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* Please note: Personal Care Homes should also follow the Long-Term Care guidelines, where applicable.1

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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 safe by the Chief Medical Health Officer. The ongoing risks of both restricting family presence and of COVID infection are assessed in this decision. A cautious approach is necessary to assure the safety of the people we serve in hospitals and long term care homes. For these reasons we are not able to specify a potential date for open family presence.

Q2: How do restrictions to family presence keep patients, families and providers safe?

A2: Limiting the number of people in any environment reduces the potential for exposure and transmission of Covid-19. Additionally, minimizing the number of people within a facility or home enables 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 areas.

Q3: How can essential family/support person(s) who are able to be with a loved one, stay safe?

A3: Essential family/support person(s) who enter acute care facilities or long term care homes need to follow the same precautions as staff. This includes screening, temperature check, hand hygiene and continuous mask use. Family members and support people should ensure physical distancing and limit movement within a facility or home. Limiting the number of essential family/support person(s) in a facility or home is an additional safe guard.

Q4: If I am wearing a mask, do I still need to physically distance?

A4: It is recommended that physical distance is maintained because masks do not offer complete protection and infection can spread through close touch. Frequent hand washing or hand sanitizer use is another way to reduce transmission and this is especially important if safe distancing is a challenge. If essential family/support person(s) have been screened, are wearing a mask and perform regular hand hygiene, they can touch their loved ones to assist in care or other needs i.e. helping to feed a loved one.



Q5: If we are two essential family/support persons from the same family unit, do we still need to maintain physical distance from each other and our loved one?

A5: If you live in the same home, you do not need to physically distance from each other, but if you live separately then physical distancing is required.

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 an essential family/support person. It is recommended that physical distancing be maintained between the animal and patients/residents.

Q7: What if I don't agree with the limitations to family presence or would like an exception to be made?

A7: If patients/residents or essential family/support person(s) have specific concerns, 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.

Q8: What if I have been screened and I do not meet the requirements to be with my loved one?

A8: Currently, everyone is screened prior to entry and cannot enter the facility/home if the screening criteria are 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 in such instances.

Q9: As a health care provider, who can I contact for more information about the SHA Family Presence Policy?

A9: Health providers can request a consult regarding the Family Presence Policy by emailing pfcc@saskhealthauthority.ca.

Q10: Are there specific guidelines for COVID units?

A10: There are specific Personal Protective Equipment Guidelines for COVID Units and for visitors who are COVID+ or suspected to be COVID+. Additional consultation with Infection Prevention and Control may be required, please see the [Infection, Prevention and Control Guidelines](#)

Q11: If there's an outbreak, will there be changes to Family Presence?

A11: There may be situations when Family Presence needs to be temporarily restricted. These restrictions may occur because of an outbreak at the facility/home or due to changes in the community transmission of COVID-19. This is a decision made by the local Medical Health Officer. Refer to Appendix B for more information about each level of restriction.

PALLIATIVE/END OF LIFE

Q12: 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?

A12: Yes, if the patient has end stage disease, continue to follow the family presence guidelines as outlined for End-of-Life/Palliative Care.

Q13: 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?

A13: If the attending physician (in consultation with the charge nurse/unit or facility manager) determines that the patient or resident has end stage disease, then follow the guidelines 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 and within the capacity of the department or home.

Q14: If an essential family/support person is required to self isolate due to international travel is there a way to request an exemption?

A14: You may be considered for an exemption to border restrictions for compassionate reasons by the federal authorities. You will be required to apply for an exemption and if approved will be provided with a signed letter of support. For more information: www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/latest-travel-health-advice/compassionate-entry-limited-release-from-quarantine.html 

LONG TERM CARE/PERSONAL CARE HOMES

Q15: 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?

A15: In long term care, residents can identify two essential family/support person(s) 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.

Q16: Do essential family/support persons have to keep a two metre distance from their loved one?

A16: 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.

Q17: Can essential family/support persons use the washrooms inside the long term care home when visiting indoors?

A17: Washrooms will be available; families are asked to use public washrooms and not the resident's washroom.

Q18: Why are there sometimes different approaches for family presence in long term care homes?

A18: Each home is required to implement the policy directive and support as much family presence as possible. Approaches may vary and the decision are intended to ensure both resident care needs and safe family presence with consideration of operational feasibility, the availability of staff to facilitate screening and visits. Staggering visits, phasing family presence in on a unit-by-unit basis, or other creative approaches to ensure residents are receiving essential quality of life and/or care they require are some strategies used.

Q19: Are residents allowed to leave the home for appointments or other outings?

A19: Residents can leave the home for appointments such as medical or dental services, 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. Long term care residents can leave the home



and/or SHA grounds based on the ability to follow the current Saskatchewan Public Health Order and SHA Guidelines. Please connect with the manager of the unit/home for more information.

The following recommendation was made by the Government of Saskatchewan when long term care family presence was restricted to compassionate care reasons only on November 19, 2020. Patients and residents should not leave the care facility to visit family or friends or for any other reason unless this is an established outdoor visit. Patient day passes, essential appointments and access to healing centres will be determined in consultation with the care team.

OUTDOOR VISITATION IN LONG TERM CARE/PERSONAL CARE HOMES

Q20: Do outdoor visits need to be scheduled? How can I arrange a visits?

A20: 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.

Q21: Do I need to wear a mask?

A21: Family members are required to wear a mask to enter SHA facilities/homes. Family members will follow SHA Masking and PPE guidelines during COVID-19.

Q22: Can I give my loved one an item during our outdoor visit?

