Alberta Health Services

POLICY

TITLE
FAMILY PRESENCE: DESIGNATED FAMILY / SUPPORT PERSON AND VISITOR ACCESS

SCOPE
Provincial

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NOTE: The first appearance of terms in bold in the body of this document (except titles) are defined terms – please refer to the Definitions section.

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OBJECTIVES

- To set **family presence** as a standard of practice throughout Alberta Health Services (AHS), and to support **health care providers** in providing **patient and family-centred care**.
- To set the requirements for safe **designated family / support person** and **visitor** presence across AHS.
- To differentiate between designated family / support persons and visitors.
- To provide health care providers with direction for when and how to implement **access limits** for designated family / support persons and visitors at **AHS sites**.

PRINCIPLES

AHS recognizes family presence is an evidence-based approach to providing patient-centred health care that welcomes designated family / support persons as active partners with the health care team in providing safe, high-quality care. Family presence improves **patient** outcomes, safety and overall patient experience by fostering strong partnerships between patients, designated family / support persons, and the health care team.

Family presence requires health care providers to recognize designated family / support persons as essential partners in care. These individuals provide vital physical, psychological, emotional, communication and spiritual support to patients.

Visitors play an important role in providing temporary social support to the patients but are not involved in care at the same level as designated family / support persons.

Health care providers support family and visitor presence by aligning with the principles outlined in *Shared Commitments* on AHS Insite, specifically the patient's preferences, care requirements, and safety standards and/or guidelines (such as temporary site restrictions).

APPLICABILITY

Compliance with this document is required by all Alberta Health Services employees, members of the medical and midwifery staffs, students, volunteers, and other persons acting on behalf of Alberta Health Services (including contracted service providers as necessary).

ELEMENTS

1. Points of Emphasis

1.1 AHS recognizes that patients have the right to have designated family / support persons involved in their care, as informed by AHS' *Shared Commitments*.

1.2 Designated family / support persons are not considered visitors and must be allowed 24/7 access, unless access limits are in place (see Section 6 below).

1.3 Patients may designate which designated family / support persons they wish to be involved in their care, and how much those individuals will be involved.

a) Decision-making must be consistent with the AHS *Consent to Treatment/Procedure(s)* Policy Suite and the AHS *Advance Care Planning and Goals of Care Designation* Policy Suite.

b) **Specific decision-makers** may offer insight into a patient about their social network, but they do not have the legal authority to decide with whom the patient may associate with (e.g., they cannot decide who may visit the patient).

c) Family and visitor presence must align with the decision-making authorities as set out in the *Adult Guardianship and Trusteeship Act* (Alberta) and/or the *Personal Directives Act* (Alberta), if applicable.

1.4 The organization must not implement access limits based on the race, religious beliefs, colour, gender, gender identity, gender expression, physical disability, mental disability, age, ancestry, place of origin, marital status, source of income, family status, or sexual orientation of designated family / support persons or visitors.

1.5 This Policy does not apply to individuals in custody at a **Provincial Correctional Centre** or Federal Correctional Facility who are receiving health services in the correctional centre.

a) Decisions on family presence / visitation for patients who are transferred from a Provincial Correctional Centre or a Federal Correctional Facility to

an AHS acute care site are determined by the Correctional Services Division Officer who accompanies the patient.

2. Initiating and Implementing Family Presence

2.1 Upon initiation of a **health service**, a health care provider must collaborate with the patient to identify who they wish to have as their designated family / support person(s) and how the designated family / support person(s) will be involved in the patient's care.

a) This information should be reviewed and verified with the patient:

(i) on a regular basis, as determined by the site or program processes;

(ii) when there is a change in the patient's health status; and/or

(iii) at care transitions (i.e., change in treatment setting).

