

Guidelines for Essential and Social Visits

Guidelines for Essential Visits

STATEMENT	APPLICATION
<p>Health authority or facility staff, in collaboration with the resident/or substitute decision maker and health care team, will determine essential visitor status</p>	<ul style="list-style-type: none"> • Essential visits will be evaluated in partnership with the resident (or their substitute decision-maker), based on current circumstances: clinical assessment, risk of transmission, the environment, the ability to maintain physical distancing, and the availability of PPE if required. • Residents can refuse to provide consent for a visit, and this will be respected. • In circumstances when an essential visit is denied, communication with family will be a priority, including rationale for a non-visit decision. The person should be informed of how they can appeal the decision. • In circumstances where an essential visit is not indicated, consider other options that might meet the needs of the resident. Options for non-physical/virtual visits should be explored. • If immediate decisions are required, escalation mechanisms shall be activated without delay.
<p>1. Essential visits include:</p> <p>a) Visits for compassionate care, including critical illness, palliative care, hospice care, end-of-life and Medical Assistance in Dying;</p>	<ul style="list-style-type: none"> • Critical illness refers to a significant life-threatening condition or health change event; a condition that could reasonably be expected to have significant complications in the next 12-24 hours (e.g., sepsis, stroke, or myocardial infarction requiring interventional procedure). • For the purposes of this document, palliative care, hospice care, and end-of-life care pertains to caring for individuals whose condition is considered end-of-life, and death is anticipated as imminent (e.g., Palliative Performance Scale 30% or lower, totally bed bound). • A physician or nurse practitioner determines if the resident's condition is considered end-of-life. • When death is anticipated as imminent, family members/support people may have extended visits or a vigil in consultation with the care team.

<p>b) Visits paramount to the resident physical care and mental well-being including:</p> <ul style="list-style-type: none"> • Assistance with feeding, mobility and/or personal care; • Communication assistance for persons with hearing, visual, speech, cognitive, intellectual or memory impairments; • Assistance by designated representatives for persons with disabilities, including provision of emotional support; 	<ul style="list-style-type: none"> • For situations requiring additional support that is documented in the resident's record as part of a resident's care planning, and support sustained resident health (e.g., weight maintenance, functional strength or mobility, hygiene etc.) • Personal care refers to activities of daily living such as bedding, feeding and bathing. • Visits paramount to mental well-being can include situations where a resident's mental health is acutely deteriorating, and the care team and/or resident believe that a supportive visit may improve resident well-being (e.g., dementia with behavioral issues, delirium, depression, anxiety, psychosis)
<p>c) Visits for supported decision making;</p>	<ul style="list-style-type: none"> • If the resident requires support to speak on their behalf, share and articulate their wishes and/or inform significant decision-making as a substitute decision maker (PGT, Representative, Power of Attorney) such as updating Advance Care Planning documentation (e.g., Medical Order for Scope of Treatment, end of life directives, etc.)
<p>d) Existing registered volunteers providing the services described above;</p>	<ul style="list-style-type: none"> • Facility-specific guidelines regarding volunteers should be consulted.
<p>e) Visits required to move belongings in or out of a client's room; and</p>	<ul style="list-style-type: none"> • One essential visitor for this purpose.
<p>f) Police, correctional officers and peace officers accompanying a resident/client for security reasons.</p>	<ul style="list-style-type: none"> • One or two essential visitors for this purpose (based on agency-specific policy).
<p>2. Essential visits shall be limited to one visitor per resident within the long-term care or seniors' assisted living setting at a time (except when death is anticipated as imminent).</p>	<ul style="list-style-type: none"> • Visits limited to one visitor per resident within the long-term care or seniors' assisted living setting at a time. • Special considerations for additional essential visitors can be made on a case-by-case basis. • Special considerations for switching an essential visitor (e.g., in the case an essential visitor is ill or moves) can be made on a case by case basis. • Cultural practices and spiritual needs essential to a resident's well-being should be considered. • Visitor ability to adhere to social distancing in any care environment should be considered.

Guidelines for Social Visits

STATEMENT	APPLICATION
<p>1. During an active COVID-19 outbreak, social visits will not be allowed.</p>	<ul style="list-style-type: none"> • Visitors should receive advance guidance on the process and guidelines for social visits. • Operators will identify details about the location(s) and processes for visiting on their websites and inform residents and families in writing/by email. • For outside and designated facility visits, operators will ensure adequate signage and mark suitable locations as required to support families and residents to have a safe and successful visit.
<p>2. Bookings for indoor visits can be made for a maximum of two adult visitors at one time.</p>	<ul style="list-style-type: none"> • Up to two adult visitors may visit a resident at a time. • Visits are not required to be limited to the same two visitors at each visit. • A visitor list should be maintained to manage social visits and allow for contact tracing if necessary. • One child under the age of 18 may accompany two adults for visitation purposes.
<p>3. Bookings for outdoor visits must align with current PHO guidance on outdoor gatherings for the public.</p>	<ul style="list-style-type: none"> • Current PHO guidance, and site capacity will inform safe outdoor group visitation. A number of factors should be considered including staffing levels, space layout, the ability to maintain safe social distances and provide adequate PPE. • A visitor list should be maintained to manage social visits and allow for contact tracing if necessary. • Medical masks are required for outdoor visits. Visitors shall be instructed on appropriate use of outdoor space and all required IPC practices. • Visitor access to washrooms and other amenities inside the facility will be provided as required.
<p>4. Care homes/ residences will make every effort to ensure adequate time and space for meaningful social visits between residents and their visitors. Each resident is entitled to a minimum of one hour of visitation weekly.</p>	<ul style="list-style-type: none"> • It is expected that operators will provide each resident with regular, frequent, and routine opportunities to engage in social visits. • Visits are to have a minimum of 60 minutes provided for each visit. • Social visits are separate from essential visitation and resident outings. • Residents' differing needs for what is required for meaningful visits should be accounted for in determining appropriate frequency and maximum duration of visits. • Any limitations on frequency and duration of visitation should be by exception only when required to meet WorkSafe BC Safety Plans.

<p>5. Operators will support residents to leave for outings, with no limitations beyond current public health guidance regarding indoor and outdoor gatherings.</p>	<ul style="list-style-type: none"> Isolation is not required upon return from outings.
<p>6. Social visits will be scheduled in advance between the visitor(s) and facility.</p>	<ul style="list-style-type: none"> Operators will identify details about the processes for visiting on their websites and inform residents and families in writing/by email.
<p>7. Residents will meet their visitors in a pre-determined visiting location, such as the resident's room, or a communal visiting location (indoor or outdoor).</p>	<ul style="list-style-type: none"> Visiting location will be determined at time of booking. Visits may occur in resident rooms. Visits may occur in multi-bed rooms if visitors can maintain appropriate physical distance from residents they are not visiting. Enhanced cleaning of resident rooms is not required immediately after the visit.
<p>8. With appropriate precautions in place, visitors may be in physical contact with the resident they are visiting.</p>	<ul style="list-style-type: none"> Visitors must wear a medical mask for the duration of the visit (whether indoor or outdoor) and adhere to IPC guidance regarding safe visitation practices such as hand hygiene and respiratory etiquette. Physical touch such as hugs and hand holding between residents and their visitors may occur.