

# Coronavirus COVID-19

BC Centre for Disease Control | BC Ministry of Health



## Ministry of Health - Overview of Visitors in Long-Term Care and Seniors' Assisted Living

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Effective April 1, 2021

This guidance supports safe, meaningful visits in long-term care and seniors' assisted living settings while adhering to infection prevention & control requirements. The restrictions on visitation are grounded in regional/Provincial Health Officer orders under section [32\(2\)\(b\)\(ii\) of the Public Health Act](#).



Ministry of Health



BC Centre for Disease Control

**If you have fever, a new cough, or are having difficulty breathing, call 8-1-1.**



## Scope

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.

## Definitions and Foundational Information

Visitation restrictions aim to protect vulnerable seniors and Elders who are residing in long-term care and seniors' assisted living settings from COVID-19 while lessening the negative impacts associated with being apart from family and friends.

Health authorities and facility operators shall continue to support visitors for essential visits and allow social visits within established criteria, supported by a detailed plan and process as outlined below. The Ministry of Health acknowledges the need to support operators to ensure safe visitation with adequate staffing.

A written plan must be developed in accordance with the practice requirements outlined below. The plan must be available for licensing or the Assisted Living Registry if requested. A visitor list, with contact information, will be maintained as per [the provincial infection prevention and control \(IPC\) COVID-19 guidance for long-term care and seniors' assisted living](#).

### Essential and Social Visits

- **Essential visits** are necessarily linked with an **essential need** that could not be met in the absence of the essential visit. Facility staff will determine if a visit is essential.

#### ***An essential visit includes:***

- Visits for compassionate care, including critical illness, palliative care, hospice care, end of life, and medical assistance in dying;
- Visits paramount to the resident's physical care and mental well-being (e.g., assistance with feeding, mobility, personal care or communication, assistance by designated representatives for persons with disabilities); and
- Visits for supported decision-making.
- Existing registered volunteers providing the services described above;
- Visits required to move belongings in/out of a resident's room; and
- Police, correctional officers and peace officers accompanying a resident for security reasons.
- Essential visits shall be limited to one visitor per resident within the facility at a time (except in the case of palliative/end-of-life care).
- An essential visit is not a social visit and essential visits are permitted in a care home/residence that has an active COVID-19 outbreak, under guidance and direction from the local medical health officer.

#### ***A social visit includes:***

- Someone not involved in the resident's health-care or support needs
- Someone whose time with the resident is discretionary and usually temporary, or
- Visiting for purposes that are more social in nature.

- Not every situation can be anticipated or addressed in detail and where there is uncertainty, individuals are encouraged to employ cultural safety and humility, and take a person and family-centred approach that appropriately balances risk of transmission.
- Virtual options for visiting will continue to be supported when appropriate
- Visitor restrictions do not apply to key administrative staff entering for purposes related to facility operations.
- Family and visitors can request an immediate review of the decision and shall be provided the ability to speak with an administrator or administrator on call; or further review of a decision through, or facilitated by, the health authority Patient Care Quality Office (see appendix for details on the review process).

## Social Visits

As part of their ongoing efforts to keep residents safe, operators will complete an initial and then monthly review of their current practices to ensure for themselves, residents, and families that there is full compliance against the current practice requirements set out below. Any gaps identified should be addressed.

As part of implementing additional measures to allow social visits, operators will engage with residents, their families, and care providers on both the current status of IPC practice in the home and the proposed next steps that will now include processes for visitors. There will be ongoing engagement to ensure residents and families understand the risks of visiting and their collective accountability and necessary commitment to adhere to guidelines to minimize risk for both residents and visitors. This engagement will strive to ensure an ongoing shared approach to maintaining the challenging balance of safety and quality of life; requiring continued collaboration and mutual accountability of residents, families, and care givers through the coming months.

