Family Presence during COVID-19 – FAQs

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* Please note: Personal Care Homes should also follow the Long-Term Care guidelines, where applicable.

FAMILY PRESENCE

Q1: Will the SHA return to open family presence?
A1: The SHA is committed to a return to open family presence when it is safe to do so. The return to open family presence will only occur when deemed appropriate by the Chief Medical Health Officer. The ongoing risks of both restricting family presence and of COVID infection will be assessed and a cautious approach is being taken to the lifting of these restrictions in order to protect those most vulnerable in hospitals and long term care homes. Unfortunately we are not able to give a potential date at this stage.

Q2: How do restrictions to family presence keep patients, families and providers safe?
A2: Patients and residents are especially vulnerable. We have seen the devastating impact in other jurisdictions including Quebec with the country’s highest COVID death rate and over 70% of those deaths occurring in long term care and senior homes.

Limiting the number of people within a facility or long term care home reduces the potential of spreading the virus. This is aligned with stay at home strategies where the spread of the virus is contained by minimizing close contacts. Minimizing the number of people within a facility or home is also needed to maintain safe physical distancing. A similar approach has been taken with staff who have been “cohorted” to one facility or long term care home, limiting the number of different people who are going into those sites.

Q3: How can family members/support people who are able to be with a loved one in acute care or a long term care home, keep everyone safe?
A3: Family members/support people who enter acute care facilities or long term care homes will follow the same precautions as staff including screening, temperature check, hand hygiene, and will be required to wear a medical grade mask. Family members and support people will be asked to ensure that physical distancing can be maintained where required and to limit travel within a facility or home. Limiting the number of family members and support people in a facility or home is an additional safe guard.

Q4: If I am wearing a mask as a designated family member or support person, do I still need to physically distance?
A4: It is recommended that physical distance is also maintained because infection can spread through close touch. If this is not possible to maintain physical distancing, a mask should be used in addition to frequent hand washing or using hand sanitizer. If family members/support people have been properly screened, are
wearing a mask and have preformed hand hygiene, they can be allowed to touch their loved ones to assist in care or other needs i.e. helping to feed a loved one.

Q5: If we are two identified family members/support people from the same family unit, do we still need to maintain physical distance from each other and our loved one?
A5: If you are from the same household, living together, you do not need to physically distance from each other. If you live separately then it is recommended that you maintain physical distance from each other.

Q6: I have a certified service animal, can my dog be with me? Is there a requirement of physical distancing for animals now that there is evidence of animal to human transmission?
A6: A certified service animal can be accompanied by a designated family member or support person. It is recommended that physical distancing be maintained between the animal and patients/residents.

Q7: Why are the restrictions so conservative in my area when there’s been no cases here?
A7: Community rates of COVID-19 infection and spread are one consideration to lifting restrictions to family presence. This is always a cautious approach because even a single positive case can cause significant disruption and pose immense risk if not managed appropriately. One positive patient/resident can result in a large number of staff isolating, as well as the risk posed to vulnerable populations through potential spread.

Q8: Why hasn’t there been a return to open family presence now that we have seen the resumption of health care services, businesses re-opening, and the lifting of other public health orders such as increases in the acceptable numbers of those at gatherings?
A8: On July 7, 2020, the public health order was amended to facilitate a safe expanded approach to family presence. Limitations to family presence are in place to protect the most vulnerable populations (our patients and residents). As we have not seen any major outbreaks in our health care facilities and homes, it means the restrictions are working. In order to continue to protect our patients and residents, we need to keep the limitations on family presence in place at this time.

Q9: What if I don’t agree with the limitations to family presences or would like an exception to be made?
A9: 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. The Quality of Care Coordinator will consult with local leaders or the Medical Health Officer as needed. If the concerns are about a personal care home, the Ministry of Health Personal Care Home Program can be contacted at 306-787-1715.

Q10: What if I have been screened and I do not meet the requirements to be with my loved one?
A10: Currently, the policy requires all designated support persons to be screened prior to entry and cannot enter the facility/home if the screening questionnaire is not met. It is recommended to have someone else support the patient, resident, or client. Exemptions can only be made by the local Medical Health Officer. If you have travelled internationally within the last 14 days, you must self isolate and will not be permitted to visits. Exceptions for international travel (Federal Quarantine Act) can only be made through the Chief Medical Health Officer of Canada.

Q11: As a health care provider, who can I contact for more information about the SHA Family Presence Policy?
A11: Health providers can request a consult to support interpretation of the Family Presence Policy by emailing pfcc@saskhealthauthority.ca.
Q12: Are there specific guidelines for COVID units?
A12: There are specific Personal Protective Equipment Guidelines for COVID Units and for visiting those who are COVID+ or suspected to be COVID+. Additional consultation with Infection Prevention and Control may be required.