A22: Unfortunately, the two meter physical distance will need to be maintained. Please make arrangements with the care staff for any deliveries for your loved ones. We can help facilitate this in a safe way.

Q23: Can I give my loved one a quick hug at the end of the outdoor visit?

A23: 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.

Q24: Where will these visits happen?

A24: 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 one's home directly on where the outdoor visiting will take place.

Q25: I am having some minor symptoms, can I still come for an outdoor visit?

A25: 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.

Q26: Can I take my loved one for a walk outdoors?

A26: Outdoor access to SHA grounds/ space is encouraged where it can be accommodated safely.

Q27: Will I need to undergo screening before my outdoor visit?

A27: Yes, you will need to undergo the visitor screening process. This may take place over the phone or at the facility when you arrive.

Q28: An outdoor visit would not work well for my loved one. What other options are there?

A28: There are other options that may be available in our long term care homes such as virtual visits, window visits, indoor visitation, and indoor family presence. Please contact the home to find out the options that are available for family presence.

**Q29: If there's an outbreak, will we still be able to have outdoor visits?**

A29: 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.

Q30: Are there additional screening guidelines regarding outdoor visitation?

A30: 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.
- 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 identified areas of [COVID-19 Outbreaks](#) they will be provided a mask and must wear it for the duration of the outdoor visit.

Q31: Do family members require a temperature check prior to outdoor visits?

A31: 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.

Q32: 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?

A32: Yes, please document all family members and support people in order to perform contact tracing if needed in the future.

Q33: Can family members/support people use the washrooms inside the long term care home when visiting outside?

A33: 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.

Q34: Is there a maximum number of people we can have in an outdoor visiting according to the public health order?

A34: Public health orders for gatherings in an outdoor setting need to be followed. 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.

Q35: Will there be an option for outdoor visits for long term care patients in hospital?

A35: Patient outdoor access to SHA grounds/space is encouraged where it can be accommodated safely. The option for outdoor access will be determined collaboratively with the patient, family and care team.



Family members will be screened when entering the facility according to the facilities current screening process. Only essential family/support persons can accompany patients outdoors.

CRITICAL CARE/INTENSIVE CARE

Q36: Can I be with my loved ones in the ICU/Critical Care if there is an Aerosol Generating Medical Procedure (AGMP) being performed?

A36: Family presence is discouraged when an aerosol generating medical procedure (AGMP) is being performed and until the procedure is complete and the aerosolize settle time has been achieved. This is because family members cannot be properly fit tested for an N95 respirator.

Note: In extremely exceptional circumstances (i.e. end-of-life extubating) a family member may be permitted to be present during an AGMP only after consultation with the MHO and IPAC. This consultation should include a decision as to the risk of exposure (i.e. close or non-close contact). If permitted, unit staff should discuss the risk exposure and the required action (self monitoring or self isolating) with the family member/support person. In addition,

- Family/support person must wear an N95 respirator (seal check performed), gown, eye protection
- If a family member/support person is present during an AGMP, they may not be allowed back as part of family presence until the 14 day self-isolation period is over and they are not showing any signs or symptoms of COVID-19
- Family member/support person should be advised to call 811 if they develop any symptoms, have any questions, or wish to arrange for COVID-19 testing.

Please see the attached document for the information.

<https://www.saskhealthauthority.ca/news/service-alerts-emergency-events/covid-19/PPE-infection-prevention-control/Documents/Infection%20Prevention%20and%20Control/General/CV-19-G0066-IPAC-Recommendations-Family-Presence-COVID-19-Patient.pdf>

MATERNAL CHILDREN'S

Q37: For maternal patients, can a Doula take the place of a family member/support person or could they be in addition?

A37: 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.

Q38: Can children or babies accompany one of the designated visitors?

A38: If the facility is able to accommodate, the child or baby would be allowed to visit the patient/resident when accompanied by one of the designated visitors as long as safety measures are followed: screening, hand hygiene, PPE (if possible) and physical distancing of 2 metres.

OUTBREAK

Q39: Can essential family/support persons be with their loved one during an outbreak?

A39: Effective February 25, 2021, one designated family member/support person is able to assist with care needs during an outbreak (i.e. for self-care, mobility, nutrition and behavioural needs).



Q40: How can I stay connected with my loved one during an outbreak ?

A40: Care teams can support family members/support persons with virtual communication. [Virtual Visits Toolkit](#)

OTHER

Q41: Are family pets allowed to accompany family when visiting in long term care or acute care?

A41: Contact the facility to see if arrangements could be made following their previous pet policy.

Q42: How often do visitor restrictions get reviewed?

A42: Restrictions will be reassessed two weeks after they have been put in effect and then weekly thereafter.

Q43: How do I know what facilities are under visitor restrictions?

A43: A list of facilities that are under visitor restrictions (family presence)

www.saskhealthauthority.ca/news/service-alerts-emergency-events/Pages/service-alerts.aspx

Q44: Can families switch out their designated essential family/support person on a rotational basis?

A44: Switching out the two designates would be permitted to prevent care giver burnout and accommodate other care giving activities, etc. while still ensuring the resident has adequate family support. It is not intended to rotate family members. Consult the care team for consideration.

Q45: If a patient or resident requires assistance with pressing circumstance i.e. financial or legal support, are they able to have someone come into the facility?

A45: Yes they would be allowed to come into the facility and would not have to be one of the designated essential family/support persons but must book an appointment in consultation with the care team.

Q46: I am a healthcare provider, can I visit a patient or resident during my break?

A46: Only if the healthcare provider is listed as one of the designated essential family/support persons would they be allowed to visit.