COVID-19

Essential Care Partner and Visitor Guidelines for
Acute Care - **Provincial Response Level RED**

**Background**

Efforts to prevent, quickly identify and contain transmission of COVID-19 are vital to protecting staff and populations that are most vulnerable to serious outcomes from this virus. Active management of facility access for staff, patients and others have been in place throughout the pandemic. With provincial response level RED restrictions in place, consideration of how best to balance necessary preventative measures with maintaining the vital connections that patients have with family members and support systems continues to evolve.

While preventing the spread of this virus within our facilities remains a central priority, the likelihood that COVID-19 will be a part of our “new normal” for a longer duration requires us to find a sustainable balance between preventative measures and the many benefits of interaction between patients and their support systems, including essential care partners and other visitors.

Previous acute care visitation guidelines have used several definitions for visitors or caregivers. Based on policy guidance from the Canadian Foundation for Healthcare Improvement and the Canadian Patient Safety Institute, revised guidelines utilize two terms; “essential care partner” and “visitors”.

**Definitions**

**Essential Care Partner**

An essential care partner is defined as those providing physical, psychological and emotional support, as deemed important by the patient.

This can include:

- support in decision making, care coordination and continuity of care;
- family members, close friends or other caregivers identified by the patient or substitute decision marker to provide support.
- cultural and spiritual support

**Visitor**

A visitor is defined as someone whose time with the patient is discretionary and short-term/temporary.

This can include:

- visits that occur for purposes that are social in nature;
- individuals who are not involved in the care of the patient.
Guideline during Provincial Response Level RED

Visitor access to acute care facilities is restricted, including access to accompany patients to outpatient services.

For inpatients, regardless of length of stay, visitors should not be permitted.

Essential care partner access is restricted, but will be supported in the following circumstances:

- assisting with medical history, collateral history, consent and decision making
- translation when an interpreter cannot be accessed through the phone service
- patients who normally have constant care or attendants
- complex discharge instructions
- critically ill or critically injured
- labor and delivery/postpartum
- pediatrics

In the above circumstances, in consultation with the site/facility, one essential care partner may be identified by the patient or substitute decision maker. Identification of additional support beyond the single designated essential care partner is at the discretion of the facility/site in collaboration with the patient or substitute decision maker.

Every visit to an acute care facility brings with it the risk of exposure or transmission of COVID-19, either brought into or out of, the facility. Each inpatient and their support network must evaluate the need for in-person visits with consideration of the inherent risk of transmission they present. The frequency and duration of time permitted within facility will be assessed on a case-by-case basis by the site/facility. The goal will be to minimize frequency of visits and duration of time in the facility while meeting the needs of each individual patient.

Utilization of virtual connections to augment in-person time with the patient is strongly recommended where virtual support can be provided for some aspects of care, e.g. discharge planning and provision of emotional support. Virtual connections can include phone calls, text messages, emails and video messaging. Encouraging, and where possible, facilitating virtual connections, must be considered as a first intervention prior to approving an essential care partner being physically present.

While length of stay is not the sole determinant to be considered when facilitating/approving an inpatient visit by an essential care partner, operators/facilities are encouraged to consider essential care partner access for inpatients whose length of stay is similar to that of alternate level of care, including for those patients awaiting discharge/transfer to personal care home and alternative/supportive housing.
Orange and Red Zone Inpatients

Essential care partner access to **ORANGE** and **RED** zone patients should be done virtually wherever possible. In-person visitation will be considered and facilitated if it is the only option to meet the patient’s needs.

Pediatrics

Parents/guardians are the substitute decision-makers for their children and frequently provide essential support, two designated parent/guardian may visit every day. One parent/guardian may remain overnight with the child.

Emergency Department, Urgent Care, Outpatient

Access to emergency departments, urgent care centres, and outpatient services (including diagnostic services and CancerCare Manitoba) is subject to assessment of space, activity, and the patient’s need. The ability to manage each area’s overall activity within the confines of the environment and physical distancing requirements is dynamic and at the discretion of the department/facility.

End of Life Care

Consideration will be given to the stage of illness, projected timing of death and trajectory of expected decline. The decision related to when an individual is reaching their end of life will be informed by the care team and is unique to the circumstances of each individual. While difficult to be precise around when an individual is at end of life, this generally refers to the last two weeks of life. During the last two weeks of life (rapid decline with an estimated survival of less than two weeks), a maximum of four essential care partners may be identified to visit. Two persons may attend within a 24-hour time frame (both may attend at the same time provided physical distancing requirements can be maintained). Respecting every situation is unique, additional essential care partners beyond four is to be managed on a case-by-case basis in collaboration with site leadership and IP&C.

Medical Escorts

Medical escorts for Inuit, First Nations, and Metis patients are considered essential care partners within the circumstances listed above.

Requirements

Screening must occur prior to entry being permitted to any health care facility. Individuals with symptoms or exposure history will not be permitted to enter. This includes individuals who have travelled outside of Manitoba within the past 14 days. Once screened, essential care partners should be asked to sign in at the time of accessing a facility. They should proceed directly to the unit nursing station to check in with the care team. The check in should include identifying the needed care the essential care partner is providing and the expected length of time they will be in the facility.

This information will be retained solely for the purpose of Public Health contact tracing should a COVID-19 case investigation be required within a unit.
Essential Care Partners will follow all precautions including:

- hand hygiene upon entry to facility and before/after contact with healthcare workers or healthcare environment;
- wear a medical mask at all times;
  - In Green Zones and common areas, the essential care partner will be provided with a medical mask to wear for the duration of their visit.
  - In Orange and Red Zones, the essential care partner will be required to follow the directions of facility/unit staff, including related to wearing and appropriate use of personal protective equipment. Staff must be satisfied the essential care partner is able to safely remove PPE without contaminating themselves.
- maintain physical distance of two meters from the patient and staff;
- where physical distancing cannot be maintained, the Essential Care Partner must wear a medical mask.

Essential Care Partners Employed as Transport Workers or “Essential Travelers”

An essential care partner’s occupation may require essential travel outside of Manitoba (e.g., truck driver or transport worker) and may mean they are unable to pass the screening requirements related to travel.

For essential care partners who are employed in occupations that are exempt from the requirement to isolate upon return to Manitoba and who are asymptomatic, the following must be followed:

- Regardless of Zone (Red, Orange, Green) being visited, essential care partner will be provided a medical mask upon entry to facility which must be worn at all times, hand hygiene must be performed;
- Essential care partner/traveler must maintain physical distancing of two meters from staff and patient when possible
- If physical distancing from the patient cannot be maintained (labor and delivery as an example)
  - for the duration the essential care partner is present, the patient should be managed within orange zone protocol
  - after the essential care partner leaves, the patient may be treated as a green zone patient

Change Tracker
March 15, 2021
- Updated to include that essential care partners will be provided a medical mask for their visit

February 16, 2021
- Updated with additional information related to essential care partner guidance.

December 17, 2020
- Added change tracker
- Updated to include definition of essential care partner and provide guidance for visitation by essential care partners during Pandemic Response Level RED.
- With updated definition, facility access for visitors is restricted.