

AHS COVID-19 PROVINCIAL GUIDANCE FOR DESIGNATED SUPPORT AND VISITOR ACCESS IN ACUTE, AMBULATORY AND EMERGENCY/URGENT CARE

Due to case rates of COVID-19, community transmission and emerging COVID-19 variants, Alberta Health Services (AHS) has made the difficult decision to limit access for designated support persons and visitors at our acute care, ambulatory care and urgent care/emergency sites. Patients and families are encouraged to maintain contact with each other virtually to reduce the risk of contracting and spreading the COVID-19 virus. However, if patients request that it is in their best interest to have in-person designated support while accessing healthcare services, then the following applies provided space permits:

- **Critical care, pediatrics and NICU** - up to two (2) designated support persons;
- **End-of-life** - one (1) designated support person at all times in addition to scheduled visitation by other family and visitors;
- **All other inpatient areas, including maternity** - one (1) designated support person; and
- **Ambulatory, emergency, and urgent care** - one (1) designated support person. Patients should maintain the same designated support person for any reoccurring ambulatory appointments.

NEW Due to the increase in COVID-19 Variants of Concern cases, a confirmed outbreak at a site may require additional access restrictions for designated support persons and visitors. Temporary restrictions may be necessary during initial contact tracing and follow-up investigation.

NEW Immunized individuals are still required to follow all public health measures, including physical distancing, masking, isolation, and quarantine requirements, as well as complete COVID-19 screening before entering a site.

A designated support person:

- Is an individual identified by the patient as a needed support;
- Is someone the patient wants involved in their care and health matters;
- Is 14 years of age or older;
- Can be a family member, close friend, or an informal/hired caregiver;
- Should be included as much as the patient/alternate decision-maker requests for end-of-life care, critical care, life-threatening diagnosis disclosure or as requested by the care team;
- Cannot be on isolation or quarantine for suspected or confirmed COVID-19 unless meeting the criteria of an exemption (see below section Chief Medical Officer of Health Exemptions);
- Can support a patient with suspected/confirmed COVID-19 but must pre-book access with the service area and their visitation be approved by and under the direction of Infection Prevention & Control (IP&C); and
- A patient may identify a replacement designated support person if the original individual cannot perform their role due to quarantine, isolation, caregiver fatigue, etc.

A **visitor** is anyone not identified as a designated support person, and access is currently limited to:

- Individuals that have received government-approved compassionate exemptions;
- Spiritual/faith/religious leaders, elders, traditional knowledge keepers or legal supports requested by the patient/alternate decision-maker at the end of life; and
- Those with a scheduled visit to see a patient at the end-of-life.

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Responsibilities of designated support persons and visitors:

- Must complete COVID-19 screening before entering a site;
- Continuously mask at all times and wear the mask provided by the site;
- Must perform hand hygiene when entering/leaving the facility and the patient's room;
- Practice physically distancing from others;
- Must wear the provided [AHS Designated Family/Support or Visitor identification](#); and
- Remain in the patient's room and minimize movement throughout the facility.

Responsibilities of Clinical Program Areas:

- Have a process for screeners to verify designated support persons at site entry;
- Where feasible, sites are strongly encouraged to have a process welcoming and verifying designated support persons at facility entry for ambulatory patients;
- Provide [AHS Designated Support or Visitor identification](#);
- Provide Personal Protective Equipment (PPE) to designated support persons and visitors, as well as coaching on donning and doffing;
- Offer and facilitate [virtual options](#) for inpatients to connect with loved ones;
- Discuss with designated support persons when is the best time for them to be present on-site and with the patient (e.g., during rounds);
- Provide education on safety requirements while at the site;
- Provide designated support persons with the [Know Your Risk](#) and [Know Your Role](#) pamphlets;
- Maintain a list of designated support person names and phone numbers.

Supporting Patients at End-of-Life:

Patients are considered to be at end-of-life during the last four to six weeks of life.

- End-of-life is the only circumstance when both a designated support person and visitors are allowed site access;
- All persons considered to be end-of-life can have one (1) designated support person who can be present as much as the patient requests;
- Additional visitors need to pre-book seeing the patient with the site/unit;
- Community-based religious/faith leaders, elders, elders' helpers and traditional knowledge keepers can pre-book visitation with a patient;
- Scheduled time between visitors to avoid queueing;
- Visitors should leave the site as soon as their visit is complete;
- The maximum number of designated support persons and visitors with the patient at one time is three (3), space permitting;
- Physical distancing is required unless designated support persons and visitors are from the same household;
- Children under the age of 14 may visit if accompanied by an adult; and
- There are [federal and provincial compassionate exemptions](#) from quarantine for end-of-life and critical illness.

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Considerations, Variation and Chief Medical Officer of Health Exemptions:

- Pediatric Ambulatory: On a case-by-case basis, exceptions for having two (2) designated support persons may be considered by the clinic (in consultation with site leadership). Examples could be but are not limited to:
 - End-of-life or goals of care discussions;
 - Significant diagnosis/change in medical status leading to poor prognosis and patient implications;
 - Behavioral challenges requiring two (2) caregivers;
 - Medical or equipment needs requiring two (2) caregivers; or
 - Involvement of Children's Services.
- Pediatric Inpatient: On a case-by-case basis, and in consultation by the service area with site leadership:
 - An additional support person (e.g., disability support worker) may be permitted in addition to the two (2) designated support persons;
 - **NEW – EFFECTIVE APRIL 8** - Sibling visitation can be considered for long-stay pediatric patients with approval from site leadership and in consultation with IP&C. An adult must accompany children under the age of 14; and
 - Parents/guardians under quarantine/isolation for COVID-19 may be present with their child as outlined in the CMOH Exemption for Quarantined and Isolated Persons who have Minor Children requiring Medical Care.
- Dependent Adults: Dependent adults can have one (1) designated support person. A person quarantined or isolated because of COVID-19 who has an adult-dependent may be eligible to accompany or visit the adult-dependent patient requiring medical care.
- Maternity: An additional designated support person may be considered by unit leadership or designate to meet the needs of some birthing circumstances (e.g., for infants born via surrogate and situations involving adoptive parents and guardians). In these cases, the infant may have a designated support person after birth.
- Maternity CMOH Exemption: A designated support person under quarantine/isolation may access the following CMOH Exemption: Designated family & support person for obstetrical patients.
- Patient Passes: Currently, off-site patient passes for visitation are not encouraged unless essential to the patient's care plan.
- **UPDATED** - Indigenous Wellness: AHS acknowledges the significance and importance of traditional Indigenous practices and protocols and promotes the involvement of AHS cultural helpers, traditional wellness counsellors, Indigenous Health and Hospital Liaisons or designated Community Health representatives where possible and per this guidance.
- **UPDATED** - Outdoor Visitation: Outdoor visitation is not encouraged at this time and will remain under review.

This guidance will be adapted as the circumstances of COVID-19 change, and it allows for professional judgement to be used based on site-specific considerations when necessary. Patients or family questions/concerns should be directed to the patient's care team or Patient Relations at 1-855-550-2555.