

Guidelines for Support Person/Designated Visitors Acute Care, Long-Term Care Homes, Personal Care Homes, Community Care Homes, Assisted Living Facilities

1. Introduction

Temporary restrictions to visitation/attendance are in place at all provincially operated acute care facilities, health centres and long-term care homes; as well as privately operated long-term care homes, personal care homes, community care homes and assisted living facilities. The visiting guidelines had been very restrictive but are now being eased while there are no active COVID-19 cases in the province. A level of visiting restrictions will remain in place to reduce the risk of possible transmission of COVID-19 to patients, residents and staff of these facilities/homes, as we return to a new life with the possible reintroduction of COVID due to the lifting of many other public health restrictions within this province. The guidelines are continually reviewed, and are revised when deemed safe to do so by the provincial public health team.

We thank you for your cooperation in adhering to these guidelines and embracing the use of alternate communication methods such as virtual visits, phone calls and window visiting to maintain contact with your loved ones.

2. Overall Guidance for All Settings

2.1 General Visiting

General visiting to acute care, long-term care homes, personal care homes, community care homes, and assisted living facilities will remain suspended at Alert Level 2.

If any patient/resident is suspected to have COVID-19, personal protective equipment must be worn for the visit as per protocol. If a patient/resident is confirmed COVID-19 positive, visitation can occur in consultation with the care team.

2.2 Support Person/Designated Visitor

- In-patients in acute care and residents of long-term care, personal care homes, community care homes and assisted living facilities, may identify support person/designated visitor(s).
- A support person/designated visitor can be a loved one, friend, paid caregiver, or other person of the patient/resident's choosing.
- Patient/resident may wish to include individuals who may be coming from out of province when selecting their support person/designated visitor(s). Individuals identified from out of province would have to follow the applicable self-isolation requirements in place at the time of their entry.
- Once identified, the support person/designated visitor should remain constant for the duration of the visiting restrictions at health care/residential care homes.
- A pastoral support person is considered part of the care team and is in addition to the designated visitors.

2.3 Guidance for Support Person/Designated Visitor(s)

All support persons/designated visitor(s) will be provided a mask and are required to wear the mask for the duration of their visit.

- The support person/designated visitor(s) must consult with the clinical care team or staff of the facility/home to coordinate when the support person/designated visitor(s) will be in attendance with the patient/resident.
- The support person/designated visitor(s) may only visit once per day, as coordinated with the clinical care team of the patient/resident. When the individual leaves the facility/home that is considered the end of the visit for the day.
- The support person/designated visitor(s) are to be provided education on the following:
 - screening process upon entry into the facility/home;
 - signs and symptoms of COVID-19;
 - proper hand hygiene;
 - donning and doffing of appropriate personal protective equipment;
 - physical distancing (to the greatest extent possible); and,
 - limiting their social interactions outside the home (people in their bubble”) to minimize their personal risk and risk to the patient/resident.
- The support person/designated visitor(s) must not visit any other resident or staff and must go straight to the patient/resident room or visitation space.
- The support person/designated visitor(s) are permitted to bring food into the facility/home for themselves or the patient/resident.
- Individuals who are feeling unwell or sick are not permitted to visit.
- For all visiting, support persons/designated visitor(s) must be screened upon arrival/prior to the visit beginning.
- Support person/designated visitor must register upon presentation to the facility/home. The name of visitor, name of resident and date of the visit must be recorded and retained.
- Designated visitors are to be advised that if they show any signs or symptoms of COVID-19 to not come to the facility/home, advise the staff of the facility/home, and contact 811.
- Visitation may be suspended if visitors are not abiding by procedures.

3. ACUTE CARE

While no number of contacts is completely safe, evidence to date shows with six or less close contacts, the relative risk of wide transmission of the virus is low can be reduced with public health measures, and the capacity for case finding plus contact tracing and quarantine.

3.1 Obstetrics

- The patient can have one support person and one doula attend the delivery.
- The support person can continue to support the mother until discharge and they can stay for the duration of the patient’s stay or come and go daily as required.
- Additionally, four designated visitors are permitted after delivery to the time of discharge.

3.2 Pediatrics

- Children who are in-patients can have both parents visit at the same time and there are no restrictions on the number of visits per day.
- Additionally, four individuals can be identified as designated visitors and they must contact the hospital unit before visiting to confirm the visiting time and to ensure they are aware of the visiting requirements of the care facility.

3.3 In-Patient Acute Care (Except for End-of-Life)

- One support person/designated visitor can attend/visit with an in-patient as coordinated with the facility staff.
- The in-patient/resident may identify up to six designated visitors, which includes their support person.
- The support person/designated visitor(s) must contact the hospital unit before visiting to confirm the visiting time and to ensure they are aware of the visiting requirements of the care facility.
- Two designated visitors are permitted to visit one ICU/CCU patient at the same time.