2.2 The health care provider must make efforts to establish rapport with the patient and any designated family / support person(s) present, and collaboratively address the following:

a) identifying all designated family / support person(s), including their names and contact information;

b) determining the patient's wishes for sharing of health information, in accordance with the *Health Information Act* (Alberta), and AHS confidentiality, information, disclosure, and privacy policies;

c) collaborating on health decision-making and plan of care, which includes:

(i) gathering information on how the designated family / support person(s) are currently or may be involved in the patient's care in accordance with the patient's wishes; and

(ii) determining ways to maintain or enhance this involvement to support an informed plan of care (e.g., mobility, other activities of daily living); and

d) facilitating the physical presence of designated family / support person(s) in the patient's care environment by:

(i) informing the patient and designated family / support person(s) that the designated family / support person(s) must be able to safely and independently manage their own personal needs (e.g., food, medications, personal care);

(ii) collaborating with the patient and their designated family / support person(s) to determine options for where and when they may be

together in the event of space limitations in the patient care environment. If an access limit is required, see Section 6 of this document; and

(iii) collaborating with the patient to determine options for keeping the designated family / support person(s) involved and informed (e.g., virtual connections or phone updates) when the designated family / support person(s) cannot be physically present due to distance or illness.

2.3 Although the patient may identify preferred roles for their designated family / support person(s), the designated family / support person(s) may decline some or all of the patient-identified roles they will participate in.

a) If the designated family / support person(s) cannot or will not be involved as requested by the patient, the health care provider must ask the patient if there is an alternate person(s).

2.4 If the designated family / support person(s) are not available or unable to provide the necessary support, the health care provider should coordinate and recommend appropriate support options based on the patient's care needs.

2.5 If the designated family / support person(s) are physically present during acute clinical deterioration and/or resuscitation of the patient, the health care team must, in accordance with professional practice standards:

a) support the safety and well-being of the designated family / support person(s) during and after the event including:

(i) explaining the situation, including the primary focus on the patient receiving the most appropriate lifesaving care and measures, and how the designated family / support person(s) may support (e.g., safe place to stand, step out momentarily);

(ii) re-assessing their desire to remain present; and

(iii) offering applicable and available post-event supports; and

b) communicate to the rest of the health care team that the designated family / support person(s) will remain present.

3. Visitor Presence

3.1 The patient and health care team must collaborate to determine how and when to support visitors' presence, in accordance with the site's or program's considerations and requirements (e.g., space constraints, time, noise management, infection and prevention control practices).

3.2 Visitors who are dependents (including minors) must remain in the company of an accountable adult while onsite.

3.3 For information on pets, refer to the AHS *Animal Interactions, Personal Pet Visitation, and Qualified Assistance Dogs* Policy.

4. Supporting Family and Visitor Presence

4.1 The organization, including its leaders and health care providers, shares a responsibility to promote a safe, healthy, and **inclusive** environment that supports family and visitor presence by:

a) treating all patients, their designated family / support persons and visitors with respect and dignity, while fostering an inclusive and **culturally safe** environment that recognizes and values the **diversity** and the unique needs of individuals and groups. This includes adherence to applicable policies, such as the AHS *Patient Access to Indigenous Spiritual Ceremony* Policy, and practices (e.g., patient-preferred pronouns);

(i) When a parent of a **well infant** is admitted to an AHS acute care site, follow the AHS *Well Infant(s) Accommodation* Policy.

(ii) The health care team must create a plan for supporting family presence and visitation of larger groups (e.g., celebrations or end-of-life circumstances).

b) maintaining the privacy and confidentiality of patients and their designated family / support persons and visitors (e.g., when possible, having a space for family and visitors experiencing loss or communicating difficult news in a private meeting room);

c) taking a collaborative and compassionate approach when interacting with patients, designated family / support persons and visitors;

d) engaging appropriate communication assistance or an interpretation service in the event of a communication barrier between the health care provider / health care team and the patient; and

e) listening and addressing ideas, stigma, racism, cultural expectations, requests, questions, and concerns in a compassionate and timely manner.

