OBJECTIVES

- To ensure safe in-person designated support person and visitor access practices at AHS Acute Care, Ambulatory Care, and Emergency sites (‘AHS sites’) during the COVID-19 pandemic.

- To outline the expectations for designated support person and visitor access at AHS sites articulated in the COVID-19 Provincial Guidance for Designated Support and Visitor Access in Acute, Ambulatory and Emergency/Urgent Care (the ‘Guidance’).

- To outline the process for restricting designated support person and visitor access beyond the Guidance when necessary at AHS sites.

PRINCIPLES

AHS recognizes that designated support person and visitor access for patients is an essential component to providing safe quality patient care.

AHS is committed to patient and family centred care, in accordance with Patient First, and supports safe access to patients by their designated support persons and visitors while minimizing the risk and spread of COVID-19.

Implementing site access restrictions for designated support persons and visitors shall not exceed the expectations outlined in the Guidance without following the appropriate escalation processes outlined in this Directive. When additional site access measures are necessary, the least restrictive site access measures needed to alleviate safety concerns shall be implemented.
In case of conflict between this Directive and the *Visitation With a Family Presence Focus* Policy, this Directive shall prevail.

**APPLICABILITY**

Compliance with this document is required by all Alberta Health Services employees, members of the medical and midwifery staffs, students, volunteers, and other persons acting on behalf of Alberta Health Services (including contracted service providers as necessary).

**ELEMENTS**

1. **Provincial COVID-19 Designated Support and Visitation Guidance Document**
   1.1 It is the responsibility of each AHS site to ensure their designated support access and visitation practices align with the requirements put forward in the *Guidance*. The *Guidance* is subject to change based on organizational response to COVID-19.

   1.2 AHS sites shall apply the access and visitation practices outlined in the *Guidance* unless additional access restrictions are required in accordance with this Directive (see Section 4).

   1.3 The *Guidance* sets out the expectations for designated support and visitor access including:
      a) direction and definitions on the differences between a designated support person and a visitor;
      b) Federal or Alberta access exemption requirements;
      c) screening requirements for designated support persons and visitors;
      d) information on the number of in-person designated support persons permitted per patient in each service area of the AHS site;
      e) access to AHS sites by faith leaders, elders, and legal representatives; and
      f) requirements for all sites regarding ongoing in-person access for designated support persons and visitors during the six (6) weeks prior to a patient’s end-of-life.

   1.4 The *Guidance* shall be maintained and updated by the COVID-19 Family Presence and Visitation Task Force.


   2.1 *AHS site leadership* is responsible for implementation of this Directive and the most current version of the *Guidance* at their site. While AHS site leadership may
delegate functions for implementation of the Guidance, AHS site leadership maintains overall accountability and responsibility for ensuring the Guidance expectations are met.

2.2 Consistent with the Guidance, in developing a safe site access process for designated support persons and visitors, AHS site leadership shall give consideration to:

a) the importance of accommodating access to a minimum of one (1) in-person designated support person identified by the patient;

b) processes to help support a patient to identify or update (if necessary) their designated support person(s), including processes to ensure that screeners have accurate and up-to-date information on patient’s designated support person(s) prior to entry to the facility, whenever practical;

c) determining how to provide support when designated support person and visitor access must always be accommodated (e.g., at end-of-life);

d) supporting cultural, spiritual, and religious practices to the point of undue hardship;

e) determining how to manage designated support person and visitor access when the presence of the designated support person or visitor is essential given the patient’s circumstances;

f) determining how to manage and communicate to staff, patients, designated support persons, and visitors when additional AHS site access restrictions will be required as per Section 4 below (e.g., during a service area outbreak);

g) AHS site characteristics or AHS site infrastructure considerations that may impact or limit access for designated support persons and visitors in accordance with the direction provided in the Guidance;

(i) Note: if AHS site characteristics or AHS site infrastructure require limiting access for designated support persons and visitors beyond the limits and processes outlined in the Guidance, the process outlined in Section 4 below applies; however, the requirement for re-assessment outlined in Section 4.2 may be waived if there is anticipated to be no changes in circumstances;

h) the availability of technology to support virtual visitation, when needed; and

i) communicating practices for alerting patients about designated support and visitor access requirements and restrictions prior to coming to the facility, when possible.
3. Designated Support Persons and Visitors Exhibiting COVID-19 Core Symptoms, who are a Confirmed Case of COVID-19, or a Close Contact

3.1 This Section applies to access to an AHS site when a designated support person or visitor exhibits COVID-19 core symptoms, is a confirmed case of COVID-19, or has been a close contact of a COVID-19 case.

3.2 AHS sites are responsible for implementing the requirements set out in this Section, and any AHS-identified exemptions outlined in the Guidance.