3.4 Out-Patient Care

- A patient who has specific challenges resulting in compromised comprehension, decision making or mobility due to disability or onset of a medical condition will require a support person when attending out-patient/ambulatory clinics, or presenting at the emergency department. (All individuals presenting from the general public are considered patients, including individuals who are residents of long-term care homes, personal care homes, and community care homes.)
- An identified support person may also be present for patients:
 - who have a reasonable expectation of receiving information which may have significant implications for the future health of the patient; or,
 - who are having pre-natal ultrasounds completed.
- Attendance by a support person can begin upon presentation to the facility.

4. LONG-TERM CARE/PERSONAL CARE HOMES/COMMUNITY CARE HOMES/ASSISTED LIVING FACILITIES

4.1 General Information

- Each resident can identify a support person and up to five designated visitors, and these six individuals should remain constant for the duration of the visiting restrictions.
 - While no number of contacts is completely safe, evidence to date shows with six or less close contacts, the relative risk of wide transmission of the virus is low can be reduced with public health measures, and the capacity for case finding plus contact tracing and quarantine.
- A maximum of two people can visit per day, and two visitors can attend at the same time.
- Residents in need of assistance should be supported to attend a visit.
- Support person/designated visitor(s) must contact the home to coordinate the time of the visit and to ensure they are aware of all visiting requirements.
- For all visiting, support person/designated visitor(s) must be screened upon arrival/prior to the visit beginning.

- Support person/designated visitor must register upon presentation to the home. The name of visitor, name of resident and date of the visit must be recorded and retained.
- Designated visitors are to be advised that if they show any signs or symptoms of COVID-19 to not come to the home, advise the staff of the home, and contact 811.
- Visitation may be suspended if visitors are not abiding by procedures.

4.2 Types of Visiting

- Homes can choose from in-home, window or outdoor visiting, and identify a process amenable to the particular home and needs of residents and advise residents and support persons/designated visitors of visitation processes. This may include:
 - identifying the type of visitation available;
 - establishing visiting hours;
 - establishing length of visits;
 - establishing frequency of visits;
 - identifying suitable spaces; and,
 - providing education to designated visitors on procedures.

4.2.1 In-home Visiting

- Visitation by the support persons/designated visitors can occur in the resident's private room.
- Where a resident does not have a private room, a separate space is identified to support visitation. This can be a space on the unit. The space must be cleaned following the visit.
- Where a unit does not have a suitable space, the home shall identify an alternate space off the unit and support the resident to attend the visit.

4.1.2 Window Visiting

- A resident may receive more than one visitor at a time.
- A mechanism to aid in communication should be provided, for example a telephone.
- Windows can be opened but the visitor must maintain 2m (6ft) distance from the resident.
- If a resident is in a shared room, the other resident must not be in the room or must consent to the visit.
- Visitors should be advised not to knock on windows.

4.1.3 Outdoor Visiting

- A resident may receive more than one visitor at a time for outdoor visits and visitors are not limited to their support persons/designated visitors.
- Physical distancing must be maintained, and the visitor(s) must wear a mask.
- Homes should have designated visiting spaces, marked for ease of identifying 2m (6ft) distances. While no special equipment (e.g. plexiglass barriers) is required in the visiting area, homes are encouraged to have a sheltered area available for outdoor visiting.

5. END-OF-LIFE VISITING – All Care Facilities

5.1 Patients/Residents at End-of-Life

- The clinical care team will discuss visiting protocols with the support person/designated visitors, and advise the number of visitors permitted, as determined by the clinical status of the patient/resident.

- Consideration must be given to the prevalence of COVID-19 in the community, screening of visitors, and the ability to support multiple visitors when the patient/resident is not in a private room.
- A Pastoral support person is in addition to the designated visitors and considered part of the care team.

5.1.1 First stage of visiting

- Six designated visitors (one primary support person and five visitors). When a patient has children 18 years of age and under, children who wish to visit will be in addition to the six designated visitors.
- One visitor can be designated as the primary support person.
- The primary support person will not be limited to one daily visit.
- The six designated visitors can visit once each day.
- Two individuals can be present during a visit.
- Children of the patient/resident who are 18 and under are permitted to visit each day. They can visit with one of the designated visitors. The number of visitors for the patient/resident, may exceed two when children aged 18 and under are visiting.

5.1.2 Visiting as the patient/resident nears end-of-life

- All immediate family (parents, siblings, spouse and children) will be permitted to visit the patient/resident.
- Individuals will not be limited to one visit per day.
- Clinical care team will discuss the coordination of visitors with the primary support person or substitute decision maker and decide the number of visitors permitted in the patient/resident room at any given time.