

Essential Visitor Determination Guideline: LTCF

<p>Site:</p> <ul style="list-style-type: none"> • Environment <ul style="list-style-type: none"> ○ Long-term Care (LTC) Island wide 	<p>Scope:</p> <ul style="list-style-type: none"> • Audience: Long-term Care (LTC) staff including: Site Leadership, RN, LPN, Allied Health, Case Managers, Most Responsible Provider (MRP) • Indications: this guideline is to be used to determine who is an essential visitor, and will be updated as provincial direction dictates • Exceptions: If there is an outbreak in the facility, or if the Provincial Health Officer orders changes to the existing advice, this guideline will change
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Need to know:

As per the Ministry of Health visitation restrictions continue to apply to all long-term care settings in B.C. The determination of an essential visitor involves identifying an essential need of the resident that cannot be met in the absence of the essential visit. The essential need may be identified by the resident, family, substitute decision maker or by the care team. Based on definitions and criteria included from the Ministry of Health, it is the responsibility of the long-term care staff to evaluate the essential visit in partnership with the resident/substitute decision maker and health care team. Weighing into this decision are current circumstances including:

- resident clinical assessment
- risk of transmission
- the environment
- the ability to maintain physical distancing
- the availability of personal protective equipment

The negative impacts of visitor restrictions needs to be balanced with the protection of vulnerable seniors and the ability of the site to provide safe visiting to meet a resident’s essential needs.

Principles

- Island LTC will follow provincial direction with regards to the current visitor policy
- Island LTC leadership will determine if a visit is essential in partnership with the resident/substitute decision maker and health care team
- Island Health recognizes that family members are key partners in care and play an important role in well-being, comfort and quality of life. While limiting visits is an important precaution to ensure the safety of all, the risks of loneliness and isolation must be considered, as well as the potential impacts on Indigenous people and their families who may have past experiences of racism and discrimination in health care environments.
- Island Health recognizes that cultural practices and spiritual needs are essential to a person's well-being and should not be limited to end-of-life circumstances only.
- An essential visit is not a social visit and is permitted in facility that has an active COVID-19 outbreak, under guidance and direction from the local medical health officer
- Ministry of Health "Visitation Interpretation Guidance: Guideline for Essential Visits" must be used to make the determination see Appendix A
- The Essential Visitor Plan (Appendix B) will be used to document and clearly communicate who the essential visitor is, what essential need is being met and how, the length and frequency of essential visits. Essential Visitor Plans will be reviewed regularly and documented.
- Site responsibility:
 - Have a current visitation safety plan that identifies how many visitors per day, visit location and visiting hours based on operational considerations
 - Provide adequate staffing for monitoring and oversight for visits by a Greeter
 - Provide designated visiting areas such as:
 - Resident's room (see Guidelines for Safe Visiting in Multi-bed Rooms-in development)
 - Outdoor location dedicated to visiting (seasonally when weather permits)
 - Indoor designated location(s) (summer and especially fall/winter)
 - Work in partnership with resident to identify essential needs and develop a mutually agreed upon Essential Visitor Plan
 - Provide medical-grade masks for all visitors

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- Greeter responsibility:
 - Actively screens all visitors on arrival
 - Provides information and education on appropriate medical-grade mask wearing, hand hygiene, respiratory etiquette and physical distancing
 - Ensures visitors go directly to and from the resident they are visiting and exit facility directly after visit
- Essential visitor responsibility:
 - Complete screening questions
 - Provide contact information for contact tracing purposes
 - Wear a medical-grade mask for the duration of the visit
 - Perform hand hygiene and respiratory etiquette as needed and follow physical distancing practices
 - Go directly to the resident being visited and exit facility directly after visit
 - Follow the mutually agreed upon Essential Visitor Plan
- Essential visits will be limited to one visitor per resident within the facility at a time
 - No children under the 14 (unless exception granted on an individual basis by site leadership)
- Visitors can request an immediate review of any decisions made related to visitor status. See Visitor Appeal and Review Process for Essential and Social Visits
 - Those who have questions or concerns about essential visit decisions, are encouraged to speak to a care team member or site leadership at the time of the concern
 - Those who are not comfortable talking to a team member or are unhappy about how their concerns were handled, may reach out to the Patient Care Quality Office

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Essential Visit Definition

Essential visits as defined by the Ministry of Health (MOH) are linked with an essential need that could not be met in the absence of the essential visit. Essential visits 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.
 - Follow the [Palliative End of Life Care Guidelines for ALL Care Settings](#)
- 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 residents with hearing, visual, speech, cognitive, intellectual or memory impairments
 - Assistance by designated representatives for residents with disabilities, including providing emotional support
 - Provision of cultural or spiritual care as defined by resident or family
- Visits for supported decision making
- Existing registered volunteer providing the services described above
- Visitors required to move belongings in or out of a resident's room
- Police, correctional officers and peace officers accompanying a resident for security reasons

Resources:

1. [Ministry of Health-Overview of Visitors in Long-term Care and Seniors' Assisted Living](#)
2. [Island Health Framework for Essential Visits](#)
3. Accreditation Canada - [Long-Term Care Standard](#)
4. [Palliative End of Life Care Essential Visits](#)

Appendix:

- A. Ministry of Health Visitor Interpretation Guidance: Guidelines for Essential Visits
- B. Essential Visitor Plan



Appendix A: Visitation Interpretation Guidance

This guidance supports a consistent approach to the visitors in LTC that enables person-centered care and outlines expectation regarding the provision of essential visits

