

## Policy Directive: Family Presence during a Pandemic

Number: SHA-02-007

Date Effective: July 13, 2020

Scope: Saskatchewan Health Authority

Date Revised: December 29, 2020

**This policy directive applies to the following team members:** Staff, Contractors, Contracted Individuals, Patient Family Advisors, Knowledge Keepers, Volunteers, and Learners

(See Appendix A for Definitions)

**This temporary policy directive applies in all SHA facilities, and to Affiliates. It replaces all former regional health authority Open Family Presence documents until it is repealed.**

**This policy directive will be superseded by any Public Health Orders restricting family presence/visitation.**

### 1. Purpose

This policy directive explains the temporary restrictions to open family presence/visitation that are in place at all SHA facilities and Long Term Care (LTC) homes due to the COVID-19 pandemic.

These restrictions support safe physical presence of designated essential family/support person(s) and visitors.

### 2. Principles

- 2.1 SHA leadership, care teams, patients and families value family presence as essential for patient/resident health, safety and well-being.
- 2.2 The SHA will work with patients/residents, families and team members to:
  - maximize family presence; and
  - reduce spread and prevent an outbreak of COVID-19 in SHA facilities and homes.
- 2.3 Patients/residents will identify who their essential family/support person(s) is and this may include a/an:
  - loved one;
  - friend;
  - paid caregiver; or
  - other person of the patient/resident's choosing.
- 2.4 The SHA will support as much family presence as we safely can.

#### Family Presence means:

- caregiving;
- supporting social and emotional well-being; and
- shared decision-making as partners of the care team.

#### Visitation means:

- social connection with family, friends, and others; and is
- not limited to essential family/support person(s).

**patients/residents** means patients, clients and residents in this document.

- 2.5 The SHA will return to open family presence as soon as it is safe to do so (as determined by the Chief Medical Health Officer of Saskatchewan).

### 3. Policy Directive

#### **Patients/residents designate essential family/support persons to provide in-person support.**

- Essential family/support persons provide in-person support and/or assist with personal care or quality of life needs.
- One essential family/support person can be present at a time.
- Religious/spiritual care providers are considered part of the care team and do not need to be included as essential family/support persons.
- Family/support person(s) who regularly assisted with care (feeding, personal care, quality of life) will consult with their care team to determine how to safely continue their presence.
- Flexible and creative approaches will be used to enhance family presence when there are limitations such as physical layout, capacity of staff, and any operational constraints. These will be determined collaboratively with patients/residents and family/support person(s).
- Patient day passes, essential appointments, access to healing centres or other outings into the community will be determined in consultation with the care team.
- There may be exceptional situations or circumstances within facilities where family presence is temporarily suspended due to operational constraints or space limitations not permitting physical distancing from other patients, staff and essential family/support persons. In these situations, care teams will work together with families to support connections and provide updated information on care.

#### **The designated essential family/support person(s) should be consistent.**

- A patient/resident may choose a temporary replacement when their essential family/support person is unable to be present because they are:
  - required to self-isolate;
  - performing other caregiving duties;
  - experiencing caregiver burnout;
  - away; or
  - unable to attend for a period of time.
- The patient/resident will work with their family/support person(s) and care team to designate a temporary essential family/support person.

#### **3.1. Pandemic Restrictions**

- Provincial restrictions are established by the Chief Medical Health Officer (CMHO) through a [Public Health Order \(PHO\)](#).
- The CMHO has authority to assign additional family presence restrictions to:
  - specific facilities/homes; and/or
  - types of care i.e. acute care or long term care [Compassionate Care Visitor Guidelines - Long Term Care, Affiliates, Personal Care Homes](#)
- There can be different restrictions in effect across the province.

- The level of family presence restriction for facilities/homes is posted on a [provincial dashboard](#).

Local leadership and MHO determines if family presence in a facility or home needs to temporarily be further restricted (also see Appendix B: *Levels of Family Presence During COVID-19*).

**Outbreak management/community spread of COVID 19:**

- In an outbreak situation, family presence would be restricted to Level 3 – End of life only unless otherwise determined by the local MHO.
- Care teams are encouraged to continue family support through virtual engagement when restrictions are limited.

**The local MHO will review restrictions:**

- two weeks after the initial restriction is put in place; and
- weekly while restrictions remain in place.