Q13: If there's an outbreak, will there be changes to Family Presence?
A13: There may be situations in which Family Presence will need to be temporarily restricted to compassionate care reasons or even further restricted. These restrictions may occur because of an outbreak at the facility/home 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, maternal/pediatrics, or a care partner aiding in clinical care (at the discretion of the patient's care provider). Please refer to Compassionate Care Reasons for Family Presence for more information.

PALLIATIVE/END OF LIFE

Q14: How is end of life defined?
A14: 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 is 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).

Q15: If a patient has been assessed as palliative in acute care and is transferred to long term care, do the compassionate reasons outlined for End of Life/Palliative Care still apply?
A15: Yes, if the patient was assessed as palliative, continue to follow the family presence guidelines as outlined for End of Life/Palliative Care.

Q16: For end of life/palliative family presence, are all visits determined by physician in consultation with charge nurse/unit or facility manager? Does this need to be re-assessed by the physician and charge nurse on an ongoing basis to determine the frequency of visits? For example, if the resident or patient’s condition is improving, would the frequency of visits change?
A16: If the attending physician (in consultation with the charge nurse/unit or facility manager) determines that the patient or resident is end of life or palliative, then follow the guideline for compassionate care visitation i.e. no need to re-assess or determine frequency of visits. There is no limit on frequency or duration of visits, this should be based on the preference of the resident or patient, in consultation with their loved ones.

Q17: Is there a limit on how long or how often a family member can visit someone who is end of life/palliative?
A17: There is no limit on frequency or duration of visitation, and it should be based on the choice of the resident, in consultation with their loved ones and the care team.
LONG TERM CARE/PERSONAL CARE HOMES

Q18: Are all residents now allowed to have family member or support person presence indoors?
A18: Two family members or support people can be identified to be present to support residents in SHA long term care homes (including Affiliate organizations) and personal care homes. Only one family member/support person can be present in the home at a time. Long term care homes may have different requirements for scheduling visits; please call the home to get more information.

Q19: I have a friend who is a designated caregiver and they are allowed to visit their loved one, but I cannot. Why is there a difference?
A19: In long term care, residents can identify two family member or support people to be present indoors. If additional family members/support people would like to visit, you can arrange for an outdoor visit. If you are unclear, please reach out to the Unit or long term care home manager. A Quality of Care Coordinator can help as well. If the concerns are about a personal care home, the Ministry of Health Personal Care Home Program can be contacted at 306-787-1715.

Q20: Are family able to deliver additional items outside of the food/beverages/flowers/dry paper goods to long term care home residents? For example, craft supplies, yarn, paints.
A20: Yes, craft supplies including yarn and paints can be delivered if they can be wiped down or are in original packaging that can be wiped down. Hand hygiene to be performed before and after using craft supplies.

Q21: Do designated family members or support persons have to keep a two metre distance from their loved one?
A21: If family members/support people have been properly screened, are wearing a mask and have performed hand hygiene, they can be allowed to touch their loved ones to assist in care or other needs i.e. helping to feed a loved one.

Q22: Why are there sometimes different approaches for family presence in long term care homes?
A22: Each home is required to implement the policy directive and support as much family presence as they are able to. Approaches to how this is done may vary in an effort 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. This may include staggering visits, phasing family presence 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 in response to unmet needs.

Q23: Are residents allowed to leave the home for essential appointments?
A23: Residents can leave the home for essential appointments as determined in consultation with the care team. There are processes required when the resident returns to the home that may vary depending on the amount of time the resident was away from the home. Please connect with the manager of the unit/home for more information.

OUTDOOR VISITATION IN LONG TERM CARE/PERSONAL CARE HOMES

Q24: Do outdoor visits need to be scheduled? How can I arrange a visits?
A24: Yes, scheduling in advance will give opportunity to coordinate staff to assist the resident. Please call the home, as you normally would to arrange for outdoor visiting.
Q25: Do I need to wear a mask?
A25: A medical grade mask will be provided and all visitors are required to mask inside a home or facility, unless it cannot be tolerated. We know that it can be difficult to communicate with a mask and see facial expressions. If the two meter physical distance is maintained, and you have not having travelled to an area of concern within the last 14 days, you may remove your mask if it is a barrier for communication.

Q26: Can I give my loved one an item during our outdoor visit?
A26: Unfortunately, the two meter physical distance will need to maintained. Please make arrangements with the care staff for any deliveries for your loved ones. We can help facilitate this in a safe way.

Q27: Can I give my loved one a quick hug at the end of the outdoor visit?
A27: No. Although we understand how difficult this is for family members, in order to maintain physical distancing guidelines and maintain safe outdoor visiting, you will not be able to touch your loved one.

Q28: Where will these visits happen?
A28: Each Long Term Care home in the province has a different physical set up. Each home will need to be creative and work with their current physical space to set up an area that can accommodate safe outdoor visiting. Please check with your loved ones home directly on where the outdoor visiting will take place.

Q29: I am having some minor symptoms, can I still come for an outdoor visit?
A29: Each visitor will need to answer screening questions to determine if you are able to visit. If you are experiencing any symptoms you will not be able to visit at this time. Your visit will need to be postponed until you are well.

