

COVID-19

Essential Care Partner and Visitor Guidelines

Acute Care

Note: Latest updates will appear in blue.

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.

With recent case positive trends and risk for outbreaks, staff and patient safety is the utmost priority. All efforts to minimize traffic in our acute care facilities is a priority and new visitor restrictions are required.

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;
- individuals who are not involved in the care of the patient.

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 acute facility access, proof of immunization will be required.

Guideline during Provincial Response Level RED

Visitor access to acute care facilities [is now restricted](#). This includes visitor access to outpatient services.

Essential Care Partners

All essential care partners are required to show proof of full vaccination status upon every entry to an acute care facility. Sites will determine the location and process to manage this requirement alongside existing site screen protocols.

In situations where an inpatient's identified essential care partner is not fully vaccinated, AND an alternate fully vaccinated essential care partner is not available, case-by-case consideration related to permitted access of the essential care partner may occur. In these situations, the clinical judgement of the care team should indicate that an essential care partner's in-person presence is necessary and that an alternate, fully-vaccinated, essential care partner is not available.

Where the clinical judgement of the care team does not indicate that in-person presence is required, virtual options should be explored and made available.

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 support 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.

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.

Essential care partners accessing acute facilities must take the most direct route from screening to and from the unit when accessing and departing. The time spent within a facility is restricted to the patient's care area/room.

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.

Essential care partner access to inpatient and outpatient services (including diagnostic services and CancerCare Manitoba) remains subject to assessment of space, activity, and the patient's/client'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.

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 essential care partner, and may include:
 - Confirmation via QR code (Manitoba immunization card);
 - Paper version of Manitoba immunization card;
 - Online confirmation of vaccine record through the Shared Health Online Results Portal <https://sharedhealthmb.ca/covid19/test-results/>
 - Printout of vaccine record available through the Shared Health Online Results Portal <https://sharedhealthmb.ca/covid19/test-results/>
 - Out of province visitors must provide proof of vaccination from their home province.
 - Canadian COVID-19 Proof of Vaccination

Scheduling and Information Management

- Essential care partner 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.

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 [and eye protection](#) at all times;
 - In Green Zones and common areas, the essential care partner will be provided with a medical mask [and eye protection](#) 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 additional 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 and patient when possible

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

December 31, 2021

- [Provincial response status changed to RED](#)
- [Discontinuation of vaccinated visitor guideline](#)
- [Addition of eye protection to PPE essential care partners must wear.](#)

November 29, 2021

- Updated to require proof of full vaccination by essential care partners, upon each entry to a facility.

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.