COVID-19

Essential Care Partner and Visitor Guidelines

Acute Care

Visitor access to acute care facilities is being gradually expanded as vaccination rates rise and COVID-19 case counts drop.

Work is underway to develop Essential Care Partner and Visitor Guidelines for Provincial Response Level ORANGE.

At present, visitation for acute care will continue to occur as per the recently updated guidelines below.

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. 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 maker to provide support
- cultural and spiritual support

General Visitor (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;
Fully Vaccinated Manitoban/Individual
Fully vaccinated individuals - those who have received both doses (any combination) of an approved two dose COVID-19 vaccine (AstraZeneca, Pfizer, Moderna), OR a single dose of an approved single dose COVID-19 vaccine (Janssen/Johnson & Johnson) with more than 14 days having passed since the second dose (or approved sole dose) was received.

Where vaccination status is a factor in consideration of expanded visitation, proof of immunization will be required.

Guideline during Provincial Response Level RED
Visitor access to acute care facilities continues to be restricted. This includes visitor access to outpatient services.

As vaccination rates among patients and staff, and in the community, continue to rise, some expanded visitation for fully immunized patients and their fully immunized visitors will occur.

Please note: this change only applies to general/social visitors. There is no change for essential care partners.

Essential Care Partners

Vaccination status of essential care partners or patient is not a consideration.

Essential care partner access will continue to 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 continue to occur virtually wherever possible. In-person visitation will be considered and facilitated if it is the only option to meet the patient's needs.

Visitor access to orange and red zone patients is not permitted, regardless of the vaccination status of the visitor.

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 and Urgent Care

Access to emergency departments and urgent care centres remains 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.

Outpatient

Access to outpatient services (including diagnostic services and CancerCare Manitoba) remains 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

When a loved one is dying, the ability to be present is often an important time both for the dying individual and for their visitor. The significance of this access needs to be balanced with the risk of infection for the visitor, the staff and other patients.

In determining status of allowed visitors, consideration will be given to the stage of illness, projection regarding timing of death (e.g., those whose condition may be stable but who are at high risk of deterioration) and trajectory of expected decline, which can often be monitored by
observing the rate of decline in performance status. The Palliative Performance Score may be helpful in monitoring decline; it is not so much the patient’s performance status as their momentum of decline that indicates the approaching end of life. The decision related to when an individual is approaching their end of life will be informed by the care team and is unique to the circumstances of each individual.

During the estimated last month of life, 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 the maximum of four) is to be managed on a case-by-case basis in collaboration with site leadership and IP&C.

When considering exceptions to these guidelines and consideration of visitors beyond the maximum of four essential care partners, vaccination status of visitors should be considered. Of note, fully immunized individuals (those who have received both doses of the COVID-19 vaccine, and whose second dose was more than 14 days ago) who are asymptomatic have the lowest risk of acquiring and passing on a COVID illness.

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

Unvaccinated Patient or Visitor

In situations where either the patient or visitor (or both) are not fully vaccinated, visitor access continues to be restricted, with the exception of essential care partners and other exceptions approved by the facility in consultation with IP&C.

Fully Vaccinated Inpatients and Visitors

In circumstances where both the admitted patient and visitor are fully vaccinated (have received both doses of the COVID-19 vaccine, with second dose received more than 14 days ago), expanded visitor access to acute care facilities is permitted in Green Zones.

All visitors must show proof of vaccination status each time they enter a facility and must continue to follow all screening and IP&C requirements: use of medical masks (visitors and patients), hand hygiene, physical distancing, and enhanced cleaning/disinfection.

Consideration of vaccine status for the purpose of expanded visitation is solely applicable to inpatient visits at this time. This consideration does not apply to outpatient services including emergency departments, diagnostic services and day procedures. Visitation in End of life situations in emergency departments should continue to be assessed on a case by case basis.