Residents should be supported to participate in social outings including leaving the facility for family visits and appropriate activities. Residents will not be required to isolate when they return from an outing. Residents will also no longer be required to isolate for 14 days upon admission to a LTC or seniors' AL facility or when returning from overnight absences.

## Practice Requirements for Social Visitation

These practice requirements are intended to support residents, families, staff, administrators and managers, boards or owners of long-term care homes and seniors' assisted living residences to provide the opportunity for social visits and to provide guidance about how they can collectively work together to minimize the risk of COVID-19 transmission in these facilities.

These practice requirements may be updated as required with renewed direction from the Ministry of Health and provincial health officer. This visitor guidance replaces the earlier visitor guidance, and supplements the IPC guidance as posted:

- [Infection Prevention and Control Requirements for COVID-19 in Long Term Care and Seniors' Assisted Living](#)

The primary purpose of social visits is to provide opportunities to spend time with loved ones and support the emotional wellbeing of residents. Social visits must be booked in advanced. Bookings for indoor visits can be made for a maximum of two adult visitors (+1 child) at one time. Bookings for outdoor visits must align with current PHO guidance on outdoor gatherings for the public.

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 regular, frequent, and routine opportunities to engage in social visits; with visits having 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 limits on the frequency or duration of visits should only be to meet WorkSafe BC safety plans.

Operators will support residents to leave for same-day outings, with no limitations beyond current public health guidance regarding indoor and outdoor gatherings.

The shared approach to establishing and maintaining the balance of benefits and risks will be informed by the following core practices:

1. Social visits will only be allowed if there is no active COVID-19 outbreak at the care home/residence and will cease immediately if an outbreak is declared, and the facility goes into active outbreak management. Visits will resume immediately when the outbreak is declared over with lessons learned applied to ongoing practice.
2. Visitors should receive advance guidance on the process and guidelines for social visits. Operators will identify details about the processes for visiting on their websites, inform residents and visitors in writing/by email.
3. Social visits will be scheduled in advance between the visitor(s) and facility. Family/social visits are no longer limited to one designated family member or friend. Additional family members and friends are allowed with a maximum of two visitors (+1 child) at the same time if the visit is indoors.
4. 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). Residents may have more than two social visitors in alignment with current provincial health officer guidelines if visiting outdoors, in an appropriate location and adhering to IPC requirements (mask use, hand hygiene).
5. All visitors shall be actively screened for signs and symptoms of illness, including COVID- 19, prior to entry at every visit: <http://www.bccdc.ca/health-info/diseases-conditions/covid-19/about-covid-19/symptoms> Visitors with signs or symptoms of illness, as well as those in self-isolation or quarantine in accordance with public health directives, shall not be permitted to visit.
6. Visitors shall be instructed when to perform hand hygiene, respiratory etiquette and safe physical distancing. All visitors are required to wear a medical mask for the duration of indoor and outdoor visits. With appropriate precautions, visitors may be in physical contact with the resident they are visiting.
7. When visiting with a resident requiring additional precautions (e.g., droplet and contact precautions) all visitors shall be instructed on how to put on and remove any required personal protective equipment (PPE). Visitors shall be given guidance on limiting circulation/movement throughout the facility while visiting. If the visitor is unable to adhere to appropriate precautions, the visitor shall be excluded from visiting.

8. Care homes/residences must be adequately staffed to support pre-screening and active screening on arrival.
9. Any furniture and surfaces in communal visit areas will be cleaned and disinfected as per the provincial IPC COVID-19 guidance for long-term care and seniors' assisted living at the end of each visit. Visits in resident rooms do not require additional enhanced cleaning following visits.
10. Health authority and facility operators are expected to provide consistent and easy access to information regarding the complaints process and mechanism for appealing decisions related to essential and social visitor status.
  - Facility operators will post on the facility's public-facing website, and at all main entrances to the facility, the visitor policy and appeal process including the contact information for the site administrator; and will provide a copy to a resident or another person, on request.
  - Health authorities will ensure visitation information is available on the main public-facing website including the provincial health order, policy, and process for appeal.

