



TITLE

**MANAGING LIMITS TO DESIGNATED FAMILY / SUPPORT PERSON AND VISITOR ACCESS**

SCOPE

Provincial

DOCUMENT #

HCS-199-02

APPROVAL AUTHORITY

Executive Leadership Team

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SPONSOR

Vice President, Quality & Chief Medical Officer

REVISION EFFECTIVE DATE

Not Applicable

PARENT DOCUMENT TITLE, TYPE, AND NUMBER

Family Presence: Designated Family / Support Person and Visitor Access Policy (#HCS-199)

SCHEDULED REVIEW DATE

October 1, 2024

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**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.

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## OBJECTIVES

- To provide a consistent approach when managing the implementation of **limits to designated family / support persons or visitors**.

## 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. Setting Limits

- 1.1 Limits may be set according to:
  - a) Alberta Health Services' (AHS) identified circumstances;
  - b) **patient** preferences; and
  - c) a legal authority, legislation, government order, or court order.
- 1.2 AHS shall support patient preferences in regards to limits to designated family / support persons and visitors, wherever possible.

- 1.3 AHS shall align with any identified legal authority, legislation, government order, or court order in regards to limits to designated family / support persons and visitors.

## 2. AHS-identified Circumstances

- 2.1 AHS shall only implement limits to designated family / support persons or visitors as a last resort, and after following the processes laid out in this Procedure.
- a) When implementing limits to designated family / support persons or visitors, the least restrictive limit to mitigate the issue shall be implemented first, moving progressively through to more comprehensive limits only if required.
- b) Limits shall benefit the patient or protect the health and safety of any person.
- 2.2 AHS shall not implement limits based on the race, religious beliefs, colour, gender, gender identity, gender expression, physical disability, mental disability, age, ancestry, place of origin, marital status, source of income, family status, or sexual orientation of designated family / support persons or visitors.
- 2.3 AHS shall follow a transparent, consistent, and predictable process with implementing limits for designated family / support persons and visitors.
- 2.4 AHS-identified circumstances that may necessitate implementing limits include, but are not limited to, the following:
- a) when the conduct of the designated family / support person(s) or visitor(s) negatively impacts the health or safety of the patient;
- b) when the conduct of the designated family / support person(s) or visitor(s) negatively impacts the ability of **health care providers** to carry out their duties;
- c) the existence of reasonable grounds to believe it is necessary to immediately protect the well-being or safety of any person;
- (i) Refer to the AHS *Respectful Workplaces and the Prevention of Harassment and Violence* Policy Suite as well as Code White plans for the prevention of, and response to, harassment and violence.
- (ii) As per the AHS *Respectful Workplaces and the Prevention of Harassment and Violence: Type II (Patient-to-Worker)* Procedure, all incidents, including **near miss** events, shall be reported through MySafetyNet by the affected AHS workers or the Reporting & Learning System for Patient Safety (RLS) when patients are affected.

- d) the presence of a communicable disease;
  - (i) During a site-declared outbreak, limits specific to site access may be set to one (1) designated family / support person with the exception of end-of-life when visitors shall be accommodated.
  - (ii) During public health emergencies, limits specific to site access may be set by public health orders. Where possible, AHS shall continue to support access of at least one (1) designated family / support person with the exception of end-of-life when visitors shall be accommodated.
  - (iii) If it is not possible for the designated family / support person(s) to be physically present with a patient (e.g., geography), AHS staff shall provide options for partnering with the health care team and supporting the patient (e.g., virtual connections).
  - (iv) Designated family / support persons or visitors may not be permitted to enter if they do not meet access requirements, which may include screening criteria, **personal protective equipment (PPE)**, and **hand hygiene**.
  - (v) Designated family / support persons or visitors are not permitted to enter a site if they are under a public health isolation or quarantine order, unless meeting the criteria of an exemption.
- e) space constraints (e.g., over-capacity processes, building requirements).
  - (i) When considering limits specific to access due to space constraints, the health care team shall offer patients and their designated family / support person(s) and visitor(s) the most space the site has available at that time.

