

COVID-19 Essential Visitor and Designated Family/Support Guidance

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To reduce the spread of COVID-19 and protect the health and safety of residents, patients, physicians, staff, and volunteers. Alberta Health Services (AHS) has taken steps to limit the number of individuals entering our facilities.

AHS recognizes that visitor and family presence is integral to patient safety, the healing process, the patient's medical and psychological well-being, comfort and quality of life. Limitations to visitor and family presence are continuously re-evaluated based on the risk of COVID-19 and in consideration of patients/residents, families and health care providers.

While this document aims to provide clarity for visitation and family/support during COVID-19, decisions related to application of this guidance in specific circumstances rest with the site/facility leadership.

1. Visitor Restrictions in Long Term Care and Designated Supportive Living

All licensed supportive living including designated supportive living and long term care sites have implemented visitor restrictions to protect the health and safety of residents and staff in these facilities. In accordance with the Chief Medical Officer of Health (CMOH) [Order 14-2020](#):

- Sites may allow **one Designated Essential Visitor**:
 - Where the resident's quality of life and/or care needs cannot be met without the assistance of the **Designated Essential Visitor**.
 - In end-of-life situations where there is a time-sensitive need to be with a loved one.
- A resident may have only **one Designated Essential Visitor** designated by the resident or guardian (or other alternate decision maker).
 - A resident may identify a temporary replacement Designated Essential Visitor for approval if the Designated Essential Visitor is unable to perform their role for a period of time (e.g. self-isolation, other caregiving duties, or otherwise unable). This intent is not for this designate to change regularly or multiple times but to enable a replacement, when required.
- The Designated Essential Visitor may be a family member, friend, religious and spiritual advisors or paid caregiver 18 years of age or older.
- Outdoor visits with the Designated Essential Visitor and one other person (maximum group of three, including the resident) may be arranged with the facility, subject to limitations based on the facility layout, resident and site circumstances, and requirements for physical distancing and other protective measures.
- In end-of-life situations:
 - The **Designated Essential Visitor** determines who among a dying resident's family/religious leader(s)/friends may also visit the resident.
 - Only one visitor at a time can visit a dying resident. A second visitor may be permitted if the room is large enough to accommodate social/physical distancing.
 - A visitor who is a child may be accompanied by the **Designated Essential Visitor** or the child's parent or guardian only in end of life situations.

- The site manager, in consultation with the resident's care team, determines if the resident's condition is considered end-of-life. See "[Visiting Patients at End of Life](#)" below for further guidance.

All visitors in long term care and designated supportive living facilities must:

- Pre-arrange visits and timing of the visits with the facility manager and care team.
- Be feeling well on the date/time of visit.
- Complete health screening prior to entering the facility, including a temperature check for fever over 38 degrees Celsius (where available) and a [questionnaire](#).
- Continuously wear a mask that covers the nose and mouth while inside the facility or while visiting outside the facility.
- Sign in and out of all visits.
- Be escorted by site staff to the resident's room and remain in the resident's room for the duration of the visit other than when assisting with required quality of life or care activities (e.g. meal time) or supporting an outdoor visit.
- Visitation with other residents is not permitted.
- Perform hand hygiene (hand washing and/or use of hand sanitizer) when entering and leaving the facility and when entering and leaving the resident's room.

2. Designated Family/Support in Acute Care and Ambulatory Care in Clinics

Individuals accompanying or supporting patients in acute care and ambulatory settings are now referred to as Designated Family/Support Persons and not visitors. Designated Family/Support Persons may be any person designated by the patient or patient guardian, and may include Disability Support Workers or other caregivers.

All Ambulatory Clinics (including Emergency Department/Urgent Care)

Patients may designate **one Family/Support Person** to accompany them while accessing ambulatory services in AHS facilities.

UPDATED: There may be circumstances where physical distancing with other patients within clinic areas will not allow for the Designated Family/Support Person to be present. In this case, staff will communicate this to the patient and their family/support person, and discuss options based on patient need.

All Inpatient Settings (Admission to Hospitals)

- Patients may designate **two Family/Support Persons** while admitted.
- If the room is large enough for physical distancing to be maintained, both Designated Family/Support Persons may be permitted at the same time. If not, they must attend one at a time.

- A patient may identify a temporary replacement Designated Family/Support Person if one of the originally designated family/supports is unable to perform their role for a period of time (e.g. self-isolation, other caregiving duties, or otherwise unable). This intent is not for this designate to change regularly or multiple times but to enable a replacement, when required. The Designated Family/Support Person's involvement in patient care will be collaboratively determined between the patient, the care team and the Designated Family/Support Person.
 - Examples of involvement in care can include, but are not limited to: assistance with feeding; mobility; personal care; emotional support; decision making; communication supports; consultations with health professionals; and moving belongings.
- If it is not possible for Designated Family/Support Persons to be physically present with a patient, AHS staff will provide support as needed for virtual connections through phone, video calls or chat apps. For more information on how to support patients and their families to be in contact virtually refer to: [Using Technology to Stay Connected with your Loved Ones](#).