### Visitor Appeal and Review Process for Essential and Social Visits

To ensure fair and consistent decision making, visitors can request an immediate review of any decisions made related to visitor status, and shall be provided the ability to speak with an administrator or administrator on call; or request a further review of a decision through, or facilitated by, the health authority Patient Care Quality Office.

- For further information and guidance, a supplemental document will be available to support operators and health authorities in interpretation to ensure consistent application of the requirements for visitation (see appendix).
- A clear process for complaints/appeals for both publicly funded and private long-term care and assisted living sites will be established (see appendix).

## Appendix –Visitation Interpretive Guidance

This guidance supports a consistent approach to visits in long-term care and seniors’ assisted living that enables person-centered care and outlines expectations regarding the provision of essential and social visits as well as identifies the process for resolution of complaints related to visitation.

### 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"> <li>• Essential visits will be evaluated <b>in partnership with the resident</b> (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.</li> <li>• Residents can refuse to provide consent for a visit, and this will be respected.</li> <li>• 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.</li> <li>• 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.</li> <li>• If immediate decisions are required, escalation mechanisms shall be activated without delay.</li> </ul>
<p>1. Essential visits include: 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"> <li>• 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).</li> <li>• 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).</li> <li>• A physician or nurse practitioner determines if the resident’s condition is considered end-of-life.</li> <li>• When death is anticipated as imminent, family members/support people may have extended visits or a vigil in consultation with the care team.</li> </ul>
<p>b) Visits paramount to the resident physical care and mental well-being including:</p>	<ul style="list-style-type: none"> <li>• 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.,</li> </ul>

Statement	Application
<ul style="list-style-type: none"> <li>• Assistance with feeding, mobility and/or personal care;</li> <li>• Communication assistance for persons with hearing, visual, speech, cognitive, intellectual or memory impairments;</li> <li>• Assistance by designated representatives for persons with disabilities, including provision of emotional support;</li> </ul>	<p>weight maintenance, functional strength or mobility, hygiene etc.)</p> <ul style="list-style-type: none"> <li>• Personal care refers to activities of daily living such as bedding, feeding and bathing.</li> <li>• 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)</li> </ul>
<p>c) Visits for supported decision making;</p>	<ul style="list-style-type: none"> <li>• 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.)</li> </ul>
<p>d) Existing registered volunteers providing the services described above;</p>	<ul style="list-style-type: none"> <li>• Facility-specific guidelines regarding volunteers should be consulted.</li> </ul>
<p>e) Visits required to move belongings in or out of a client’s room; and</p>	<ul style="list-style-type: none"> <li>• One essential visitor for this purpose.</li> </ul>
<p>f) Police, correctional officers and peace officers accompanying a resident/client for security reasons.</p>	<ul style="list-style-type: none"> <li>• One or two essential visitors for this purpose (based on agency-specific policy).</li> </ul>
<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"> <li>• Visits limited to one visitor per resident within the long-term care or seniors’ assisted living setting at a time.</li> <li>• Special considerations for additional essential visitors can be made on a case-by-case basis.</li> <li>• 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.</li> <li>• Cultural practices and spiritual needs essential to a resident’s well-being should be considered.</li> <li>• Visitor ability to adhere to social distancing in any care environment should be considered.</li> </ul>

## Guidelines for Social Visits

Social visits are intended to support the emotional well-being of residents. Social visits must be booked in advance according to the requirements below.