### 3. AHS-identified Circumstances: Implementing Limits

- 3.1 Contingent on the availability of staff and the immediacy of the situation, a decision to implement a limit specific to access to designated family / support persons or visitors shall be made by an **accountable leader** or, where appropriate, in collaboration with Protective Services or local law enforcement.
  - a) In accordance with Section 2.4 c) above, when it is determined that it is necessary to immediately protect the well-being or safety of any person, any health care provider may implement an immediate access limit as needed to mitigate a risk.
  - b) Upon implementing a limit specific to site access, the health care provider who implemented the limit shall notify an accountable leader as soon as possible. It is the responsibility of the accountable leader to provide further guidance and follow-up to:

- (i) the patient;
  - (ii) if applicable, the designated family / support person(s) verbally or in writing, as soon as possible;
  - (iii) if applicable, the visitor(s) verbally or in writing, as soon as possible;
  - (iv) the patient's health care team; and
  - (v) anyone else identified by the accountable leader.
- c) In the event a Notice to Vacate Premises order under the *Trespass to Premises Act* (Alberta) is required, Protective Services or other law enforcement shall serve the individual named in the notice and inform them of the conditions and duration of the notice and the necessary steps to appeal the notice. Protective Services shall also notify the individual of how to access the **Patient Relations Department** if the individual is not in agreement with the notice and associated conditions.
- 3.2 Any decision by AHS to implement a limit to designated family / support persons or visitors shall be communicated by the accountable leader to:
- a) the patient;
  - b) if applicable, the designated family / support person(s) verbally or in writing, as soon as possible;
  - c) if applicable, the visitor(s) verbally or in writing, as soon as possible;
  - d) the patient's health care team; and
  - e) anyone else identified by the accountable leader.
- 3.3 The accountable leader shall communicate to the patient the following information about any decision to implement a limit to designated family / support persons or visitors:
- a) what the limit is, the reason for the limit, and the duration of the limit;
  - b) alternate options to the limit, if applicable;
  - c) when the matter will be reviewed; and
  - d) how to request a modification or seek an appeal to the current limit.

**Note:** When communicating information about a decision to implement a limit, the accountable leader shall do so in accordance with the *Health Information Act* (Alberta), and AHS confidentiality, information, and privacy policies.

#### 4. Unit or Site-wide Limits Specific to Access

- 4.1 Unit or site-wide limits specific to access shall be made in collaboration with site leadership, key stakeholders (such as Infection Prevention and Control or Protective Services), and where appropriate, patient family advisors.
- 4.2 Limits specific to access shall be communicated publicly so that patients and their designated family / support person(s) and visitor(s) are aware of the limit specific to access before their arrival to the AHS site. AHS site leadership, in consultation with AHS Communications, shall communicate site limits specific to access by:
- a) posting a notice on the AHS *Family Support & Visitation of Patients & Residents* external webpage, detailing the site limits specific to access; and
  - b) using any other forms of communication recommended by AHS Communications.
- 4.3 AHS site leadership shall re-assess limits specific to access at least every 14 days or when, in their view, circumstances have changed suggesting that the limits are no longer required, whichever is sooner.
- 4.4 Site leadership shall communicate unit or site-wide limits specific to access up to AHS Zone leadership.
- 4.5 If it is not possible for the designated family / support person(s) to be physically present with a patient, AHS staff shall provide options for partnering with the health care team and supporting the patient (e.g., virtual connections).

#### 5. AHS-identified Circumstances: Addressing Concerns about Limits

- 5.1 A concern about limits may be brought forward by any person to the health care team. Individuals who raise concerns shall not be subject to any negative repercussions for doing so.
- 5.2 Whenever possible, concerns about limits shall be addressed as close as possible in both time and place when the concern arose. A solution to the concern shall be sought collaboratively between the patient, the individual who raised the concern, and the health care team.
- 5.3 If the health care team is unable to resolve the concern, the health care team shall notify the accountable leader.
- 5.4 If the accountable leader is unable to resolve the concern, the accountable leader shall notify the next level of AHS leadership. This notification may include both operations and Physician leadership.