3.3 A designated support person or visitor who is exhibiting COVID-19 core symptoms or has a confirmed case of COVID-19 must not access an AHS site (except for the purposes of receiving health services) for a minimum period of ten days from the first day on which the designated support person or visitor exhibits COVID-19 core symptoms, or until the designated support person or visitor’s COVID-19 core symptoms improve and they are fever-free for 24 hours (without the use of fever-reducing medications), whichever period is longer.

   a) An asymptomatic designated support person or visitor who is a confirmed case of COVID-19 must not access an AHS site (except for the purposes of receiving health services) for a period of ten days from when they take a Health Canada approved test which confirms the designated support person or visitor is positive for COVID-19.

   b) Despite Section 3.3, if an asymptomatic designated support person or visitor who is a confirmed case of COVID-19 develops COVID-19 core symptoms during the period of access restrictions, that designated support person or visitor must not access an AHS site (except for the purposes of receiving health services) for ten days from the first day that the designated support person or visitor exhibits COVID-19 core symptoms, or until the designated support person or visitor’s COVID-19 core symptoms improve and they are fever-free for 24 hours (without the use of fever-reducing medications), whichever period is longer.

   c) Despite Section 3.3, a symptomatic designated support person or visitor who is not a close contact may access an AHS site if a Health Canada approved test confirms the designated support person or visitor is negative for COVID-19 and the COVID-19 core symptoms resolve.

      i) If the designated support person or visitor was a close contact and tested negative for COVID-19, any access restrictions set out in Section 3.4 of this Directive would continue to apply.

3.4 A designated support person or visitor who is known to be a close contact must not access an AHS site for a minimum of 14 days (except for the purposes of receiving health services) beginning on the day on which the designated support person or visitor was last exposed to the confirmed case of COVID-19. The following exceptions apply:
a) A fully immunized designated support person or visitor who is a close contact may access an AHS site as long as they are asymptomatic.

b) An asymptomatic partially immunized designated support person or visitor who is a close contact must not access an AHS site (except for the purposes of receiving health services) for ten (10) days beginning on the day on which the designated support person or visitor was last exposed to the confirmed case of COVID-19.

c) Regardless of immunization status, a designated support person or visitor who is a confirmed case of COVID-19, recovers from COVID-19 and, subsequently, within 90 days of the date on which they took the Health Canada approved test confirming the recovered designated support person or visitor was a confirmed case of COVID-19, again becomes a close contact, the recovered designated support person or visitor may access an AHS site if:

(i) the designated support person or visitor completed isolation as required under a CMOH Order or under Section 3.3 of this Directive;

(ii) their COVID-19 core symptoms have resolved; and

(iii) they have not re-developed COVID-19 core symptoms as a result of again becoming a close contact.

3.5 A designated support person or visitor who develops COVID-19 core symptoms at any time must comply with the requirements of Section 3.3 above.

4. Restrictions in Excess of the Guidance

4.1 If AHS site leadership determines AHS site access restrictions beyond those identified in the Guidance are needed to manage an identified risk:

a) AHS site leadership shall determine the level of AHS site access restrictions required, in consultation with the service area(s) it will affect;

(i) the COVID-19 Safe Site Access Assessment for Designated/Family Support Persons and Visitor Access may be used whenever there is a significant change in circumstance leading to an increased risk of COVID-19 to determine what, if any, AHS site access restrictions are needed and what mitigation actions are required to help support safe in-person access for designated support persons and visitors;

b) the proposed AHS site access restrictions beyond those identified in the Guidance shall be developed by AHS site leadership and shall:
(i) uphold designated support person and visitor access as outlined in the Guidance for end-of-life (a patient who is within the last six [6] weeks of life), Critical Care, Pediatrics, NICU, and Maternity;

(ii) uphold designated support person and visitor access as outlined in Public Health Orders and Exemptions;

(iii) be the least restrictive means (as reasonable and practical in the circumstances) to mitigate the identified risk;

(iv) be based on epidemiological evidence;

(v) address considerations for outpatient services;

(vi) facilitate alternatives to in-person support and visitation (e.g., virtual visitation); and

(vii) ensure that in-person visitors (excluding visitors providing a service for patients and those coming at end-of-life) are first restricted prior to restrictions for designated support persons;

c) the proposed AHS site access restrictions beyond those identified in the Guidance shall be provided in writing from AHS site leadership to the Zone Emergency Operations Centre (ZEOC) outlining the rationale for the restrictions, what alternatives were explored, and justification for why lesser restrictions will not adequately mitigate the identified risk(s). Additionally, the:

(i) AHS site access restrictions beyond those identified in the Guidance may be temporarily enacted by AHS site leadership for up to four (4) days until the ZEOC can assess the proposed restrictions;

(ii) AHS site access restrictions beyond those identified in the Guidance shall be reviewed by a Medical Officer of Health (MOH) either prior to, or during the ZEOC assessment;

(iii) ZEOC may approve or not approve the application of AHS site access restrictions beyond those identified in the Guidance. The ZEOC may approve the AHS site access restrictions beyond those identified in the Guidance for a single AHS site, multiple AHS sites in the Zone, or for the entire Zone; and

(iv) ZEOC shall report all approvals of AHS site access restrictions beyond those identified in the Guidance to the Emergency Coordination Centre (ECC), as soon as practical, but no later than three (3) days, through regular reporting processes.
4.2 AHS site access restrictions beyond those identified in the Guidance shall be re-assessed by AHS site leadership at least every 14 days and/or when, in their view, circumstances have changed suggesting that the restrictions are no longer required, whichever is sooner.