During COVID-19 family presence is limited to three levels of restrictions.

**Level 1 Family Presence Restrictions:**

**Designated essential family/support person(s):** All patients/residents can designate **two** essential family/support person(s) to provide in-person support with one present at a time.

**Frequency of family presence:** daily or as close to daily as can be safely accommodated by care teams.

LTC residents can leave the home and/or SHA grounds based on the ability to follow the current Saskatchewan Public Health Order and SHA Guidelines. This includes, but is not limited to essential appointments. Further restrictions to LTC outings can be made by the local Medical Health Officer (MHO).

**Level 2 Family Presence Restrictions:**

**Designated essential family/support person(s):** All patients/residents can designate **one** essential family/support person(s) to provide in-person support for care and/or quality of life needs.

**Frequency of family presence:** as much as safely possible. Reduced frequency and scheduling are implemented as needed.

Patient day passes, essential appointments and access to healing centres will be determined in consultation with the care team.

### **Family Presence Restrictions – Specific Circumstances:**

More than two essential family/support persons can be designated for:

- critical care or intensive care units; and
- end-of-life/palliative care.

Two designated essential family/support persons can be present at the same time for:

- critical care or intensive care units;
- end-of-life/palliative care; and
- maternal, postpartum or pediatric units.

Family/support person(s) will consult with the care team to discuss children attending in-person. Children must be accompanied by an essential family/support person.

### **Level 3 Family Presence Restrictions:**

**Family presence is limited to End-of-Life Care.**

**Frequency of family presence:** daily or as close to daily as can be safely accommodated by care teams.

**Two essential family/support persons can be present for the following situations:**

- palliative care, hospice care or those who are at high risk for loss of life;
- dramatic shift in the functioning of a patient;
- patient unlikely to leave hospital.

Patient day passes, essential appointments and access to healing centres will be determined in consultation with the care team.

Restrictions to level 3 should be at the unit or neighborhood level and not applied to an entire facility or home whenever possible.

Exceptions to Level 3 family presence during a COVID outbreak must be approved by local Medical Health Officer.

3.2. All three levels of family presence restrictions require essential family/support person(s) to:

- Complete [health screening](#) before entering a facility.
  - Those who do not meet screening requirements and want to discuss further, the team member will call the local Medical Health Officer for direction.
- Follow SHA Masking and PPE guidelines during COVID-19.

- Wear extra PPE if the patient/resident or essential family/support person requires more protection to be safe, infection prevention and control processes will determine the type of PPE needed.
- Perform hand hygiene (washing with soap and water or using alcohol based hand rub) when:
  - entering or leaving the facility;
  - entering or leaving the patient/resident's room;
  - arriving to visit the patient/resident outdoors; and
  - leaving after visiting the patient/resident outdoors.
- Maintain a physical distance of two metres from others unless they live in the same household, or are providing direct care.
- Limit their movement in the facility.
- Communicate with team members before bringing in personal items, food, beverages or gifts.
- Patients/residents suspected or confirmed with COVID-19 can have their essential family/support person present. The clinical team will:
  - review the applicable [Infection Prevention and Control Guidelines](#) to ensure this can be done as safely as possible;
  - consult local Infection Prevention and Control (IPAC) with any questions; and
  - notify the local Medical Health Officer if patient is admitted to an acute care facility or is a LTC home resident.

### 3.3. LTC Outdoor Visitation

During an outdoor visit in an "open air" space, the following is required:

- Visits are arranged in advance in consultation with the care team.
- Team members will complete health screening over the phone before a visit, or at the home.
- Medical grade masks are required when visiting outdoors.
- Family/support person(s) can bring pets for outdoor visits if an existing policy allows pets.

#### **Outdoor Visitation:**

- must be in an "open air" space such as a patio.
- can include more than one essential family/support person at a time; and
- can include visits from people who are not designated as essential family/support person(s).

### 3.4. Outdoor Access: SHA Acute Care Facilities and LTC Homes

- Patient/resident outdoor access to SHA grounds/space is encouraged where it can be accommodated safely.
- Medical grade masks are required when visiting outdoors.
- Considerations for outdoor access include:
  - The facility has a suitable area to accommodate outdoor access safely.
  - The patient/resident, family/support person(s) and care team work together to determine the option for outdoor access.
  - Patients/residents will keep traffic in and out of the facility or home to a minimum.

