There may be situations in which Family Presence will need to be temporarily restricted to compassionate care reasons only. The local Medical Health Officer and local leadership will determine the level of restriction due to considerations such as:

- An outbreak; or
- A change in the community spread/epidemiology of COVID-19.

Compassionate care allows family or support persons to be present for:

- end of life/palliative care;
- oncology;
- major surgery;
- intensive care/critical care;
- inpatients, outpatients and urgent care patients with specific challenges;
- maternal and children’s services;
- long term care or extended inpatient stays when resident or patient care needs or quality of life needs cannot be met.

**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;
  - patient receives new diagnosis of life threatening illness;
  - 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). More than two people can be designated for End of Life Care.
- 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). More than two people can be designated for Intensive/Critical Care.
- Children are welcome when accompanied by a family member or support person (exceptions can be requested).
Major Surgery:
• Two family members or support persons can be designated with one present at a time for major surgery at the discretion of the patient’s care provider. Examples include but are not limited to:
  o cardiac surgeries;
  o all cancer surgeries; and
  o any surgery that requires critical care

All Patients: Inpatients, Outpatients and Urgent Care Patients with Specific Challenges:
• Two family members or support persons can be designated with one present at a time for inpatient, outpatient, emergency/urgent care patients who have specific challenges resulting in compromised:
  o comprehension;
  o decision making; or
  o mobility due to disability or onset of a medical condition.
• Examples include but are not limited to challenges with:
  o mobility;
  o hearing;
  o speech, including communication barriers;
  o cognitive functioning (i.e. mental illness, intellectual disability, dementia);
  o vision; or
  o memory.
• 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.

Oncology:
• Two family members or support persons can be designated for Oncology patients in specific situations including but not limited to those who:
  o have a new diagnosis of life threatening cancer;
  o are medically unstable; or
  o are stem cell transplant patients.
• One family member/support person can be present at a time.
Extended Inpatient Care:

- Two family members or support persons can be designated for inpatients in care for an extended period of time. One family member/support person can be present at a time. Examples of extended inpatient care may be but should not be limited to those who:
  - are admitted for more than 30 days; and
  - have unmet quality of life or care needs.

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 in these settings may 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 the family member/support person will determine if quality of care and/or care needs cannot 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 (essential caregiver presence).
- Residents who are not able to participate meaningfully in virtual visitation or outdoor visitation.

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 care providers can also request a consult to support interpretation of the Family Presence during a Pandemic Policy Directive and compassionate reasons for family presence by emailing pfcc@saskhealthauthority.ca