

TITLE

DESIGNATED FAMILY / SUPPORT ACCESS AND VISITATION IN ACUTE CARE, AMBULATORY, AND EMERGENCY SITES

SCOPE

Provincial: Acute Care, Ambulatory, and Emergency

DOCUMENT

HCS-275

APPROVAL AUTHORITY

Emergency Coordination Centre

INITIAL EFFECTIVE DATE

October 21, 2020

SPONSOR

COVID-19 Family Presence and Visitation Task Force

REVISION EFFECTIVE DATE

Not applicable

PARENT DOCUMENT TITLE, TYPE, AND NUMBER

Not applicable

SCHEDULED REVIEW DATE

October 21, 2021

NOTE: The first appearance of terms in bold in the body of this document (except titles) are defined terms – please refer to the Definitions section.

If you have any questions or comments regarding the information in this document, please contact Policy Services at policy@ahs.ca. The Policy Services website is the official source of current approved policies, procedures, directives, standards, protocols, and guidelines.

OBJECTIVES

- To support and encourage safe **designated family/support person** access and visitation practices at AHS Acute Care, Ambulatory Care, and Emergency sites ('AHS sites') during the COVID-19 pandemic.
- To outline requirements for implementation of the [COVID-19 Designated Family/Support and Visitation Guidance](#) (the 'Guidance'), the [COVID-19 Safe Site Access Assessment for Designated/Family Support Persons and Visitor Access Form](#) (the 'Safe Site Access Assessment'), and a patient and family centred process for restricting access when necessary at AHS sites.

PRINCIPLES

AHS recognizes that designated family/support access and visitation for **patients** is an essential component to providing quality patient care.

AHS is committed to **patient and family centred care**, in accordance with the [Patient First Strategy](#), and supports safe access and visitation for patients by their family/support persons and/or **social visitors** while minimizing the risk and spread of COVID-19.

This Directive applies to AHS Acute Care sites (including Ambulatory Care and Emergency settings) and supports the principles of safe access. In case of conflict between this Directive and the [Visitation with a Family Presence Focus Policy](#), this Directive applies.

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 Family/Support and Visitation Guidance Document**
 - 1.1 This Directive requires familiarization with the provincial [COVID-19 Designated Family/Support and Visitation Guidance](#) (the 'Guidance'). It is the responsibility of each AHS site to ensure their designated family/support access and visitation practices align with the requirements put forward in the [Guidance](#).
 - 1.2 The [Guidance](#) is subject to change based on organizational response to COVID-19. AHS site managers shall ensure that they periodically review the [Guidance](#) for revisions that may have occurred throughout the COVID-19 pandemic.
 - 1.3 AHS sites shall apply the [Guidance](#) to the furthest extent possible except when additional restrictions are applied in accordance with this Directive.
 - 1.4 The [Guidance](#) sets out:
 - a) direction and definitions on the differences between a designated family/support person and a social visitor;
 - b) considerations/requirements for designated family/support persons and for social visitors;
 - c) screening requirements for all designated family/support persons and social visitors;
 - d) information on the number of designated family/support persons permitted per patient in each service area of the AHS site;
 - e) additional considerations for designated family/support access to specific care units (e.g., maternity, pediatrics) or for patients with disabilities;
 - f) access to AHS sites by other identified individuals (e.g., faith leaders, legal representatives, community support services);
 - g) end-of-life access and visitation exceptions; and
 - h) areas where AHS site-level considerations and restrictions may be permitted, in accordance with this Directive.
 - 1.5 The [Guidance](#) outlines a number of areas where variation of access at the site-level may be appropriate.

1.6 The [Guidance](#) shall be maintained and updated by the COVID-19 Family Presence and Visitation Task Force.

2. Safe Site Access Process for Designated Family/Support Persons and Visitors During COVID-19

2.1 AHS site managers are responsible for implementation of designated family/support access and visitation practices at their site. The site manager may delegate functions for implementation, but maintains overall accountability and responsibility for designated family/support access and visitation at the AHS site.

2.2 In developing principle-based practices to safe site access for designated family/support persons and social visitors, consideration shall be given to:

- a) the importance of accommodating access to family/support persons, designated by the patient who are involved in the care of the patient;
- b) processes to help support a patient to identify or update (if necessary) their designated family/support person(s), including processes to ensure that screeners have accurate and up-to-date information on patient's designated family/support person(s);
- c) site characteristics that may impact access for designated family/support persons and visitors such as:
 - (i) site or unit configuration;
 - (ii) ability to screen (location and personnel);
 - (iii) availability of required personal protective equipment (PPE) appropriate to circumstances;
 - (iv) access and capacity for indoor and outdoor visitation areas for social visitors; and
 - (v) other considerations related to visitation (e.g., gifts, pets);
- d) the transportation (including out-of-town travel), wayfinding, and support needs of the patient;
- e) the availability of technology to support electronic visitation (e.g., iPads to support Zoom calls); and
- f) the potential need to restrict access for social visitors based on site circumstance and/or need to reduce the number of people at a site (see Section 4).