Statement	Application
<p>1. During an active COVID-19 outbreak, social visits will not be allowed.</p>	<ul style="list-style-type: none"> <li>• Visitors should receive advance guidance on the process and guidelines for social visits.</li> <li>• Operators will identify details about the location(s) and processes for visiting on their websites and inform residents and families in writing/by email.</li> <li>• 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.</li> </ul>
<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"> <li>• Up to two adult visitors may visit a resident at a time.</li> <li>• Visits are not required to be limited to the same two visitors at each visit.</li> <li>• A visitor list should be maintained to manage social visits and allow for contact tracing if necessary.</li> <li>• One child under the age of 18 may accompany two adults for visitation purposes.</li> </ul>
<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"> <li>• 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.</li> <li>• A visitor list should be maintained to manage social visits and allow for contact tracing if necessary.</li> <li>• Medical masks are required for outdoor visits. Visitors shall be instructed on appropriate use of outdoor space and all required IPC practices.</li> <li>• Visitor access to washrooms and other amenities inside the facility will be provided as required.</li> </ul>
<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"> <li>• It is expected that operators will provide each resident with regular, frequent, and routine opportunities to engage in social visits.</li> <li>• Visits are to have a minimum of 60 minutes provided for each visit.</li> <li>• Social visits are separate from essential visitation and resident outings.</li> <li>• Residents' differing needs for what is required for meaningful visits should be accounted for in determining appropriate frequency and maximum duration of visits.</li> <li>• Any limitations on frequency and duration of visitation should be by exception only when required to meet</li> </ul>



	WorkSafe BC Safety Plans.
5. Operators will support residents to leave for outings, with no limitations beyond current public health guidance regarding indoor and outdoor gatherings.	<ul style="list-style-type: none"> <li>Isolation is not required upon return from outings.</li> </ul>
6. Social visits will be scheduled in advance between the visitor(s) and facility.	<ul style="list-style-type: none"> <li>Operators will identify details about the processes for visiting on their websites and inform residents and families in writing/by email.</li> </ul>
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).	<ul style="list-style-type: none"> <li>Visiting location will be determined at time of booking.</li> <li>Visits may occur in resident rooms.</li> <li>Visits may occur in multi-bed rooms if visitors can maintain appropriate physical distance from residents they are not visiting.</li> <li>Enhanced cleaning of resident rooms is not required immediately after the visit.</li> </ul>
8. With appropriate precautions in place, visitors may be in physical contact with the resident they are visiting.	<ul style="list-style-type: none"> <li>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.</li> <li>Physical touch such as hugs and hand holding between residents and their visitors may occur.</li> </ul>

## Review Process and Resolution of Complaints

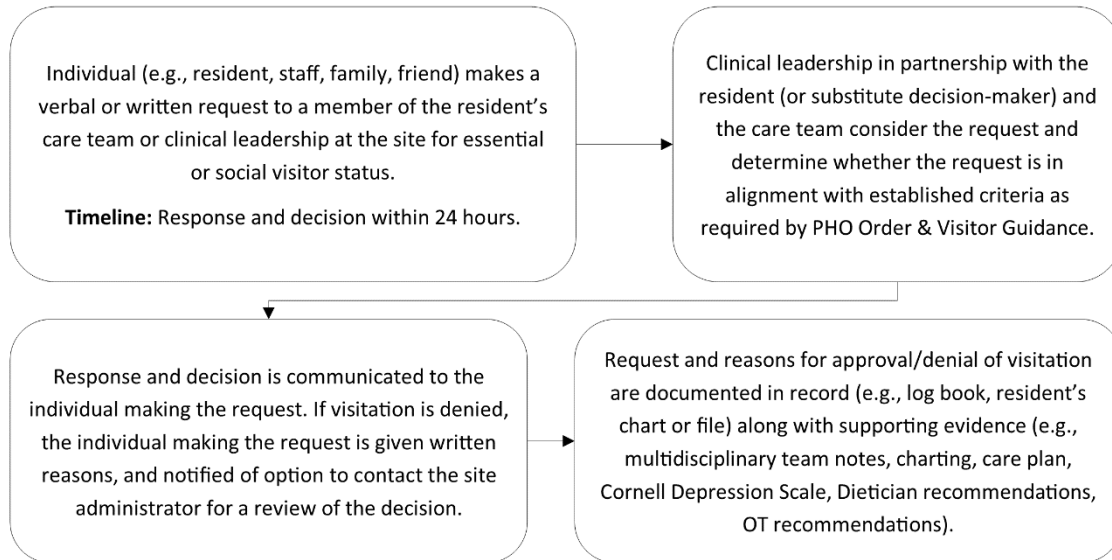
To ensure fair and consistent decision making, health authorities and facility operators are expected to ensure public access to clear information regarding the complaints process and mechanism for appealing decisions regarding essential and social visitor status. Visitors can request an immediate review of any decisions made related to visitor status and shall be provided the ability to speak with an administrator or administrator on call; or a further review of a decision through, or facilitated by, the health authority Patient Care Quality Office. Health authorities and facility operators must ensure that:

