if there is an outbreak?

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The [Procedure](#) outlines a step-by-step process for implementing access limits for DFSPs and visitors during an outbreak. It is important to note that even in the context of an outbreak, maintaining access for DFSPs (with precautions in place) is necessary as care for patients is safer and of better quality when DFSPs are present and involved. Service areas should consult with IPC to determine how to support family presence as safely as possible in the event of an outbreak.

### **Q: What happens if COVID-19 case counts rise and the situation with COVID worsens?**

The policy suite is meant to align with public health, organizational access directives and requirements. Should the situation with COVID-19 escalate, the organization may choose to provide direction through the Policy and Procedure or enact a temporary directive superseding the policy suite (similar to what has been in place throughout 2020 to 2022). Any changes will depend on what the situation requires and we appreciate your patience.

### **Q: How do we communicate our access requirements and precautions with the public?**

The main [Family Presence and Visitation webpage](#) will continue to outline all requirements necessary for DFSPs and visitors to enter AHS sites. The updated access requirements (which reflect the removal of COVID-19 restrictions) will be posted following implementation.

DFSPs and visitors of patients will also be advised to contact the service area for specific access requirements and any limits currently in place.