4.3 Any AHS site access restrictions beyond those identified in the Guidance shall be communicated in a timely manner to patients, designated support persons, visitors, staff, and physicians. Site access restrictions should be communicated publicly so that patients and their designated support persons and visitors are aware of the access restrictions before their arrival to the AHS site. AHS site leadership, in consultation with the Communications Department, shall communicate site access restrictions by:

a) posting a notice on the AHS public website’s Family Support & Visitation of Patients & Residents page detailing the site access restrictions; and

b) using any other forms of communication recommended by AHS Communications.

5. Disputes

5.1 If a patient, designated support person, or visitor disputes access requirements (for example, continuous masking) and/or restrictions, or any other designated support access and visitation decision at the AHS site, the AHS site manager, or designate, shall make reasonable attempts to discuss with the patient or support person in a timely manner to reach a mutually agreeable resolution and resolve the conflict.

a) If the site manager, or designate, is unable to resolve the dispute brought forward by the patient, designated support person, or visitor, the next level of AHS leadership shall be notified. This notification may include both operations and/or physician leadership.

b) If the dispute cannot reach resolution at the AHS site level, the complainant shall be offered the option of contacting Patient Relations and opening a formal concern through the Patient Concerns Resolution Process, and/or the Visitor Management Appeals Process.

DEFINITIONS

AHS site leadership means the operations and/or medical lead accountable for an AHS site.

Asymptomatic means a person who is not exhibiting COVID-19 core symptoms.

Close contact means a designated support person or visitor who:

a) provided direct care for the case (including healthcare workers, family members or other caregivers), or who had other similar close physical contact (e.g. intimate partner, hug,
kiss, handshake) without consistent and appropriate use of personal protective equipment:

b) lived with or otherwise had close prolonged contact which may be cumulative, i.e. multiple interactions for a total of 15 minutes or more over a 24-hour period and within two metres with a case without consistent and appropriate use of personal protective equipment and the case is not completely isolating away from others in the home; or

c) had direct contact with infectious bodily fluids of a case (e.g. shared cigarettes, glasses/bottles, eating utensils) or was coughed or sneezed on while not wearing recommended personal protective equipment.

Confirmed case of COVID-19 means a person who has taken a Health Canada- approved test or PRC test which confirms that the person is infected by COVID-19.

COVID-19 core symptoms means the following symptoms of COVID-19 that are not related to a pre-existing illness or health condition:

   a) cough;
   b) fever;
   c) sore throat;
   d) shortness of breath;
   e) runny nose; or
   f) loss of taste or smell.

Designated support person means the individual(s) identified by the patient that they want involved in their health planning and decisions. They can be a relative, legal guardian, close friend, and/or informal caregiver (see the Guidance for details regarding this role).

Family means one or more individuals identified by the patient as an important support, and who the patient wishes to be included in any encounters with the health care system, including but not limited to, family members, legal guardians, friends, and informal caregivers.

Fully immunized means a designated support person or visitor:

   a) who has received two doses of vaccine in a two dose COVID-19 vaccine series or one dose in a one dose COVID-19 vaccine series; and
   b) for whom fourteen days have elapsed since the date on which the person received the second dose of the COVID-19 vaccine of a two dose series or one dose of the COVID-19 vaccine in a one dose vaccine series.

Health Canada approved test means a Health Canada-approved and/or laboratory based test administered by accredited diagnostic laboratories that a person takes to determine whether they are a confirmed case of COVID-19.

Partially immunized means a designated support person or visitor:

   a) who has received one dose of a two dose COVID-19 vaccine series; and
b) for whom fourteen days have elapsed from the day on which the person received the first dose of the COVID-19 vaccine.

**Patient** means all persons, inclusive of residents and clients, who receive or have requested health care or services from Alberta Health Services and its health care providers. Patient also means, where applicable:

a) a co-decision-maker with the person; or

b) an alternate decision-maker on behalf of the person.

**Patient and family centred care** means care provided working in partnership with patients and families by encouraging active participation of patients and families in all aspects of care, as integral members of the patient’s care and support team, and as partners in planning and improving facilities and services. Patient and family centred care applies to patients of all ages and to all areas of health care.

**Visitor** means individuals who are not designated support persons and whose time spent with a patient which is typically social in nature and not essential to care planning and/or decision making (see the Guidance for details regarding this role).

**REFERENCES**

- Alberta Health Services Governance Documents:
  - Patient Concerns Resolution Process Policy (#PRR-02)
  - Patient Concerns Resolution Process Procedure (#PRR-02-01)
  - Visitation with a Family Presence Focus Policy (#HCS-199)
  - Visitor Management Appeal Procedure (#HCS-199-01)

- Alberta Health Services Forms

- Alberta Health Services Resources:
  - COVID-19 Provincial Guidance for Designated Support and Visitor Access in Acute, Ambulatory and Emergency/Urgent Care
  - Patient Concerns & Feedback Webpage
  - Patient First Strategy
  - Records Retention Schedule

- Non-Alberta Health Services Documents:
  - Alberta Human Rights Act

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