- An impartial health authority or facility staff member will make decisions regarding essential visits, and an administrator or administrator on call is required to receive concerns and review decisions if requested.
- Family and visitors can request an immediate review of the decision and shall be provided the ability to speak with an administrator or administrator on call; or request a further review of their concerns by contacting the health authority Patient Care Quality Office.
- Signage is posted at the facility entrance to provide clear complaint processes and a contact phone number for the designated decision maker and site administrator.
- Clear complaint processes and a contact phone number for the designated decision maker and site administrator are publicly posted on the facility/operator website.

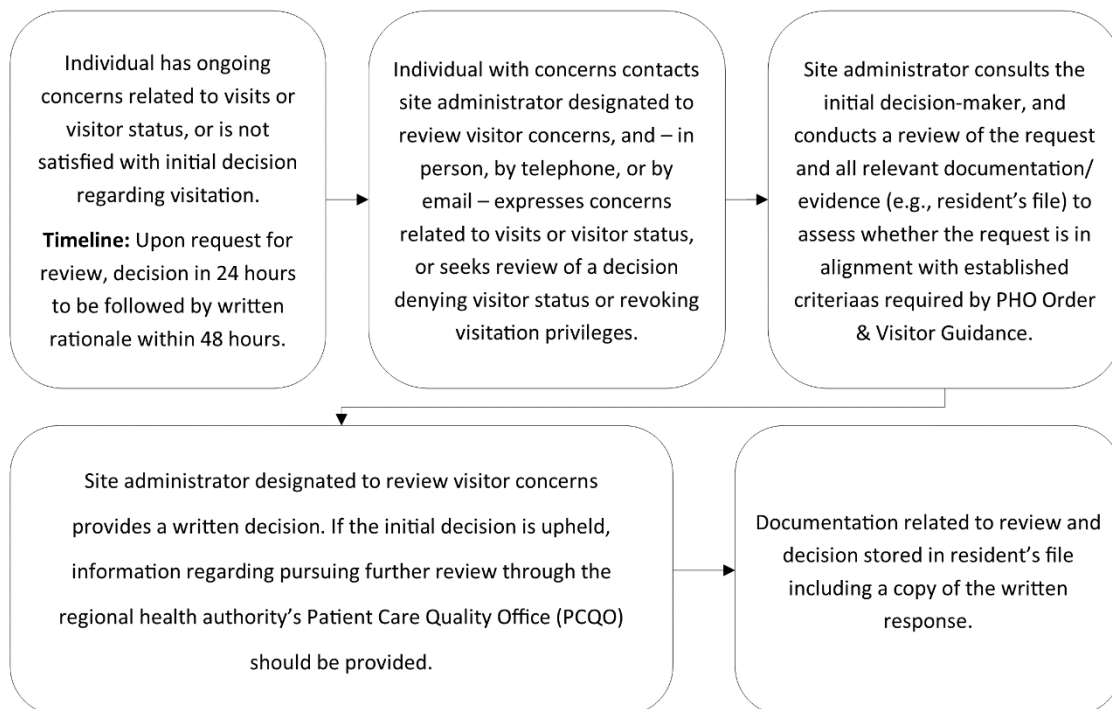
## Visitor Appeal and Review Process

Reviews of decisions will proceed according to the process outlined in the algorithm below.