- 5.5 For concerns that are not resolved by the health care team or accountable leader, the patient, their designated family / support person(s), and/or their visitor(s) may contact Patient Relations to report a concern or activate the AHS *Visitor Management Appeal Procedure*.
- 5.6 The patient, their designated family /support person(s), their visitor(s), or the health care team may request the use of the AHS *Visitor Management Appeal Procedure*. However, the patient must consent to proceed with the AHS *Visitor Management Appeal Procedure*.
- a) The Patient Concerns Consultant assigned to the file is responsible for obtaining consent from the patient to proceed with the AHS *Visitor Management Appeal Procedure*.

## 6. Documentation

- 6.1 Health care providers shall document all communication and steps taken to resolve any concerns pertaining to limits to designated family / support persons and/or visitors.

## DEFINITIONS

**Accountable leader** means the individual who has ultimate accountability to ensure consideration and completion of the listed steps in the management of the *Managing Limits to Designated Family / Support Person and Visitor Access Procedure*. Responsibility for some or all of the components of management may be delegated to the appropriate level responsible administrative leader, but accountability remains at the senior level.

**Designated family / support person(s)** means one or more individuals identified by the patient as an essential support, and who the patient wishes to be included in any encounters with the health care system, including, but not limited to, family, relatives, friends and informal or hired caregivers.

**Hand hygiene** means proper practices which remove micro-organisms with or without soil from the hands (refers to the application of alcohol-based hand rub or the use of plain/antimicrobial soap, and water hand washing).

**Health care provider** means any person who provides goods or services to a patient, inclusive of health care professionals, staff, students, volunteers and other persons acting on behalf of or in conjunction with Alberta Health Services.

**Limits** means restrictions to partnership, participation, information sharing and/or physical access to a patient, environment, or service.

**Near miss** means any undesired event that could have resulted in an injury, illness or loss, but no first aid or medical attention is required.

**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 Relations Department** means the department of Alberta Health Services, led by the Patient Concerns Officer and Executive Director, who facilitates the Patient Concerns Resolution Process as guided by the *Patient Concerns Resolution Process Regulation* (Alberta) and supports the patients and staff/management/medical staff involved in the process.

**Personal protective equipment (PPE)** means any specialized clothing or safety items worn by individuals prior to contact with potential or identified hazards, such as from a direct exposure to blood, tissue, and/or body fluids.

**Visitor** means an individual who spends time with the patient for a temporary period for the purposes of providing support to the patient, and is not an essential partner to care planning and/or decision-making.

## REFERENCES

- Alberta Health Services Governance Documents:
  - *Family Presence: Designated Family / Support Person and Visitor Access Policy* (#HCS-199)
  - *Patient Concerns Resolution Process Policy* (#PRR-02)
  - *Patient Concerns Resolution Process Procedure* (#PRR-02-01)
  - *Respectful Workplaces and the Prevention of Harassment and Violence Policy* (#1115)
  - *Respectful Workplaces and the Prevention of Harassment and Violence: Type 1 (External Party) Procedure* (#1115-01)
  - *Respectful Workplaces and the Prevention of Harassment and Violence: Type II (Patient-to-Worker) Procedure* (#1115-02)
  - *Respectful Workplaces and the Prevention of Harassment and Violence: Type III (Worker-to-Worker) Procedure* (#1115-03)
  - *Respectful Workplaces and the Prevention of Harassment and Violence: Type IV (Domestic/Personal Relationship) Procedure* (#1115-04)
  - *Visitor Management Appeal Procedure* (#HCS-199-01)
- Alberta Health Services Resources:
  - *Administrative Fairness: The Fine Art of Fairness*
  - *Family Support & Visitation of Patients & Residents* (AHS External Webpage)
  - *MySafetyNet*
- Non-Alberta Health Services Documents:
  - *Alberta Human Rights Act*
  - *Mental Health Act* (Alberta)
  - *Trespass to Premises Act* (Alberta)

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