

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. These visiting guidelines are restrictive, but they have been implemented to reduce the risk of possible transmission of COVID-19 to patients, residents and staff of these facilities/homes. The guidelines are continually reviewed, and will be 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 3.

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 there will be no visitors permitted.

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 a support person/designated visitor.
- A support person/designated visitor can be a loved one, friend, paid caregiver, or other person of the patient/resident's choosing.
- 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

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

- The support person/designated visitor must consult with the clinical care team or staff of the home to coordinate when the support person/designated visitor will be in attendance with the patient/resident.
- The support person/designated visitor may only visit once per day, as coordinated with the clinical care team of the patient/resident. When the individual leaves the facility that is considered the end of the visit for the day.
- The support person/designated visitor is 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 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 is 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.

3. ACUTE CARE

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. They can stay for the duration of the patient’s stay or come and go daily as required.

3.2 Pediatrics

- Children who are in-patients can have both parents visit at the same time.
- There are no restrictions on the number of visits per day.

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

- One support person/designated visitor can attend/visit with an in-patient/resident as coordinated with the facility staff.
- The designated visitor/support person 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 visitors are permitted to visit in ICU 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.
- 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/designated visitor, and this individual should remain constant for the duration of the visiting restrictions.
- Residents in need of assistance should be supported to attend a visit.
- The support person/designated visitor must contact the home to coordinate the time of the visit and to ensure they are aware of all visiting requirements.
- For all visiting, the designated visitor must complete the self-assessment questionnaire 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 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 person/designated visitor 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 outdoor visits with more visitors at a time than just their support person/designated visitor.
- Visitors can visit a resident outside, remaining on the home property.
- 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

- Four designated visitors (one primary support person and three visitors). When a patient has children 18 years of age and under, children who wish to visit will be in addition to the four 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 three 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.