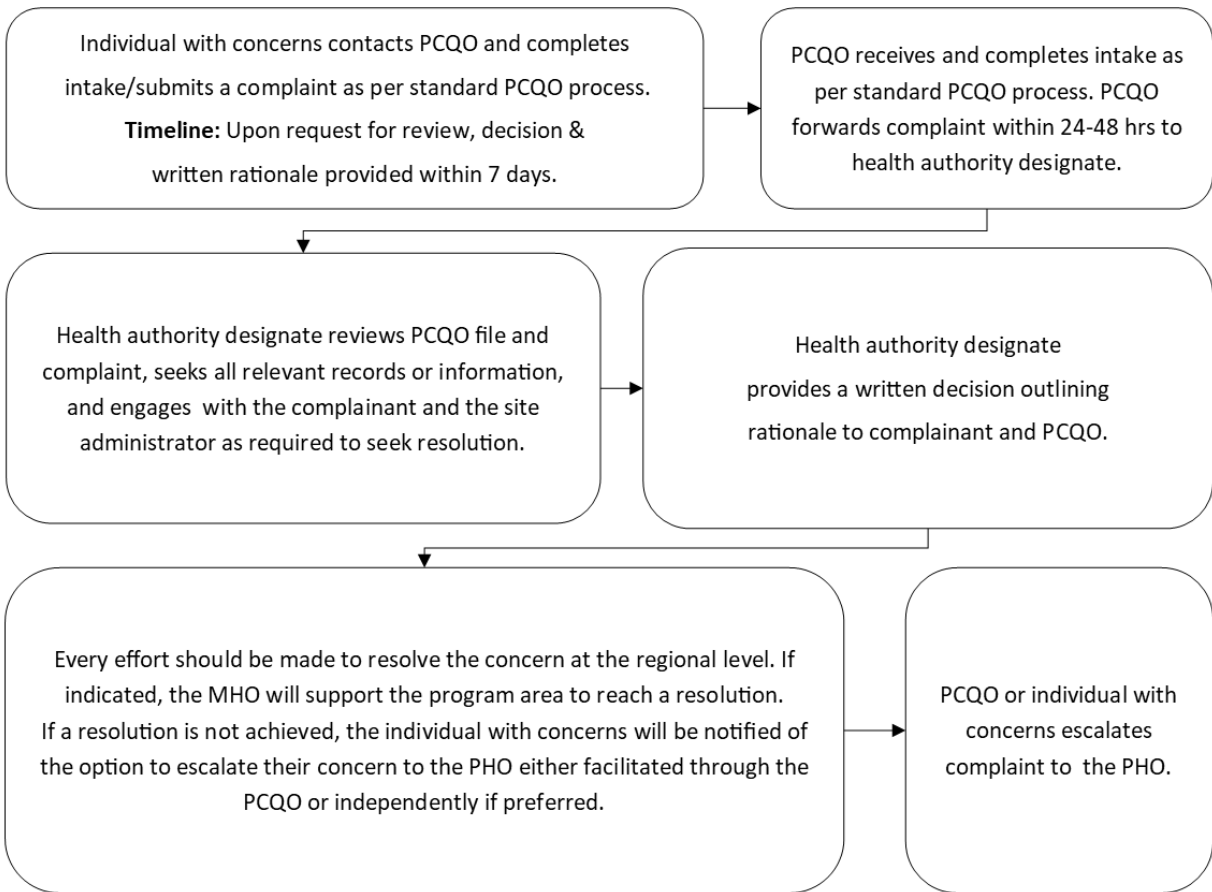
### Step 1: Initial Decision by Clinical Leadership & Care Team



### Step 2: Review by Site Administrator



### Step 3: Health Authority Program Area Review through PCQO



### Step 4: Final Review by PHO

