



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 require a change in the public health order by the Chief Medical Health Officer. The ongoing risks will be assessed and a cautious approach will be taken to the lifting of these restrictions in order to protect those most vulnerable in hospitals and long term care homes. Unfortunately we are not able to give a potential date at this stage.

Q3: Who can I contact if I am unsure how to interpret the compassionate reasons for family presence, and deciding if a patient or long term care resident can have a family member or support person with them in the facility or home? Would this be the same contact to ask about exceptions?

A3: Health providers can request a consult to support interpretation of the Family Presence Guidelines and compassionate reasons for family presence by emailing pfcc@saskhealthauthority.ca. You can also email if you are inquiring about an exception.

Q4: When there are two designated family members/support people with a palliative or ICU/critical care patient, do they still need to maintain physical distance from each other?

A4: If they are from the same household, living together, they do not need to physically distance from each other. If living separately then it is recommended that they maintain physical distance from each other. It is always recommended that the family members/designated support people maintain physical distance from those in acute or long term care because they are at higher risk. This also applies to long term care out door visits.

Q5: Are there specific guidelines for COVID units?

A5: Visitation to COVID units is permitted according to the SHA family presence guidelines. The only time visitors may be restricted is during an outbreak. Exceptions will be made in discussions with the local Medical Health Officer for end of life circumstances.

PALLIATIVE/END OF LIFE

Q6: 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?

A6: Yes, if the patient was assessed as palliative, continue to follow the family presence guidelines as outlined for End of Life/Palliative Care.

Q7: For palliative care/ end of life care, if the one designated family member has gone home to sleep or rest, does that mean that no other family members can be present?

A7: No, the second family member/support person can alternate and does not need to be with the designated family member/support person. The designated family member/support person and a second individual can both be present at the same time if physical distancing can be maintained.

Q8: For end of life/palliative family presence, are all visits determined by physician in consultation with charge nurse/unit 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?

A8: If the attending physician (in consultation with the charge nurse/unit manager) determines that the patient or resident is end of life or palliative, then follow the guideline 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.

More details will be provided by the End of Life/Palliative Working Group next week and more information included in the Guidelines this week (week of June 8, 2020).

Q9: How is end of life defined?

A9: End of life is currently determined by the attending physician in consultation with unit manager/charge nurse. A working group for Palliative Care/End of Life Family Presence has been formed and will provide additional guidance this week (week of June 8, 2020).

Q10: Is there a limit on how long or how often a family member can visit someone who is end of life/palliative?

A10: There is no limit on frequency or duration of visitation, and it should be based on the choice of the resident, in consultation with their loved ones.

LONG TERM CARE

Q11: What if long term care residents cannot go outside, but they do not meet the criteria for having a designated family member or support person with them inside?

A11: These residents will be considered a priority for meeting the criteria of “quality of life needs unmet”.

Q12: What would be the criteria for determining if the resident’s quality of life needs cannot be met for long term care homes?

A12: Considerations would include those residents who are not able to be with their families or support people through outdoor or digital visitation, residents who had a family member/support person who regularly assisted with care needs before pandemic, and those residents whose needs have changed and now require support from designated family members/support people. The Family Presence Long Term Care Working Group will be developing additional criteria this week (week of June 8, 2020).

Q13: Are family able to deliver additional items outside of the food/beverages/ flowers / dry paper goods to long term care home residents? For example, craft supplies, yarn, paints.

A13: Yes, craft supplies including yarn and paints can be delivered able to be wiped down or are in original packaging that can be wiped down. Hand hygiene to be performed before and after using craft supplies.

Q14: Do designated family members or support persons have to keep a two metre distance from their loved one?

A14: If family members/support people have been properly screened, are wearing a mask and have preformed 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.

OUTDOOR VISITATION IN LONG TERM CARE

Q15: For outdoor visitation, are there additional guidelines regarding the operationalization of outdoor visits?

A15: Long term care homes are welcome to operationalize outdoor visits in a way that works for your local context. The following was recommended by the screening group:



- 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 area of concern they will be provided a mask and must wear it for the duration of the outdoor visit.

Q16: For outdoor visitation, do we need to maintain a list of family members/support people who have visited to support contact tracing in the event of an outbreak?

A16: Yes, it is best to document all family members and support people in order to perform contact tracing if needed in the future.

Q17: For outdoor visitation, can family members/support people use the washrooms inside the long term care home?

A17: Washroom facilities would 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.

Q18: Is there a maximum number of people we can have in an outdoor area according to the public health order?

A18: Public health orders for gatherings in an outdoor setting need to be followed. As of June 8, the allowed size limit for outdoor gatherings will be raised to 30. 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.

Q19: Will there be an option for outdoor visits for long term care patients in hospital?

A19: This is not currently included as an option, but will be considered for future amendments.

Q20: Do family members need to be screened prior to outdoor visitation if they do not enter the long term care home?

A20: Yes, they will still need to be screened.

Q21: Do family members require a temperature check prior to outdoor visits?

A21: 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.