- Patients/residents will practice physical distancing and minimize contact with others while outside.
- Essential family/support person(s) may accompany patients/residents outdoors.
- Patients/residents will practice hand hygiene when re-entering the facility.
- Patients/residents who are COVID-19 positive, or suspected to have COVID-19, will not have the option for outdoor access until cleared.

### 3.5. Questions and Support

If you have questions or need support, contact:

- Your local **Quality of Care Coordinator** (click [here](#) to access the list online). An appeal process is available for concerns not resolved through the Quality of Care Coordinator process.
- **Centralized Family Presence Support Team** - Health providers can request a consult for interpretation of the *Family Presence During a Pandemic Policy Directive* and compassionate reasons for family presence by emailing [pfcc@saskhealthauthority.ca](mailto:pfcc@saskhealthauthority.ca).

## 4. Roles and responsibilities

### 4.1 Joint Responsibility (patients/residents, families and team members)

- Engage in ongoing conversation about family presence processes.

### 4.2 Patients/Residents

- Advise team members of their essential family/support person(s) when able.

### 4.3 Essential Family/Support Person(s)

- Complete health screening before entering a facility.
- Visit one at a time, unless otherwise stated.
- Perform hand hygiene frequently.
- Wear a medical grade mask continuously when in a facility or home and recommended with outdoor visiting.
- Maintain a physical distance of two metres from the patient/resident and others.
- Call team members to schedule an outdoor visit or indoor family presence if required by the facility, unit or home.
- Limit movement around the facility or home.
- Contact local Quality of Care Coordinator with any questions or concerns (click [here](#) to access the list online).

### 4.4 Religious/Spiritual Care Providers

- Considered a part of the care team and will call team members to coordinate patient/resident care.
- Will follow best practices for infection prevention and control, including:
  - Complete health screening before entering any facility or home.
  - Perform required hand hygiene before and between patients.

- Wear a medical grade mask continuously while in the facility.
- Maintain a physical distance of two metres from the patient/resident and others except to perform spiritual rites/rituals, which require closer contact, in consultation with the care team.
- Be attentive to the Levels of Family Presence and corresponding [Guidelines for Spiritual Care Provision during COVID-19](#).
- Limit movement around the facility.

#### 4.5 Team Members

- Communicate and work collaboratively with patients/residents and families regarding family presence experience.
- Be creative in approaches to providing family presence by scheduling or staggering family presence. Engage family/support person(s) in the development of these creative approaches.
- Assist patients/residents to designate their essential family/support person(s).
- Screen essential family/support person(s) when they arrive at the facility, unit or home.
- Provide education to essential family/support person(s) on risks, hand hygiene, how to wear a mask and other PPE if needed, expectations for physical distancing and other applicable unit protocols.
- Facilitate daily presence for essential family/support person(s) who regularly assisted with care and quality of life needs.
- Share information on how to escalate questions and concerns through the Quality of Care Coordinator process.

#### 4.6 Managers or Designate

- Model and sustain the principles and core concepts of Patient and Family Centred Care.
- Develop a process for patients/residents to designate their essential family/support person(s).
- Develop and maintain a process to identify and track designated essential family/support person(s) when they arrive at the facility, unit or home.
- Develop a process for team members to educate family/support person(s) on risks, hand hygiene, how to wear a mask and other PPE if needed, expectations for physical distancing and other applicable unit protocols.
- Identify any concerns or barriers, such as physical distancing, resources for screening, supply of PPE.
- Develop strategies, such as sequencing, scheduling, or phasing in family presence, to address identified concerns or barriers.
- Develop a process to elevate complex considerations not included in this policy directive.
- Determine if a patient/resident is receiving end-of-life/palliative care in consultation with the attending physician.

#### 4.7 Attending Physician

- Determine if a patient/resident is receiving end-of-life/palliative care in consultation with the manager or designate.

#### 4.8 Directors, Executive Directors, Vice Presidents and Physician Executives

- Model and sustain the principles and core concepts of Patient and Family Centred Care.
- Support managers in developing and maintaining family presence processes.
- Support managers to implement strategies to address concerns or barriers.
- Review and manage complex considerations not included in this policy directive.
- Consult with the MHO to continually review the COVID-19 risk when family presence has been further restricted (e.g., to compassionate reasons only), and determine when a return to the current level of family presence can be implemented.