Screening and Orientation

Facilities will have a screener greet each Designated Family/Support Person to conduct the health screening and verify if the person is authorized to enter the site. Each site must identify a process to ensure this occurs.

AHS service areas will be responsible for providing an orientation to patients and their Designated Family/Support Persons including:

- Communicating the risks, requirements and responsibilities of being in the service area.
- Providing appropriate personal protective equipment (PPE) to Designated Family/Support Persons and instructions on how to use PPE, hand hygiene and other infection prevention and control precautions for the service area.

Except for the few exceptions listed under the headings below, individuals will NOT be allowed to enter any health care setting if they:

- Have symptoms consistent with COVID-19.
- Are on self-isolation for COVID-19 because they have tested positive, they are a close contact of a confirmed case, or they have returned from travel outside Canada within the previous 14 days.

UPDATED: Pediatrics/NICU

- **Two parents/guardians may be Designated Family/Support Persons.** Other children including siblings or family members under the age of 18 are not allowed to visit at any time.
- Parents/guardians under quarantine or isolation for COVID-19 may be permitted to visit. See [Acute Care Guidance for Parents/Guardians Accompanying Children](#) for more information.
- In consultation with the unit manager/charge nurse on a case-by-case basis for compassionate reasons, children may be permitted in addition to the two Designated Family/Support Persons for a planned scheduled visit.

Maternity/postpartum

- In consultation with the unit manager/charge nurse on a case-by-case basis, other support persons (e.g. surrogate parent or doula) may be permitted in addition to the two Designated Family/Support Persons.
- NEW:** Special consideration may be given to a symptom free Designated Family/Support Person who is under quarantine or isolation. See [Obstetrical Screening and Visitation Guidance](#) for more information.

Adults with Disabilities

- In consultation with the unit manager/charge nurse on a case-by-case basis, other support persons (e.g. Disability Support Worker) may be permitted in addition to the **two Designated Family/Support Persons**.
- A person quarantined or isolated because of COVID-19 who has an adult dependent requiring medical care may be permitted to accompany or visit the adult dependent, effective June 6, 2020. For further information see: [Memo: Clarification: Exemption – Quarantined and isolated persons who have adult dependents that require medical care](#).

All Designated Family/Support Persons and Visitors in Acute Care or Ambulatory Facilities Must:

- Be 14 years of age or older OR accompanied by an adult.
- Be feeling well on the date/time of entry into the facility.
- Complete a health screening prior to entering the facility, including a temperature check for fever over 38 degrees Celsius (where available), and a [questionnaire](#).
- Wear Designated Family/Support Person identification.
- Continuously wear a mask that covers the nose and mouth while inside the facility.
- Remain in the patient's room as much as possible and minimize movement throughout the facility.
- Perform hand hygiene (hand washing and/or use of hand sanitizer) when entering and leaving the facility and when entering and leaving the patient's room.
- Not bring animals to the visit except service dogs.

3. Supporting Patients at End-of-Life

While it is difficult to be precise around when an individual is at end-of-life, this generally refers to the last two weeks of life, with consideration given to stage of illness, projection regarding timing of death, and trajectory of expected decline. An exception for visitation is made for patients at end-of-life as follows:

- The decision as to when an individual is reaching the end of their life needs to be supported by someone at a level removed from the direct care team (e.g. Site Command Post, site manager) but informed by the care team and the circumstances for any individual.

- All persons considered to be at the end-of-life can have a Designated Family/Support Person with them as much as required. Their presence should be coordinated with the care team and reflect the needs of both the patient and their Designated Family/Support Person.
- Children under age 14 may visit if accompanied by an adult.
- If the room is large enough for social/physical distancing to be maintained, up to two individuals may be permitted. The length of time spent on the visit needs to reflect what both the patient and the visitor need from the visit, as well as the ability of the dying patient to tolerate the visit.
- There may be exceptions/situations where some requested end-of-life visits cannot be accommodated. Based on individual patient/resident circumstances and/or operational considerations, sites may apply additional restrictions on a case-by-case basis that limit the length and frequency of in-person visits.

Recognizing the importance of connection with loved ones for the emotional well-being of patients and families in end-of-life situations, wherever possible, units/sites should encourage and facilitate alternative means to connect with loved ones such as virtual visits.

4. Indigenous Considerations

- AHS acknowledges the significance and importance of traditional Indigenous practices and protocols. In support of Indigenous patients, families and communities:
 - AHS will facilitate and provide care and support for Indigenous peoples who have chosen an end-of-life pathway that includes remaining in or returning to their home community. AHS recognizes that this is an integral part of the plan for some Indigenous peoples for their final journey to the Spirit World.
 - AHS recognizes the significance and importance of Elders, Elders Helpers and Traditional Knowledge Keepers. These individuals are welcome to visit at end-of-life provided they meet the criteria set out in this guidance.

5. Designated Family/Support for Patients with Suspected or Confirmed COVID-19

When there is a critical need to be with a loved one with suspected or confirmed COVID-19, unit or site leadership should contact Infection Prevention and Control for further guidance

If patients or families have questions or concerns about this guidance, they should contact the patient's care team or [Patient Relations](#) at 1-855-550-2555.