Guidelines for Essential Visits

Statement	Application
<p>Island Health or facility staff, in collaboration with the resident/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: <ul style="list-style-type: none"> ○ Clinical assessment ○ Risk of transmission ○ The environment ○ The ability to maintain physical distancing ○ The availability of personal protective equipment (PPE) if required • Residents can refuse to provide consent for a visit and this will be respected • In circumstances where an essential visit is denied, communication with family will be a priority, including rationale for 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 (See Visitor Appeal and Review Process)
<p>Essential visits include:</p> <ol style="list-style-type: none"> 1. Visits for compassionate care, including critical illness, palliative care, hospice care, end-of-life and Medical Assistance in Dying; 	<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 individual 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 health care team • See Palliative End of Life Care Essential Visits for ALL Care Settings

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<p>2. Visits paramount to the resident’s physical care and mental well-being including:</p> <ul style="list-style-type: none"> a. Assistance with feeding, mobility and/or personal care b. Communication assistance for persons with hearing, visual, speech, cognitive, intellectual or memory impairments c. Assistance by designated representatives for persons with disabilities, including the provision of emotional support 	<ul style="list-style-type: none"> • For situations requiring additional support that is documentd in the resident’s record as part of the resident’s care planning, and support sustrain 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/substitute decision maker believe that a supportive visit may improve resident well-being (e.g. demetia with behavioural issues, delirium, depression, anxiety, psychosis)
<p>3. 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>4. Existing registered volunteers providing the services described above;</p>	<ul style="list-style-type: none"> • Facility-specific guidelines regarding volunteers should be consulted
<p>5. Visits required to moved belongings in or out of a resident’s room; and</p>	<ul style="list-style-type: none"> • One essential visitor for this purpose
<p>6. Police, correctional officers and peace officers accompanying a resident for security reasons</p>	<ul style="list-style-type: none"> • One or two essential visitors for this purpose (based on agency-specific policy)
<p>Essential visits shall be limited to one visitor per resdient within the long-term care 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 setting at at 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 physical distancing in any care environment should be considered.

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Appendix A: Essential Visitor Plan



RESIDENT LABEL

ESSENTIAL VISITOR FORM
(Keep this form with Greeter/Reception)

Site/Unit: _____

Date: _____

Essential Visit Plan Approved by: _____
(Signature of Site Representative, Designation)

APPROVED ESSENTIAL VISITOR	
Essential Visitor Name	
Contact Information	
RATIONALE/NEED: <i>Consider an essential visitor for any resident who is being diminished in someway due to needs that cannot be met by the social visitor program and the care team.</i> Check all that apply.	
Essential Care Needs due to Compassionate Care	
<input type="checkbox"/>	Critical Illness
<input type="checkbox"/>	Palliative Care, Hospice Care, End of Life and Medical Assistance in Dying
Essential Care Needs due to Physical Care and Mental Well-Being	
<input type="checkbox"/>	Assistance with feeding
<input type="checkbox"/>	Assistance with mobility
<input type="checkbox"/>	Assistance with personal care
<input type="checkbox"/>	Communication assistance for residents with hearing, visual, speech, cognitive, intellectual or memory impairments
<input type="checkbox"/>	Assistance by Designated Representatives for residents with disabilities, including providing emotional support
<input type="checkbox"/>	Provision of cultural or spiritual care
<input type="checkbox"/>	Supported Decision Making
<input type="checkbox"/>	Existing registered volunteer for services above
Essential Care Needs: Other	
<input type="checkbox"/>	Visits required to move belongings in/out of a resident's room
<input type="checkbox"/>	Police, correctional officers and peace officers accompanying a resident for security reasons
Comments	

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RESIDENT LABEL

ESSENTIAL VISITOR PLAN
(Keep this with Resident Care Plan)

Consider an essential visitor for any resident who is being diminished in some way due to needs that cannot be met by the social visitor program and the care team.

APPROVED ESSENTIAL VISITOR	
Essential Visitor Name	
Contact Information	
ESSENTIAL NEED IDENTIFIED	
DETAILS OF VISIT	
VISIT SCHEDULE	
Visitation Plan Start Date:	
Review/End date:	
Visit Schedule, if applicable	
Visit Length:	
Plan created in consultation with: (List team members and designation)	
MUTUAL AGREEMENT	
Plan reviewed with visitor on _____ (DD/MMM/YYYY)	<input type="checkbox"/> in person <input type="checkbox"/> telephone <input type="checkbox"/> other
_____ Signature of CNL	_____ Date Signed (DD/MMM/YYYY)
_____ Signature of Visitor	_____ Date Signed (DD/MMM/YYYY)
_____ Signature of Manager	_____ Date Signed (DD/MMM/YYYY)

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RESIDENT LABEL

(Keep this with Resident Care Plan)

REVIEW RECORD	
Date:	Updates: Approved by: _____ <small>(Signature of Site Representative, Designation) (Signature of Essential Visitor)</small>
Date:	Updates: Approved by: _____ <small>(Signature of Site Representative, Designation) (Signature of Essential Visitor)</small>
Date:	Updates: Approved by: _____ <small>(Signature of Site Representative, Designation) (Signature of Essential Visitor)</small>
Date:	Updates: Approved by: _____ <small>(Signature of Site Representative, Designation) (Signature of Essential Visitor)</small>
Date:	Updates: Approved by: _____ <small>(Signature of Site Representative, Designation) (Signature of Essential Visitor)</small>
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