5. Information Sharing about Family and Visitor Presence

5.1 Health care providers must inform patients, designated family / support persons and visitors about the following:

a) access requirements for sites, services and patient areas, including any required infection prevention and control processes (e.g., performing

hand hygiene, using **personal protective equipment [PPE]**). Refer to resources listed on the *Infection Prevention and Control* AHS external webpage;

b) how to maintain a safe environment that supports patient care and wellness, including but not limited to;

(i) guidance on photographs, video or audio recordings;

(ii) maintaining restful care environments for patients, especially in shared spaces and during designated quiet times;

(iii) following scent-free requirements;

(iv) wearing designated family / support person or visitor identification when required;

(v) postponing in-person visits if ill, unless otherwise arranged with the health care team; and

(vi) maintaining a respectful environment free of harassment and violence; and

c) available opportunities and resources to support patient and family experiences (e.g., site maps, library services, parking passes).

6. Managing Access Limits to Designated Family / Support Persons and Visitors

6.1 The organization must align access limits with instruction or direction from any identified legal authority (e.g., police), legislation (e.g., *Public Health Act* [Alberta]), Medical Officer of Health orders, government orders or court orders (e.g., custody or guardianship).

a) If a Notice to Vacate Premises is to be issued under the *Trespass to Premises Act* (Alberta), health care providers should collaborate with Protective Services or law enforcement to determine the safest and most effective method for delivering the notice.

6.2 Access limits must align with the spirit and intent of *Shared Commitments* and family-centred care.

6.3 Failure to follow instructions from organizational sites and programs may result in access limits. See Section 6.5 below.

6.4 Access limits must maintain the most permissible access and align with patient care needs or requests by the patient.

a) The least restrictive access limit should be implemented first, progressing to stricter access limits, only if required.

b) Health care providers must offer options for partnering with the health care team and supporting the patient when access limits are implemented.

6.5 Access limits may be required when:

a) requested by the patient;

b) circumstances in which immediate action is necessary to protect the safety of any person (e.g., emergency response such as fires, evacuations);

c) the conduct or presence of the designated family / support person(s) or visitor(s) interferes with the safe provision of patient care, or places the health or safety of the patient or others at risk;

d) the conduct or presence of the designated family / support person(s) or visitor(s) is in a manner that constitutes harassment or violence (refer to the AHS *Respectful Workplaces and the Prevention of Harassment and Violence* Policy Suite); and/or

e) circumstances presenting a significant risk of communicable disease transmission, as determined in collaboration with Infection Prevention and Control (IPC), and the Medical Officer of Health (MOH) or designate, as appropriate.

(i) If a designated family / support person is a **contact** of a suspected, probable or confirmed case of a communicable disease and is required to quarantine under the *Public Health Act* (Alberta):

- health care providers must implement appropriate transmission precautions in accordance with relevant disease management requirements (refer to resources listed on the *Infection Prevention and Control* AHS external webpage);
- precautions must remain in place until a risk assessment is completed by Infection Prevention and Control and the MOH; and
- based on the assessment, a plan for safe family presence will be developed in collaboration with the patient and the designated family / support person, IPC and the MOH.

(ii) If a designated family / support person is a suspected, probable or confirmed case of a communicable disease and is required to isolate under the *Public Health Act* (Alberta).

- Generally, access is not permitted and can only be granted under exceptional circumstances (e.g., end of life, dependent minors) under the approval by IPC and the MOH.

6.6 In times when access must be significantly restricted, health care providers will continue to support family presence by ensuring access limits align with the principles of patient and family-centred care and the *Shared Commitments*, and in collaboration with the appropriate **accountable leader(s)** on a case-by-case basis.

a) Under circumstances in which there are significant access limits, at least one (1) designated family / support person must be accommodated, subject to Sections 6.3 and 6.5 above.

7. Implementing and Communicating Access Limits

7.1 All access limits must involve accountable leaders, in collaboration with the appropriate authorities.

a) The accountable leader must reassess access limits on a regular basis, and reinstate access when appropriate.

