

Version	Date	Comments / Changes
1.0	FINAL	Initial Clinical Protocol Released
2.0	May 2021	Revision

### 1. PURPOSE

- To support collaborative, compassionate and transparent decisions related to an essential visit request.
- To ensure consistency in visitation policies across assisted living and long-term care sites.
- To support the documentation of requests, both approved and denied.
- To outline steps necessary to ensure the safety of staff, residents,<sup>1</sup> and visitors.
- To support the physical and emotional wellbeing of residents based on their values and beliefs.

### 2. BACKGROUND AND SCOPE

Essential visits are permitted in accordance with the [Ministry of Health - Overview of Visitors in Long-Term Care and Seniors' Assisted Living](#) guidelines. This protocol aligns with the Ministry of Health guidelines.

Visitation restrictions apply to all licensed long-term care and registered seniors' assisted living settings in B.C., including health authority-owned and operated facilities as well as contracted affiliates and fully private operators.<sup>2</sup>

### 3. DEFINITIONS

**Essential visit:** Essential visits are necessarily linked with an essential need identified in the care plan that could not be met in the absence of the essential visit. Essential visits are those that include, but are not limited to<sup>2</sup>:

- Visits for compassionate care, including critical illness, palliative care, hospice care, end of life, and Medical Assistance in Dying (MAiD)
- Visits paramount to the resident's physical care and mental well-being, including:
  - Assistance with feeding
  - Assistance with mobility
  - Assistance with 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
- Visits for supported decision making
- Visits required to move belongings in or out of a resident's room
- Police, correctional officers and peace officers accompanying a resident for security reasons

<sup>1</sup> Resident refers to both residents in long-term care and tenants in assisted living.

<sup>2</sup> [Ministry of Health - Overview of Visitors in Long-Term Care and Seniors' Assisted Living](#).

In the majority of cases, family members or friends will be identified as the essential visitor. However, existing registered volunteers may also fulfill this role if they are providing an essential service.

#### 4. ASSESSMENT

##### Site Assessment

Before assessing essential visit requests, the care team should first assess the capacity of the site to support visits by considering current operations, staffing and physical space. After a site assessment has been completed, the care team should also prepare the site to support the visitors (e.g. physical cueing, screening, providing instruction for PPE use and social distancing).

Schedule visits considering:

- Total number of visits per day
- Visiting times
- Duration of visit
- Frequency of essential visits for a single resident

An essential visit is not a social visit. Therefore, essential visits are permitted in a facility that has an active COVID-19 outbreak, or is on enhanced monitoring, under the guidance of the local Public Health/Medical Health Officer.

##### Resident Assessment

- The [LTC/AL Essential Visit Assessment Checklist \(see Appendix A\)](#) should be completed for each new essential visit request, as needed.
- The resident or substitute decision maker (if the resident is not capable) and involved family will be actively consulted during the decision making process to determine the necessity of the visit.
- Approved essential visit requests will be reviewed when the care needs of the resident change, a COVID-19 outbreak is declared, the site is on Enhanced Monitoring, and as needed.

#### 5. EXCEPTION PROCESS

When death is anticipated as imminent (e.g. within next 1 – 2 weeks, totally bed bound, total care, reduced or minimal intake) family members/support people may have extended visits or a vigil in consultation with the care team. If there is a request for additional essential visitors, this request can be assessed and approved by the site care team on a case-by-case basis.

## 6. IMPLEMENTATION AND DOCUMENTATION

Documentation should be completed following standard practices for the site.

Each site must ensure a transparent process for decision making by identifying and documenting:

- The rationale for denying an essential visit request
- The rationale and parameters related to an approved essential visit, including:
  - How and when a resident would benefit from an essential visit
  - The designated visitor(s) to conduct an essential visit
  - The frequency of visits
  - The duration of each essential visit “approval”

The resident care plan must also be updated to reflect the care provided by the essential visitor.

To ensure the safety of residents, staff and visitors:

- Visitors will be screened and visits documented, as per [COVID-19 Screening Process for Visitors](#).
- Visitors will comply with appropriate precautions, including infection prevention and control (IPC) measures. If the visitor is not able to comply, they will be excluded from visiting as an essential visitor.
- Visitors will be provided with education and information related to COVID-19 and IPC practices, including hand hygiene, respiratory etiquette, social distancing and wearing PPE.
- Visitors will be instructed to limit the time they spend in common areas by going directly to the resident’s room/suite or designated meeting space upon arrival and exiting the building immediately following the visit (e.g. no mingling and maintaining social distance from other residents and staff). Exceptions may include essential visitors assisting residents with walking in the hallway.
- The site will consult with the Outbreak Response Lead and/or the Public Health/Medical Health Officer concerning essential visits if a COVID-19 outbreak is declared or the site is on Enhanced Monitoring.

## 7. APPEAL AND REVIEW PROCESS

The requestor should be provided with an opportunity to have the decisions reviewed by the site lead or delegate and be provided with a clear justification of the decision. If the requestor is not satisfied, they can request a formal review of a decision through the Patient Care Quality Office (1-877-880-8823 or [pcqoffice@fraserhealth.ca](mailto:pcqoffice@fraserhealth.ca)).

## 8. EVALUATION AND MONITORING

LTC-AL-IL Coordination Centre will monitor provider, resident and family feedback, and revise the guidelines based on feedback and BCCDC requirements, as required.