#### 4.9 Quality of Care Coordinators

- Manage family presence questions and concerns from family/support person(s).
- Escalate concerns to the Centralized Family Presence Support Team as appropriate.

#### 4.10 Centralized Family Presence Support Team

- Available for team members to interpret the *Family Presence during a Pandemic Policy Directive* and supporting materials ([pfcc@saskhealthauthority.ca](mailto:pfcc@saskhealthauthority.ca)).
- Available for team members inquiring about complex considerations not included in this policy directive.
- Provide an Appeal process for concerns not resolved through the Quality of Care Coordinator process.

#### 4.11 Local Medical Health Officer

- Consult with team members to determine if family/support person(s) can be present when screening requirements are not met.
- Identify COVID-19 outbreaks
- Declare COVID-19 outbreaks.
- Determine appropriate level of family presence in a facility when an outbreak or concern regarding community spread is identified.
- Consult with the appropriate facility manager or designate when appropriate to clear an outbreak.

#### 4.12 The SHA

- Support virtual visiting for patients/residents and families.
- Use a variety of communication methods to make patients/residents and family/support person(s) aware of changes to family presence.

### 5. Failure to follow this policy

Failure to follow this policy will be handled according to:

- collective bargaining agreements;
- applicable legislation, regulations, policies and procedures; and/or



- SHA Practitioner Staff Bylaws.

Breach of this policy may result in discipline up to and including termination/revocation of:

- employment;
- contractual relationship;
- practitioner staff appointment; and/or
- privileges.

## 6. Documents that relate to this content

Deputy Minister of Health letter, dated 3 July 2020

Saskatchewan Health Authority Chief Executive Officer letter, dated 13 July 2020

Appendix A: Definitions

Appendix B: Considerations for level of Family Presence during COVID-19

### Other

Other COVID-19 Family Presence resources can be found on the [Government of Saskatchewan website](#).

## 7. Roles that manage and approve this policy

### Policy Sponsors: Vice President, Quality Safety and Strategy; Chief Medical Officer

- Approve the policy and related content.
- Share responsibility for revisions and renewal with the owner.

### Policy Owner: Executive Director, Patient and Client Experience

- Manages this policy including policy communication, education, implementation, evaluation and audit.
- Shares responsibility for revisions and renewal with the sponsor.

## 8. References

None

## Appendix A: Definitions

**End-of-Life:** includes palliative care, hospice care or those who are at high risk for loss of life as determined with the patient, family, and care team. A score of 30% or less on the Palliative Performance Scale can be used as a general guideline when available but is not the only determining factor. Examples include, but are not limited to the following:

- Dramatic shift in the functioning of a patient
- Patient unlikely to leave hospital

**Family:** Individuals who are connected by kinship, affection, dependency or trust. The patient defines their family and how they will be involved in care, care planning and decision making. Individuals identified as “family” may or may not be the substitute health care decision maker(s). When a patient is unable to define “family” this will be the substitute health care decision maker.

**Patient:** All individuals including clients, residents and members of the public who receive or have requested health care or services from Saskatchewan Health Authority and its health care providers.

**Patient and Family Centered Care:** an approach to the planning, delivery, and evaluation of health care that is grounded in mutually beneficial partnerships among health care providers, patients, and families. It redefines the relationships in health care by placing an emphasis on collaborating with people of all ages, at all levels of care, and in all health care settings. In patient- and family-centered care, patients and families define their “family” and determine how they will participate in care and decision-making.

**Staff:** SHA employees and practitioner staff. Staff include in-scope, out-of-scope, full-time, part-time and casual staff in all facilities owned, operated and leased by the SHA as well as SHA staff working in the community.

- **Practitioner Staff:** Qualified members of a health profession who are legally entitled to practice in Saskatchewan and who have been granted privileges by the SHA.

**Team/Team Member:** In the context of SHA policy, ‘the team’ represents all individuals working, volunteering, or learning within the SHA. This could include staff, contractors, contracted individuals, Patient Family Advisors, Knowledge Keepers, volunteers and learners.

**Virtual Visiting:** a way to stay connected with a loved one in an SHA facility or LTC home when an in person visit is not an option. This may include phone calls, and visiting through electronic applications such as FaceTime, Skype and WhatsApp.