7.2 Depending on the availability of the accountable leader and the urgency of the situation to mitigate risk and protect the immediate well-being or safety of any person, access limits may be immediately implemented by any health care provider, and if necessary, in collaboration with Protective Services or local law enforcement.

a) The health care provider must notify the appropriate accountable leader as soon as possible about the access limit.

b) The health care provider and/or accountable leader must provide further guidance and follow-up as soon as possible to those specified in Sections 7.3 and 7.4 below.

7.3 The health care provider and/or accountable leader must communicate any decision to implement an access limit as soon as possible to:

a) the patient;

b) if applicable, the designated family / support person(s) and/or visitor(s) affected;

c) the patient's health care team; and

d) anyone else identified by the accountable leader or health care provider.

7.4 The health care provider and/or accountable leader must ensure any decision to implement an access limit is communicated to all those specified in Section 7.3 above, including the following information:

a) what the access limit is;

b) the reason for the access limit; and

c) what must happen for the access limit to be removed.

8. Addressing Concerns About Access Limits

8.1 Any person may raise concerns about access limits to the health care team, following the AHS *Patient Concerns Resolution Process* Policy Suite.

a) Health care providers must not impose negative consequences on individuals who raise concerns.

b) Concerns must be addressed as promptly and as soon as possible, with collaboration between the patient, the individual raising the concern, the health care provider, and/or the health care team to find a solution.

c) If the health care provider and/or health care team are unable to resolve the concern, the health care provider must:

(i) inform the patient, the designated family / support person(s), and/or visitor(s) about contacting Patient Relations to report their concern(s); and

(ii) notify the accountable leader.

- If the accountable leader is unable to resolve the concern, the accountable leader must notify the next level of AHS leadership, including operations, physician leadership and/or the Patient Relations department.

9. Documentation

9.1 In accordance with the AHS *Clinical Documentation* Policy Suite, health care providers and accountable leaders must document all communication and specific details related to family and visitor presence in the patient's **health record**. This includes but is not limited to:

a) name and contact information of the designated family / support person(s);

b) care involvement of the designated family / support person(s); and/or

c) any access limits including communications, implementations and resolutions.

10. Continuous Learning and Improvement

10.1 The organization must ensure health care providers have access to continuous learning activities related to family and visitor presence.

10.2 Health care providers and health care teams have a responsibility to participate in quality improvement initiatives to foster partnerships between patients, designated family / support persons, and visitors.

DEFINITIONS

Access limits means, for the purposes of this Policy, the establishment of reasonable boundaries for accessing an AHS site based upon circumstances.

Accountable leader means the individual who has ultimate accountability to ensure consideration and completion of the listed steps in the management of the *Family Presence: Designated Family / Support Person and Visitor Access* Policy. Responsibility for some or all of the components of management may be delegated to the appropriate level responsible administrative leader, but accountability remains at the senior level.

AHS site means any facility, property or ground owned, operated, leased or funded by AHS and any location where an AHS employee regularly works with patients, other AHS people, contracted service providers, or members of the public. AHS site excludes a remote work location.

Alternate decision-maker means a person who is authorized to make decisions with or on behalf of the patient. These may include, a specific decision-maker, a court appointed guardian (adult), a minor's legal guardian, a 'nearest relative' in accordance with the *Mental Health Act* (Alberta), or an agent in accordance with a personal directive, or a person designated in accordance with the *Human Tissue and Organ Donation Act* (Alberta). This also includes what was previously known as the substitute decision-maker.

Contact means any person or animal suspected to have been in association with an infected person or animal or a contaminated environment to a sufficient degree to have had the opportunity to become infected.

Culturally safe means an outcome of culturally competent practices, defined, and experienced by those who receive the service - they feel safe. Cultural safety is based on understanding the power differentials and potential discriminations inherent in health service delivery, and the need to address these inequities through education and system change.

Designated family / support person(s) means one or more individuals identified by the patient as preferred support, and who the patient wishes to be included in any encounters with the health care system, including, but not limited to, family, caregivers, relatives, friends, and hired care providers.