Q30: Can I take my loved one for a walk outdoors?
A30: For now, we will not be able accommodate this given the physical distancing guidelines that need to be followed. We look forward to when we can safely coordinate this in the future.

Q31: Will I need to undergo screening before my outdoor visit?
A31: Yes, you will need to undergo the visitor screening process. This may take place before your visit over the phone or at the facility when you arrive.

Q32: An outdoor visit would not work well for my loved one. What other options are there?
A32: We appreciate that each resident and family or support people are different. There are other options that are available in our long term care homes such as virtual visits, window visits, and indoor family presence. Each resident can designate two family members/support people for indoor visits, one at a time. Please contact the home to find out the various options that are available.

Q33: If there's an outbreak, will we still be able to have outdoor visits?
A33: Safety of the residents is always our top priority. Any outbreaks happening at the home or in the community will have an impact on outdoor visiting. We will assess each outbreak on an individual basis and notify family of the impact it has to outdoor visitation.

Q34: Are there additional screening guidelines regarding outdoor visits?
A34: Long term care homes are welcome to implement outdoor visits in a way that works for the local context. The following is recommended for screening:

- Prescreen – Call the family 24 hours before the scheduled visit and ask them the screening questions. This helps to save families from travelling in for a visit just to be turned away at the door.
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- If they are approved to visit for the scheduled time they may come to the facility.
- If they are symptomatic or have been out of country in the last 14 days they will have to reschedule their visit. Remind them when you talk to them that if they develop any symptoms in the 24 hour time frame that they will have to reschedule their visit.
- When they arrive you can ask the screening questions again but **they do not have to be temperature checked**, if they are needing to travel through the facility to get to the courtyard they would be provided with a mask.
- If they have been to an area of concern they will be provided a mask and must wear it for the duration of the outdoor visit.

**Q35: Do family members require a temperature check prior to outdoor visits?**

**A35:** No, temperature checks are not needed because those coming to outdoor visits will be required to maintain a 2m physical distance. Because you are not performing temperature checks, screeners can physically distance the 2m and do not need to be in additional PPE.

**Q36: Does a list of family members/support people who have visited need to be maintained to support contact tracing in the event of an outbreak?**

**A36:** Yes, please document all family members and support people in order to perform contact tracing if needed in the future.

**Q37: Can family members/support people use the washrooms inside the long term care home when visiting outside?**

**A37:** Washroom facilities will not be available; families should be made aware of this when they plan their visit. If there is an urgent need, the family member or support person would need to be provided a mask and go directly to the bathroom and back outside.

**Q38: Is there a maximum number of people we can have in an outdoor area according to the public health order?**

**A38:** Public health orders for gatherings in an outdoor setting need to be followed. As of June 8, the allowed size limit for outdoor gatherings will be raised to 30. Reminder to also follow physical distancing of two meters is a requirement when individuals are not from the same household. The maximum number that long term care homes are able to accommodate will vary.

**Q39: I heard some people get to have outdoor visits but I am not able to. How come?**

**A39:** The SHA is working with all long term care homes to provide the option of outdoor visits. Each home is unique in physical design and each home will work to achieve safe, socially distancing outdoor visiting. At this time, outdoor visits are only permitted for long term care homes.

**Q40: Will there be an option for outdoor visits for long term care patients in hospital?**

**A40:** This is not currently included as an option, but will be considered for future amendments.

**Q41: Can a family pet be brought to an outdoor visit?**

**A41:** A pet can be accompanied by a family member or support person. It is recommended that physical distancing be maintained between the animal and resident(s). A leash may be needed to maintain distance between the animal and resident. The family member or support person would be responsible to clean up after the pet. Notify the long term care home prior to visit or when scheduling visit to confirm...
that the pet can be accommodated and that any former health region policies regarding pets and pet therapy will be adhered to.

CRITICAL CARE/INTENSIVE CARE

Q42: Can family members be with their loved ones in the ICU/Critical Care if there is an Aerosol Generating Medical Procedure (AGMP) being performed?
A42: No, family members will be asked to postpone the visit until after the AGMP is completed or the AGMP would be stopped during the visit. If the visit needs to occur due to end of life situation and AGMP is ongoing, the visitor would be provided with a procedure mask and additional PPE.

Q42: The use of waiting rooms and family rooms is not allowed. If a palliative care patient or critical care patient requires an AGMP or other procedure where family would be asked to leave the room, where can they wait?
A42: In these situations, family members can temporarily use a waiting or family room as long as physical distancing can be maintained.

MATERNAL CHILDREN’S

Q42: For maternal patients, can a Doula take the place of a family member/support person or could they be in addition?
A42: Effective June 12, expectant mothers and families across Saskatchewan are now permitted to have two designated family members/support persons present during their birthing experience. Designated family members/support persons are chosen by the mother and family and may include but are not limited to partners, family members, coaches, doulas or cultural support persons.