

Version	Date	Comments / Changes
1.0	FINAL	Initial Clinical Protocol Released
2.0	Month Year	Revision

1. PURPOSE

- Support decision making about whether a requested visit is an essential visit.
- Support documentation of the decision made regarding essential visit approval or denial
- Support the identification of the parameters of the essential visit
- Provide requirements of necessary steps that must be taken to ensure the essential visit is conducted safely.

2. SCOPE

Applies to registered Assisted Living and licensed Long Term Care within the geographical borders of Fraser Health.

3. BACKGROUND

As per the May 19, 2020 Ministry of Health Policy Communique 2020-01: Infection Prevention and Control for Novel Coronavirus (COVID-19) a broad definition of essential visits are those which can include but are not limited to:

- Visits for compassionate care, including critical illness, palliative care, hospice care, end of life, and Medical Assistance in Dying;
- Visits paramount to the patient/client'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; and
- Visits required to move belongings in or out of a client's room.
- Police, correctional officers and peace officers accompanying a patient/client for security reasons.

In a majority of cases family members or friends will be the individuals identified as the essential visitor. However, according to the Communique it is appropriate to utilize existing registered volunteers if they are providing an essential service.

The BCCDC/MOH *Interim Guidance for Infection Prevention and Control for Covid-19 in Long Term Care and Seniors Assisted Living (May 19, 2020)* provides guidance regarding practices for sites and visitors to follow when on site.

4. DEFINITIONS

Essential visit: Essential visits are necessary visits directly related to resident/tenant care needs. It must be determined that the absence of the visitor and/or replacement of visitor by staff is contributing to recognizable harm to resident/tenant's physical care and/or mental wellbeing.

Actively Dying: Death anticipated as imminent (i.e. within next 1-2 weeks), resident/tenant is bed bound AND taking minimal oral nutrition and Goals of care are established through discussions with resident/tenant/ substitute decision maker and are documented. MOST form has been completed to support care of resident/tenant.

5. RELEVANT RESOURCES

[BCCDC Infection Prevention and Control for Novel Coronavirus \(COVID-19\): Interim Guidance for Long-Term Care and Seniors Assisted Living](#)

[May 19 2020 Ministry of Health Policy Communique 2020-01](#)

Actively Dying Protocol: Caring for Residents in Final Days (Residential Care). Section 4.1 Page 4 of 14.
http://fhpulse/clinical_resources/clinical_policy_office/Lists/CDST%20Library/DispForm.aspx?ID=52

6. APPLICATION PARAMETERS and REQUIREMENTS

The guiding principles on which this protocol was developed are:

- To ensure public and staff safety is maintained, society protects itself against the risk of serious harm and protects the lives and wellbeing of vulnerable residents/tenants
- To advance the wellbeing of residents/tenants based on their values and beliefs
- To ensure the goals of the visitation policy are justified and consistent across facilities
- To work collaboratively, compassionately and transparently in making decisions
- To ensure flexibility in making decisions
- To protect the lives of vulnerable residents/tenants and prevent avoidable morbidity and mortality (saving life, preventing disease)

Consistent with the principles, essential visits will be permitted for any registered Assisted Living or licensed Long Term Care home which is not on COVID-19 outbreak. In the event that a site is on COVID-19 outbreak then essential visits will be allowed only for actively dying residents/tenants; one visitor per resident/tenant per day.

To apply this protocol for essential visitor attendances:

- Each facility must identify a lead who will ensure that the essential visitor policy is followed and that the application of this protocol is understood.
- Each site must keep a log of visitors who attend the site- the time they arrived and the time they departed. This supports contact tracing if required at any point, and may be requested by the Health Authority or Ministry of Health for informational purposes.
(NOTE: BC CDC reference document Appendix B Visitor sign in sheet for a sample visitor log * *requires adaptation to include time in and time out*)
- Each site must document and log all essential visit requests and identify which are accepted and which are denied.

7. ASSESSMENT

Facility/Site Assessment

Before assessing individual essential visit requests, the facility/site must assess their capacity to support essential visits based on facility operations, staffing and physical space, and prepare their site to support the visitors (e.g. physical cueing, screening, instructions re PPE and distancing, etc.).

Identify the number of essential visits that can be accommodated based on:

- physical environment and ability to maintain physical distancing
- staff resources to support and monitor screening at entry
- provision of, and instruction in, necessary PPE

Schedule visits considering:

- total number of visits per day
- visiting times
- duration of visit
- frequency of essential visits for a single resident/tenant

Resident/Tenant Assessment

The decision to allow an essential visit should be made with the primary focus being the care needs of the resident. An essential visit is a necessary visit directly related to resident/tenant care needs as identified in the care plan.

The individual or substitute decision maker (if the individual is not capable) and involved family must be actively consulted as part of determining the visit as essential.