Diversity means the range of human differences; diversity is what makes each of us unique.

Family presence means an evidence-based standard practice for health care that welcomes the patient's designated family / support person(s) to be partners in care based on the principles of patient and family-centred care.

Hand hygiene means proper practices which remove micro-organisms with or without soil from the hands (refers to the application of alcohol-based hand rub or the use of plain/antimicrobial soap, and water handwashing).

Health care provider means any person who provides goods or services to a patient, inclusive of health care professionals, staff, students, volunteers and other persons acting on behalf of or in conjunction with Alberta Health Services, and who practices within their role.

Health record means the collection of all records documenting individually identifying health information in relation to a single person.

Health service means a service that is provided to an individual for any of the following purposes: protecting, promoting, or maintaining physical and mental health, preventing illness, diagnosing and treating illness, rehabilitation and caring for the health needs of the ill, disabled, injured or dying, but does not include a service excluded by the HIA regulations.

Inclusive (inclusion) means valuing human differences and supporting each other to feel safe, welcome and have a sense of belonging.

Patient means an individual, inclusive of residents and clients, who receives or has requested health care or services from Alberta Health Services and those authorized to act on behalf of Alberta Health Services. In the context of informed consent or other decision-making, patient also means any alternate decision-maker or co-decision-maker for the individual, when applicable.

Patient and family-centred care means care provided working in partnership with patients and families by encouraging active participation of patients and families in all aspects of care, as integral members of the patient's care and support team, and as partners in planning and improving facilities and services. Patient and family-centred care applies to patients of all ages and to all areas of health care.

Personal protective equipment (PPE) means any specialized clothing or safety items worn by individuals prior to contact with potential or identified hazards, such as from a direct exposure to blood, tissue, and/or body fluids.

Provincial Correctional Centre means a detention or remand facility operated by or for the Government of Alberta to detain arrested, charged or convicted persons pursuant to a law in force in Alberta.

Specific decision-maker means a nearest relative who may be selected from a hierarchy of relatives to make a specific decision on behalf of the patient according to the *Adult Guardianship and Trusteeship Act* (Alberta).

Visitor means an individual who spends time with the patient for a temporary period for the purposes of providing support to the patient, and is not an essential partner to care planning and/or decision-making.

Well infant means a child aged six (6) months or less, who does not require acute medical care or investigation.

REFERENCES

- Alberta Health Services Governance Documents:
  - *Advance Care Planning and Goals of Care Designation* Policy Suite (#HCS-38)
  - *Animal Interactions, Personal Pet Visitation, and Qualified Assistance Dogs* Policy (#HCS-318)
  - *Clinical Documentation* Policy Suite (#1173)
  - *Collection, Access, Use, and Disclosure of Information* Policy (#1112)
  - *Consent to Treatment/Procedure(s)* Policy Suite (#PRR-01)
  - *Patient Access to Indigenous Spiritual Ceremony* Policy (#HCS-304)
  - *Patient Concerns Resolution Process* Policy Suite (#PRR-02)
  - *Respectful Workplaces and the Prevention of Harassment and Violence* Policy Suite (#1115)
  - *Visitor Management Appeal* Procedure (#HCS-199-01)
  - *Well Infant(s) Accommodation* Policy (#HCS-197)
- Alberta Health Services Resources:
  - *Best Practice Guide: People's Pronouns*
  - *Infection Prevention and Control* External Webpage
  - *Shared Commitments*
- Non-Alberta Health Services Documents:
  - *Alberta Health Charter*
  - *Adult Guardianship and Trusteeship Act* (Alberta)
  - *Better Together* (Institute for Patient and Family Centred Care)
  - *Essential Together* (Healthcare Excellence Canada)
  - *Health Information Act* (Alberta)
  - *Human Rights Act* (Alberta)
  - *Personal Directives Act* (Alberta)
  - *Public Health Act* (Alberta)
  - *Trespass to Premises Act* (Alberta)