FAMILY PRESENCE: COMPASSIONATE CARE REASONS

There may be situations in which Family Presence will need to be temporarily restricted to compassionate care reasons only. These restrictions may occur because of an outbreak or due to a change in the community spread/epidemiology of COVID-19 as decided by the local Medical Health Officer.

During these times, compassionate care reasons may include, but are not limited to, family or support persons during end-of-life care, major surgery, intensive care/critical care, or a care partner aiding in clinical care (at the discretion of the patient's care provider). See below for more details.

End of Life Care:

- Includes palliative care, hospice care or those who are at high risk for loss of life as determined with the patient, family, and care team. Examples may include but are not limited to; dramatic shift in functioning of patient; patient unlikely to leave hospital; score of 30% or less on the Palliative Performance Scale can be used as a general guideline when available but family presence should not be limited based on this guideline alone.
- The presence of family members/support persons to be enabled before the patient is actively dying. A Palliative Services consultation is not required to determine family presence for end of life care (exceptions can be made).
- One family member/support person can be present at a time. A second family member or support person can be present if physical distancing can be maintained (if from the same family home, physical distancing does not apply).
- Children are welcome when accompanied by a family member or support person (exceptions can be requested).

Intensive Care, Critical Care:

- One family member/support person can be present at a time. A second family member or support person can be present if physical distancing can be maintained (if from the same family home, physical distancing does not apply).
- Children are welcome when accompanied by a family member or support person (exceptions can be requested).

Major Surgery:

- One designated family member/support person can be present at a time for major surgery (examples include but are not limited to: cardiac surgeries, all cancer surgeries and any surgery that requires critical care) at the discretion of the patient’s care provider.

All Patients: Inpatients, Outpatients and Urgent Care Patients with Specific Challenges:

- One family member or support person can be designated for inpatient, outpatient, emergency/urgent care patients who have specific challenges resulting in compromised comprehension, decision making or mobility due to disability or onset of a medical condition (for example but not limited to: mobility, hearing, speech including communication barriers, compromised cognitive functioning (i.e. mental illness, intellectual disability, dementia), visual or memory impairment).
- To be determined by attending physician and unit manager/charge nurse in consultation with designated family member/support person.
Maternal Children’s:

- Two family members or support persons can be designated. Must be the same person(s) for the entire length of stay in hospital. There may be units in which only one family member can be present at a time to allow for physical distancing.
- For maternal patients, support persons are at the preference of the mother and family and may include but are not limited to partners, family members, coaches, doula’s or cultural support persons.
- Family members or support persons may leave the facility and must follow strict adherence to physical distancing/public health order and limiting public contact.
- You can seek approval from the facility/care environment to bring personal items including food and beverages.
- In some areas you will be required to stay within the patient’s room. Please discuss with your care team.
- You are not permitted to wait in family rooms or other common areas.
- At this time other children, including siblings are not allowed to visit.

Long Term Care Homes:

Residents in long term care (LTC) and special care homes where it is determined that the resident’s quality of life and/or care needs cannot be met without the assistance of a family member or support person can designate two family members/support persons. Only one family/support person can be present in the LTC home at a time.

Quality of Life Need - A quality of life need describes immediate and essential needs that are beyond care needs, such as helping someone eat or get dressed. Residents may, in these settings, have cognitive impairments or other conditions and disabilities that create other types of needs. Though quality of life seems very broad, it is intended to acknowledge the psychological, emotional and social needs that may exist, and perhaps be difficult or impossible for staff to meet, but are critical for the health and well-being of residents.

Resident or family member/support person will determine if quality of care and/or care needs can not be met without the assistance of a designated family member or support person in collaboration with the care team.

Considerations:

- Resident’s physical and/or mental health has been significantly declining
- Residents who had frequent family presence prior to pandemic to meet needs
- Residents who are not able to participate meaningfully in virtual visitation or outdoor visitation

Implementation:

- If several residents meet this criteria for family presence, it is acceptable for a long term care home to create a reasonable approach that responds to requests in a way that ensures both resident care needs and safe family presence (including consideration of operational feasibility and the availability of staff to facilitate the visits, as per requirements).
- Long term care homes must be transparent about their approach with residents and designated family members/support people.
- This may include staggering visits, phasing family members/support persons in on a unit-by-unit basis, or other creative approaches that ensure residents are receiving the essential quality of life and/or care they require.

For those residents who require end of life/palliative care, see End of Life information above.
Questions or Concerns

If patients/residents or family member/support people have specific concerns that they would like further follow up, they can call their local Quality of Care Coordinator.

Health providers can also request a consult to support interpretation of the Family Presence Guidelines and compassionate reasons for family presence by emailing pfcc@saskhealthauthority.ca.