ESSENTIAL VISIT PROTOCOL: LTC & AL
AUTHORIZATION:
 FH LTC-AL Coordination
 Centre

DATE
APPROVED:
 JUNE 25, 2020

CURRENT VERSION
DATE:
 1.0

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CLINICAL EVIDENCE SUPPORTING ESSENTIAL VISITS:
Essential visits should be provided:

- *When clinical indicators are demonstrating a decline in function that can be attributed to the absence of the visitor*
- *When replacement of visitor by staff result in harm to resident/tenant's physical care and/or mental wellbeing*
- *When resident/tenant require assistance by a visitor to support essential decision making*

Examples demonstrating a change related to the absence of an essential visitor:

- Residents/tenants who have previously had consistent visits for meal assist- and changes are notable decline in appetite and intake,
- Residents/tenants who previously had consistent visits for personal care- and changes noted are resistive behaviour and declining personal care assistance (e.g. now recognizable skin breakdown)
- Residents/tenants who previously had consistent visits for mobilization- and changes noted are increased falls due to deconditioning
- Residents/tenants who previously had consistent visits sensitive to language or cultural factors- changes noted are signs of depression, withdrawal, changes in mood, or resistive behaviour
- Residents/tenants who display (new since Covid-19 pandemic) one or more indicators of depressed, sad or anxious mood which are not easily altered by attempts to "cheer up", console, or reassure the resident
- Residents/tenants who 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

Facility/site must ensure that the essential visitor agrees and is capable of the following:

- | | | |
|---|------------------------------|-----------------------------|
| - Being available frequently and consistently to reasonably meet the care need | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| - Family member willing to stay home if ill (including new mild symptoms) and be screened upon entrance when arriving for a visit | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| - Perform hand hygiene, practice respiratory etiquette, wear required PPE and maintain physical distancing practices | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| - To travel directly between the entrance and the resident/tenant's room, and do not deviate to other locations with the site | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

PROCEED WITH ESSENTIAL VISIT if all answers are YES
8. IMPLEMENTATION:

As per British Columbia Centre for Disease Control Infection Prevention and Control for Novel Coronavirus (COVID-19): Interim Guidance for Long-Term Care and Seniors Assisted Living May 19, 2020

See Pages 6 and 7

- All visitors entering the facility must be actively screened on every visit for signs and symptoms of all gastrointestinal and respiratory infections, including COVID-19
- All visitors with symptoms identified via screening must NOT enter the facility.
- All visitors on self-isolation in accordance with Public Health directives must NOT enter the facility.
- All visitors must sign-in when entering the facility
- All visitors must be capable of complying with appropriate precautions, including infection prevention and control measures. If not, the visitor must be excluded from visiting.
- All visitors must be instructed on how to put on a surgical/procedure mask.
- All visitors must be instructed on how to practice respiratory etiquette, hand hygiene and physical distancing (i.e., maintaining at least two meters of physical distance from others at all times).
- Provide all visitors with handouts and information about COVID-19, including the need for visitor restrictions during the pandemic.
- All visitors should limit the time they spend in the facility by visiting the resident/tenants room or suite directly upon arrival and exiting the building immediately following their visit.

Establish a Consistent and Fair Application of Essential Visit Guidelines

Facilities must ensure a transparent process for residents/tenants/substitute decision makers to identify and document:

- how and when a resident/tenant would benefit from an essential visit
- the designated visitor(s) to conduct the essential visit
- frequency of visits
- duration of essential visitor "approval"

- rationale if the visit is not deemed essential

The requestor should be provided with an opportunity to have the decisions reviewed by the facility and be provided 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; email pccoffice@fraserhealth.ca.)

9. DOCUMENTATION

- Documentation should be completed as per standard practice for site.
- Documentation must include the essential visit assessment checklist
- **All** essential visitor requests must be logged -including those that are accepted and those that are denied
- As identified in the Section 6 Application Parameters and Requirements a log of essential visitors is required including (First and Last Name, Email, Phone number, Date, Time they arrived, Time they departed)
 - Retain visitor logs for up to 120 days

10. EVALUATION AND MONITORING

LTC-AL-IL Coordination Centre will monitor feedback on process from facilities and families and residents/tenants and adjust/revise as indicated

Provider survey will be distributed in 1 month to evaluate application of protocol.

11. EXCEPTION PROCESS

If your site is in outbreak, document if there is a request for an essential visit outside of current standard of 1 essential visitor for an actively dying resident/tenant. The outbreak site's Emergency Operations Centre in consultation with Public Health and/or Fraser Health Infection, Prevention and Control Service will consider exceptions.

12. REFERENCES

[BCCDC Infection Prevention and Control for Novel Coronavirus \(COVID-19\): Interim Guidance for Long-Term Care and Seniors Assisted Living](#)

[May 19 2020 Ministry of Health Policy Communique 2020-01](#)

Actively Dying Protocol: Caring for Residents in Final Days (Residential Care). Section 4.1 Page 4 of 14.
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13. APPENDICES (TBD)