

Guidance for Designated Family/Supports during Outbreak and Enhanced Community Transmission

Scope

This guidance is applicable to outbreak sites and communities where transmission is high, as evidenced by an [Alberta Health designation of watch or enhanced status](#).

Under direction of the ZEOC, the site will determine when restrictions shall be enacted and lifted.

Restrictions would be enacted for 14 days and then be reviewed and reassessed to balance access and COVID-19 risk of spread.

These restrictions, recognized as being very difficult for patients, families, loved ones, staff and physicians, are temporary measures to help reduce exposure and spread of COVID-19 during the current outbreak situation. Staff will support and facilitate other methods of connection such as regularly scheduled phone calls or virtual/video visits.

Inpatient

Examples where one (1) designated family 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;
- Extended Length of Stay (LOS) greater than 30 days;
- 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.

Maternity and Postpartum

One (1) designated family/ support person is permitted. The presence of a doula or a surrogate in addition to the designated family/ support person will be allowed when this is part of a birth plan and the facility has the ability to support this safely. For more information, see: [Essential Support Person COVID-19 Exemption](#).

Emergency Department

Where possible one (1) accompanying designated family/ support 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. For more information, see: [Essential Support Person Pediatrics Exemption](#).

Ambulatory (Outpatient)

Patients may have one (1) designated family/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 family/support persons to be present with patients.
- When possible, staff will communicate any access restrictions for designated/family 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 family/support person 18 years of age or older. However, on a case-by-case basis, exceptions for having two (2) designated family/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 family/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 family/support persons to be present with patients.

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- When possible, staff will communicate any access restrictions for designated/family support persons in advance of the appointment and support alternate communication such as phone or virtual/video calls.
- Please be aware that there are federal and provincial [compassionate exemptions from quarantine](#) for end-of-life and critical illness.

End-Of-Life Visitation Guidelines

Considered to be at end-of-life during the last four to six weeks of life:

- One (1) designated family/support person with them as desired by the patient and/or alternate decision-maker. Their presence should be coordinated with the care team and reflect the needs of both the patient and their designated family/support person.
- If the room is large enough for physical distancing to be maintained, up to three (3) individuals may be with the patient at once. If all are from the same household, the limit is the number in the household and they are not required to distance from each other.
- The presence of visitors must be pre-arranged with the site/unit.
- There may be exceptions/situations where some requested end-of-life visits cannot be accommodated. Based on individual patient circumstances and/or operational considerations, sites may apply additional restrictions on a case-by-case basis that limits the length and frequency of in-person visits.
- Children under the age of 14 may visit if accompanied by an adult.
- Please be aware that there are federal and provincial [compassionate exemptions from quarantine](#) for end-of-life and critical illness.

Updates and revisions to this guidance document will be completed by the COVID-19 Family Presence & Visitation Taskforce on a regularly scheduled basis.