## Appendix B: Levels of Family Presence

The [dashboard](#) outlines the level of family presence restrictions in healthcare facilities. If a health care facility doesn't display the current restriction level, call the facility to find out what restrictions are in place.

Restrictions will be either level 1, 2 or 3 as per the Policy Directive.

However, a [Public Health Order \(PHO\)](#) can temporarily alter our family presence restrictions.

If a PHO states restrictions, those restrictions are the current law and must be followed.

Restrictions are formally reviewed two weeks after initial restriction, and weekly if restrictions remain in place.

The following are considered when modifying family presence in the SHA:

- Level of local transmission and risk of spreading COVID-19 within SHA facilities/homes;
- Volume of people entering the facility/home daily;
- Number of people in facilities/homes and ability to maintain physical distancing; and
- Access to PPE, supplies, and cleaning of sites.

### Family Presence Restrictions—Specific Circumstances:

More than two (2) essential family/support persons can be designated for:

- critical care or intensive care units; and
- end-of-life/palliative care.

Two (2) essential family/support persons can be present at the same time for:

- critical care or intensive care units;
- maternal, postpartum and pediatric units; and
- end-of-life/palliative care.

Family/support person(s) will consult with the care team to discuss children attending in-person. Children must be accompanied by an essential family/support person.

Family Presence Restriction Level	Changes to Open Family Presence (Exceptions are possible at each level. See exception box (top right corner) for details.)	Long Term Care (LTC) Outings	LTC Outdoor Visitation	Frequency of Visitation
<b>Level 1</b> General pandemic restrictions.	<ul style="list-style-type: none"> <li>• <b>Two (2) essential family/support persons can be designated to all patients and residents</b></li> <li>• One (1) person can visit at a time.</li> </ul> <p>Family presence available for all types of care.</p>	<p>Residents can access the community if they are able to follow the current Public Health Order.</p> <ul style="list-style-type: none"> <li>• Wear a mask</li> <li>• Physical distancing and limiting group size</li> <li>• Frequent hand washing.</li> </ul>	Allowed outdoors in designated spaces.	Daily or as close to daily as can be accommodated by care areas.
<b>Level 2</b> Increased pandemic restrictions.	<p><b>Family presence is restricted to:</b></p> <ul style="list-style-type: none"> <li>• <b>One (1) essential family/support person can be designated to all patients and residents</b></li> <li>• One (1) person can visit at a time.</li> </ul>	<p>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.</p> <p>Patient day passes, essential appointments and access to healing centres will be determined in consultation with the care team.</p>	Allowed outdoors in designated spaces.	Care teams develop approach to accommodate as much family presence as can be done safely. Reduced frequency or staggering/scheduling visits may be needed.
<b>Level 3</b> Restricted to end-of-life reasons only.	<p><b>Family presence is restricted to:</b></p> <ul style="list-style-type: none"> <li>• palliative care, hospice care or those who are at high risk for loss of life</li> <li>• dramatic shift in the functioning of a patient</li> <li>• patient unlikely to leave hospital</li> </ul>	Same as Level 2	No outdoor visitation.	Only in End-of-Life circumstances.



July 3, 2020

To: SHA and affiliates  
Personal Care Homes  
Saskatchewan Cancer Agency sites  
Ministry of Social Services Community Living Division group homes

Dear Organizations:

Visitation in health care settings is important to the quality of life of patients, residents, clients and their families. Over the course of the COVID-19 pandemic, strict visitor restrictions were implemented through public health orders to control transmission and protect vulnerable populations. The Saskatchewan Health Authority has recommended changes to the current restricted Family Presence Policy to increase family presence in a cautious and safe manner. The Ministry of Health has reviewed the recommendations and approved their implementation for Saskatchewan Health Authority sites and affiliates, as well as personal care homes, Saskatchewan Cancer Agency sites and Ministry of Social Services Community Living Division group homes (all entities covered under the current public health orders).