**AUTHORIZATION:**  
FH LTC-AL Coordination  
Centre**DATE**  
**APPROVED:**  
JUNE 25, 2020**CURRENT VERSION**  
**DATE:**  
2.0Page  
4 of  
7**9. REFERENCES**

- [Fraser Health COVID-19 Screening Process for Visitors](#)
- [Ministry of Health - COVID-19 Infection Prevention and Control: Guidance for Long-Term Care and Seniors' Assisted Living Settings](#)
- [Ministry of Health - Overview of Visitors in Long-Term Care and Seniors' Assisted Living](#)
- [Visitation Table: Essential and Social Visits to Long-Term Care and Assisted Living](#)
- [WorkSafe BC Health Care Protocols](#)

**10. APPENDIX A – LTC/AL Essential Visit Assessment Checklist**

**Appendix A: LTC/AL Essential Visit Assessment Checklist**

<b>LTC/AL ESSENTIAL VISIT ASSESSMENT CHECKLIST</b>			
<b>DETERMINING PURPOSE OF VISIT</b>			
<b>Does the visit meet one or more of the essential visit categories, as per MOH policy? If yes, which one(s)?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<ul style="list-style-type: none"> <li>• Visits for compassionate care, including critical illness, palliative care, hospice care, end of life, or MAiD</li> </ul>	<input type="checkbox"/>		
<ul style="list-style-type: none"> <li>• Visits paramount to the resident's physical care and mental well-being, including:               <ul style="list-style-type: none"> <li>○ Assistance with feeding</li> <li>○ Assistance with mobility</li> <li>○ Assistance with personal care</li> <li>○ Communication assistance for persons with hearing, visual, speech, cognitive, intellectual or memory impairments</li> </ul> </li> </ul>	<input type="checkbox"/>		
<ul style="list-style-type: none"> <li>• Assistance by designated representatives for persons with disabilities, including provision of emotional support</li> </ul>	<input type="checkbox"/>		
<ul style="list-style-type: none"> <li>• Visits for supported decision making</li> </ul>	<input type="checkbox"/>		
<ul style="list-style-type: none"> <li>• Visits required to move belongings in or out of a resident's room</li> </ul>	<input type="checkbox"/>		
<ul style="list-style-type: none"> <li>• Police, correctional officers and peace officers accompanying a resident for security reasons</li> </ul>	<input type="checkbox"/>		
<b>Is the resident's need <u>not</u> being adequately met by staff?</b> Review clinical evidence to identify how well the need is being met, or not met, and be prepared to share objective findings.	<input type="checkbox"/> Yes		<input type="checkbox"/> No
<b>Has the resident and family provided input into how adequately the care needs are being met and how an essential visitor might address any gap?</b>	<input type="checkbox"/> Yes		<input type="checkbox"/> No
<b>Has the care team confirmed the importance of the proposed essential visit in meeting the resident's care needs?</b>	<input type="checkbox"/> Yes		<input type="checkbox"/> No
<b>Have other alternatives to meet the resident's care needs been ruled out as ineffective?</b> <ul style="list-style-type: none"> <li>• Family visits by telephone, Skype/Zoom</li> <li>• Recreational therapy specific to individual needs</li> </ul>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>CLINICAL EVIDENCE SUPPORTING ESSENTIAL VISITS</b>			
<b>Essential visits should be provided:</b> <ul style="list-style-type: none"> <li>• <i>When clinical indicators are demonstrating a decline in function that can be attributed to the absence of the visitor</i></li> <li>• <i>When replacement of visitor by staff results in harm to resident's physical and/or mental wellbeing</i></li> <li>• <i>When resident requires assistance by a visitor to support essential decision making</i></li> </ul>			

**CLINICAL EVIDENCE SUPPORTING ESSENTIAL VISITS**
**Examples demonstrating a change related to the absence of an essential visitor:**

- Residents who previously had regular visits for assistance with meals – changes may include a decline in appetite and intake
- Residents who previously had regular visits for personal care – changes may include resistance to care and declining personal care assistance (e.g. new recognizable skin breakdown)
- Residents who previously had regular visits for mobilization – changes may include increased falls or required level of support during transfers due to deconditioning
- Residents who previously had regular visits sensitive to language or cultural factors – changes may include signs of depression, withdrawal, changes in mood, or resistive behaviour
- Residents have one or more indicators of depressed, sad or anxious mood (new since Covid-19 pandemic) that are not easily altered by attempts to “cheer up,” console, or reassure the resident
- Residents require assistance to adequately plan and complete advanced care planning decisions (power of attorney or representation agreements)

**Is there sufficient clinical evidence to support an essential visit? Include rationale below.**
 Yes

 No

**ESSENTIAL VISITOR ASSESSMENT**
**Site care team must ensure the essential visitor agrees and is capable of:**

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| • Being available frequently and consistently to reasonably meet the care need   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Staying home when ill (including mild symptoms) and being screened prior to the visit  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Performing hand hygiene, practicing respiratory etiquette, wearing required PPE and maintaining physical distance with staff and other residents not being visited | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Traveling directly to the resident’s room/suite, or designated space, without deviating to other locations   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

**PROCEED WITH ESSENTIAL VISIT IF ALL ANSWERS ARE YES**