Documentation and Proof of Immunization:

• Visitors must provide documentation or proof of vaccination status.
• Facility will confirm visitor meets the criteria (received both doses of COVID-19 vaccine, second dose received at least 14 days prior). Facilities will not record or retain record of vaccination status.
• Documentation may vary according to the facility and by individual visitor, and may include:
  o Confirmation via QR code (Manitoba immunization card);
  o Paper version of Manitoba immunization card;
  o Online confirmation of vaccine record through the Shared Health Online Results Portal [https://sharedhealthmb.ca/covid19/test-results/](https://sharedhealthmb.ca/covid19/test-results/);
  o Printout of vaccine record available through the Shared Health Online Results Portal [https://sharedhealthmb.ca/covid19/test-results/](https://sharedhealthmb.ca/covid19/test-results/);
  o Out of province visitors must provide proof of vaccination from their home province.
• Facility will request photo ID to ensure the vaccination documentation presented belongs to the visitor. In instances where photo ID is not available, on a case-by-case basis, other forms of identification can be accepted.
• Children between the ages of 12-18 must provide proof of vaccination but will not be required to produce photo identification. Those under the age of 12, must pass screening and can visit with a fully vaccinated adult.

Scheduling and Information Management
• Visit information must be retained for 30 days for the purpose of contact tracing. Information related to an individual’s vaccination status must not be retained.
• Visitation will occur during general visitation hours.
• The maximum permitted number of visitors per patient, per day is to be determined by each site/facility based on logistics of screening, shared rooms, and ability to maintain physical distancing requirements.
• Each visitor will access the facility no more than once per day.

In-Room Visits
• In-room visits may occur between fully vaccinated patients and fully vaccinated general visitors if the physical space will allow for physical distancing to be maintained between the visitor(s) and the patient.
• If a shared room, all patients must be fully vaccinated.
• If a patient in the room is not fully vaccinated, the facility will determine if another location can be accommodated for the visit. This consideration will also include an assessment whether it is safe to move the patient to another location.
• If space will allow for more than one visitor, up to two may be permitted at a time, however physical distancing must be maintained between visitors and patient.
• If visitors are from the same household, they are not required to maintain physical distancing from one another but must maintain physical distancing from the patient.
• Appropriate PPE including medical masks must be worn at all times.
• Hand hygiene must be performed regularly.
• Facilities may determine the level of supervision required for visits in order to ensure physical distancing and other requirements are following. This may include requiring patient doors to remain open during visits. This is at the discretion of the facility.

Visits in Other Locations
• Facilities that have access to a large space for visitation, will determine the maximum number of visitors that may be present at one time.
• No more than two general visitors per patient should be permitted at one time and only if physical distancing can be maintained.

Requirements
Screening must occur prior to entry being permitted to any health care facility. This is required every time an essential care partner, escort, parent or guardian accesses a facility.

Individuals with symptoms or exposure history will not be permitted to enter. This includes individuals who have travelled outside Canada 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.

Unvaccinated essential care partners in Manitoba from out of province, including those who have been granted exemption from federal quarantine, may be permitted to access acute care for the purpose of providing essential care to inpatients during their required 14-day isolation upon arrival in the province. Consideration and approval will be made on a case-by-case basis and is at the discretion of site leadership and IP&C.

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;
  o 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.
  o 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 when possible;

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
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.

Patients and families/guardians/escorts traveling out of province, within Canada, for medical procedures or care, may follow the same quarantine and acute care access as identified for essential travelers as part of public health orders. Travel for care out of country requires consideration based on country of travel, in coordination with the medical officer of health, site leadership and IP&C.

Change Tracker

June 25, 2021

- Work is underway to develop Essential Care Partner and Visitor Guidelines for Provincial Response Level ORANGE.
- At present, visitation for acute care will continue to occur as per the recently updated guidelines below.

June 17, 2021

- Updated to define Fully Vaccinated Individuals and to support expanded visitation to acute care facilities in some settings/situations. Specific guidance added for screening, information records, and confirmation of vaccination documentation.
- Updated end of life language to increase the consideration of end of life timeframe from 2 weeks to 4 weeks.

May 24, 2021

- Updated screening requirements – required EVERY time an essential care partner, escort, patient or guardian accesses a facility.
- Essential care partners in Manitoba from out of province, including those who have been granted exemption from federal quarantine, may be permitted to access acute care for the purpose of providing essential care to inpatients during their required 14-day isolation upon arrival in the province. Consideration and approval will be made on a case-by-case basis and is at the discretion of site leadership and IPC.
- Patients and families/guardians/escorts traveling out of province, within Canada, for medical procedures or care, may follow the same quarantine and acute care access as identified for essential travelers as part of public health orders. Travel for care out of country requires consideration based on country of travel, in coordination with the medical officer of health, site leadership and IP&C.

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.