Effective July 7, the Chief Medical Health Officer will rescind current restrictions in the public health order on visitation. Responsibility for visitation policies to Saskatchewan Health Authority sites and affiliates, personal care homes, the Saskatchewan Cancer Agency and the Ministry of Social Services Community Living Division will be delegated to these organizations. It is expected that by July 13, all of these organizations will adhere to the following policies, developed by the Saskatchewan Health Authority:

1. Up to two members/support persons be designated for each patient/resident/client.
2. One family member/support person can visit at a time. The two designated persons may visit at one time under exceptional circumstances.
3. Two people can be present at one time if physical distancing can be maintained for:
  - a. Critical care/intensive care patients;
  - b. End of life/palliative care patients or residents;
  - c. Maternal Services Units (Maternal and Postpartum Units, Neonatal Intensive Care Units, Pediatric Intensive Care Units, Pediatric Units).

4. The policy will apply to all hospitals, long-term care homes, personal care homes, Saskatchewan Cancer Agency sites and Ministry of Social Services Community Living Division group homes.
5. Current policies, outlining that the family member/support person be screened, wear a medical grade mask, practice physical distancing and hand hygiene, and limit their movement within a facility will be maintained.
6. Saskatchewan Health Authority sites and affiliates, the Saskatchewan Cancer Agency, personal care homes and group homes will develop and publish family presence policies. Adherence to the policy, and consistent implementation across sites will be mandatory for each facility and organization.
7. This policy will apply to all indoor visits in all settings outlined in point 2, above. The current outdoor visitation policy developed by the Saskatchewan Health Authority for long-term care will remain in effect, with the expectation that its core principles will be applied consistently across sites.

Sites that are able to be compliant with this policy as of July 7 should do so. All visitors should call sites in advance between the period of July 7 to 13 to determine their visitation eligibility.

Sincerely,



Max Hendricks  
Deputy Minister of Health



Scott W. Livingstone  
Chief Executive Officer  
Corporate Office  
701 Queen Street  
Saskatoon, SK S7K 0M7  
306-655-0075

July 13, 2020

To: SHA Affiliates  
Personal Care Homes  
Saskatchewan Cancer Agency  
Ministry of Social Services Community Living Division Group Homes

Dear Partner Healthcare Organizations:

As we have all experienced over the past few months, there have been strict restrictions to family presence and visitation over the course of the COVID-19 pandemic. These restrictions have been put in place to protect our vulnerable populations and now are being updated to increase family presence in a cautious and safe manner. We know that family presence in health care settings is foundational for quality of life and overall health outcomes.

Recent correspondence from the Deputy Minister of Health (attachment dated July 3, 2020) has mandated an increase in family presence effective July 7, 2020 with implementation by July 13, 2020. Organizations were directed to comply with the following policies as developed by the Saskatchewan Health Authority:

- Two members/support people be designated for each patient/resident/client;
- One family member/support person can be present at one time; and,
- Two people can be present at one time if physical distancing can be maintained for critical care, end of life, and Maternal Services Units.

Attached for your reference is the Saskatchewan Health Authority Policy Directive: *Family Presence during a Pandemic* and supporting Appendices. This Family Presence during a Pandemic Policy Directive aligns with and now replaces the Saskatchewan Health Authority Family Presence Guidelines. Additional resources can also be found on the Government of Saskatchewan website at [www.saskatchewan.ca/COVID19](http://www.saskatchewan.ca/COVID19).

Any questions regarding SHA's Policy Directive and supporting Appendices may be directed to [pfcc@saskhealthauthority.ca](mailto:pfcc@saskhealthauthority.ca). The SHA Family Presence Expert Panel is continually assessing the impact of these restrictions and any updates will be available at [www.saskatchewan.ca/COVID19](http://www.saskatchewan.ca/COVID19).

It is through dedicated efforts of health care organizations and its providers that we all have been able to respond effectively to the challenges of COVID-19. Working together to respond and adjust to the challenges presented by this pandemic will mean improved health outcomes for those whose care needs we are responsible for.

Sincerely,



Scott W. Livingstone  
Chief Executive Officer  
Saskatchewan Health Authority

C: Max Hendricks, Deputy Minister of Health, Ministry of Health

Attachments:

Deputy Minister Letter of July 3, 2020

SHA Family Presence during a Pandemic Policy Directive and supporting Appendices

## ***Healthy People, Healthy Saskatchewan***

The Saskatchewan Health Authority works in the spirit of truth and reconciliation, acknowledging Saskatchewan as the traditional territory of First Nations and Métis People.

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