3. Safe Site Access Assessment

- 3.1 A [Safe Site Access Assessment](#) shall be completed and updated monthly and whenever there is a significant change in circumstance leading to an increased risk of COVID-19 to determine what, if any, site access restrictions are needed and what mitigation actions are required to help support safe designated family/support person and visitation practices.
- 3.2 All versions of the [Safe Site Access Assessment](#) shall be maintained by the AHS site's manager in accordance with the [Records Retention Schedule](#).
- 3.3 All [Safe Site Assessment](#) and mitigation plans, whether based on the monthly assessment or with a demonstrable increase in risk from COVID-19, should be developed in consultation with patients, families, and/or Patient and Family Advisors and take into account:
- a) the number of COVID-19 positive patients in the AHS site or unit;
 - b) whether or not there is an active outbreak of COVID-19 in the AHS site or unit;
 - c) the number of active COVID-19 cases in the geographic area serviced by the AHS site;
 - d) whether any gathering restrictions, public health orders, or other action has been imposed on the geographic area serviced by the AHS site (see the [COVID-19 Relaunch Status Map](#)); and
 - e) any site-specific risks which may impact access and visitation (e.g., availability of safe outdoor visitation spaces, size and layout of site, number of multi-patient rooms).

4. Site Access Restrictions

- 4.1 Should a [Safe Site Access Assessment](#) and consultations conclude that some site access restrictions are necessary, such restrictions shall:
- a) be reassessed at minimum every 28 days and/or rescinded when circumstances change suggesting that the restrictions are no longer required;
 - b) ensure continued in-person access for designated family/support persons (except where space considerations apply as per the [Guidance document](#));
 - c) be reasonable restrictions which may reasonably mitigate the identified risk;
 - d) be based on epidemiological evidence;

- e) address considerations for inpatient and ambulatory/outpatient services;
 - f) address visitors, legal representatives, faith leaders, and community support services; and
 - g) offer alternatives to in-person support and visitation (e.g., electronic visitation).
- 4.2 Should site-level restrictions beyond those identified in the [Guidance](#) be required to manage the identified risk, the AHS Site Command Post shall escalate the matter to the Zone Emergency Operations Centre (ZEOC), or to the Chief Zone Officer if no ZEOC is established, in consultation with the Zone Medical Officer of Health. The ZEOC, or the Chief Zone Officer if no ZEOC is established, may approve any access or visitation restriction necessary to mitigate the risk.
- 4.3 Any site access restrictions shall be communicated in a timely manner to patients, designated family/support persons, social visitors, staff, and physicians. Further, site access restrictions should be communicated publicly so that patients and their designated family/support and social visitors are aware of the access restrictions before their arrival to the AHS site. AHS site managers, 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 the Communications Department.

5. Disputes

- 5.1 If a patient, designated family/support person, or social visitor disputes access requirements (for example, continuous masking) and/or restrictions, or any other designated family/support access and visitation decision at the AHS site, the site manager or designate shall make reasonable attempts to discuss with the patient or family/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, family/support person, or social 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 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

Designated family/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 *Designated Family/Support Person and Visitation 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.

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.

Social Visitor means individuals who are not designated family/support persons and whose time spent with a patient is social in nature and not essential to care planning and/or decision making. (see the *Designated Family/Support Person and Visitation 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
 - [COVID-19 Safe Site Access Assessment for Designated/Family Support Persons and Visitor Access](#) (#21705)
- Alberta Health Services Resources:
 - [COVID-19 Designated Family/Support and Visitation Guidance](#)
 - [Patient Concerns & Feedback Webpage](#)
 - [Patient First Strategy](#)
 - [Records Retention Schedule](#)
- Non-Alberta Health Services Documents:
 - [Alberta Human Rights Act](#)

TITLE
**DESIGNATED FAMILY / SUPPORT ACCESS AND VISITATION IN ACUTE
CARE, AMBULATORY, AND EMERGENCY SITES**

EFFECTIVE DATE
October 21, 2020

DOCUMENT #
HCS-275

© 2020, Alberta Health Services, Policy Services



This work is licensed under a Creative Commons Attribution-Non-commercial-Share Alike 4.0 International license. The licence does not apply to AHS trademarks, logos or content for which Alberta Health Services is not the copyright owner. This material is intended for general information only and is provided on an "as is", "where is" basis. Although reasonable efforts were made to confirm the accuracy of the information, Alberta Health Services does not make any representation or warranty, express, implied or statutory, as to the accuracy, reliability, completeness, applicability or fitness for a particular purpose of such information. This material is not a substitute for the advice of a qualified health professional. Alberta Health Services expressly disclaims all liability for the use of these materials, and for any claims, actions, demands or suits arising from such use.