

LTC and Assisted Living Essential Visitor Determination Guideline

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| <p>Site:</p> <ul style="list-style-type: none"> • Environment <ul style="list-style-type: none"> ○ Long Term Care (LTC) and Assisted Living (AL) Island-Wide ○ Assisted Living Island Wide | <p>Scope:</p> <ul style="list-style-type: none"> • Audience: Long Term Care (LTC) and Assisted Living (AL) staff including; site leadership, RN, LPN, Case Managers, Most Responsible Physicians (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 Provincial Health Officer, health care facilities and assisted living shall continue to restrict visitors to essential visits only.

- **NOT EVERY VISIT IS CONSIDERED ESSENTIAL**
- **LTC facility Leadership and clinical team will determine if a visit is essential based on definitions below.**
- **In the case of Assisted Living, the Operator and Case Manager will collaborate to determine appropriateness of essential visit**

This guideline is being developed to support decision making around the determination of who is an essential visitor. It is a temporary guideline that addresses the current Public Health Officer and Medical Officers directions for broadening visits to Long Term Care and Assisted Living during the COVID-19 pandemic, as the province moves through this phase of pandemic recovery planning. The guideline attempts to support Long Term Care and Assisted Living sites to assess each resident’s needs by clearly outlining the criteria, resources and examples. There is recognition that the exclusion of family visits creates hardship for some families and is done with the goal of keeping residents safe. Island Health will follow provincial direction and allow non-essential family visits when it is safe to do so. Communication regarding initiation of outdoor visits will occur as soon as direction and start date is confirmed, and what measures must be in place to support these visits. The province is moving through COVID reopening with a consistent approach for all regions and there are still active COVID outbreaks in some LTC home in the province so the provincial health office has not yet allowed non-essential visits.

Owner: Carmela Veza, LTC

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Principles

- Island LTC and AL will follow provincial direction in regards to visitor policy
- Island LTC and AL will continue to restrict visitors to essential visits only
- Island LTC and AL leadership (in collaboration with case manager) will determine if a visit is essential
- A clinical team that includes the RN, LPN, Case Managers, Allied Health, OT, SW, and Most Responsible Physician, when possible (with direct knowledge of the client), along with site leadership approach should be adopted to ensure due consideration is made in determining essential visits
- Essential visits decisions are made with the resident's best interest in mind while considering the need to keep all residents safe
- Decision criteria must be used to make the determination
- Decisions, and the rationale for the decision must be documented on the Essential Visitor Decision Form (attached below)
- Decisions should be made using criteria and based on evidence and guidance from IPC, MHO taking into consideration contextual factors
- Operational considerations will be identified in the sites overall visitation plan that identifies how many visitors/day, location for visits, visiting hours
- The assessment for determination for essential visits should be documented
- Essential visits will take place in the residents, or in a designated visiting area if the resident lives in a shared room
- No visiting in common areas, kitchenettes, other residents or using resident washrooms
- All visitors will wear medical grade masks at all times in the building, and don additional PPE as directed by additional precaution signage or as directed by staff
- Volunteers will not be allowed into a facility or considered an essential visitor until non-essential family visits are allowed

Essential Visit Definition

- As per the Ministry of Health (MOH), Health Authorities shall continue to restrict visitors to essential visits only. Essential visits as defined by the MOH policy 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
 - Visitors 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.
 - *Exceptions: Does not apply to scenarios where family are supporting loved one in the context of staff shortages or interruption of service delivery
- Essential Visits will be on appointment basis, subject to facility operational considerations
- Essential Visits will be up to 90 minutes
- Essential Visitors must comply with facility infection controls, screening practices and appropriate use of PPE (i.e. at the least, a mask during the visit and/or as directed by staff)
- Essential Visitors will be allowed for residents on admission isolation requirements, provided they are not symptomatic. Should a resident become symptomatic following admission, or if a resident is considered a “person under investigation” or COVID-19 positive, consultation with MRP +/- MHO would be required prior to allowing essential visits
- Essential Visits will be **limited to one per resident** within facility at a time (no children will be allowed)
- Essential Visitor will sign in to ensure contact tracing can occur by Infection control & Public Health officials, should this be required



The following criteria, resources and examples should be considered when determining essential visits:

| Criteria | Resource (All resources can be found in Table 1 below) | Examples |
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| Compassionate Care | Palliative Approach Infographic RAI Outcome Scale: CHES score Palliative Performance Scale | Resident has recent signs of transition documented (i.e. increasing fatigue, unplanned ED visits, difficulty swallowing) Resident has increase in CHES score or new coding in J5c Resident has decreased PPS scores |
| Assistance with feeding | RAI Outcome Scale: Depression Rating Scale | Resident has documented decreased intake, weight loss, clinical signs of dehydration Resident has shown an increase in DRS score since visitor not present for meals, leaves 25% or more food on plate (K4c) |
| Assistance with mobility | RAI Outcome Scale: Depression Rating Scale | Resident has shown an increase in DRS score with concerns that signs of depression (especially if score 3 or greater) may be a cause as visitor would routinely walk with resident |
| Assistance with personal care | RAI Outcome Scale: ADL Self-Performance and/or Depression Rating Scale | Resident will only receive personal care if visitor is in attendance or will provide (i.e. bath)-documentation of present bath refusal as compared to compliance when visitor able to support Resident shows an increase in ADL Self-Performance Scale and DRS score attributed to absence of visitor support in day to day activities |
| Communication assistance for persons with hearing, speech, visual, cognitive or intellectual or memory impairments | RAI Outcome Scale: Cognitive Performance Scale | Resident with cognitive disability speaks two languages and loses the ability to speak English during an escalation event. Family can provide translation and assist with de-escalation Resident has an increasing CPS score and evolving cognitive impairment requires visitor support to |

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| | | meet communication needs |
| Assistance by designated representative for person with a disability including emotional support | | Resident has no family and relies on a designated representative from the public guardian to assist with decision making regarding legal or emotional matters. |
| Supported decision making | Capability to Consent | Resident requires support with decisions regarding surgery, use of antipsychotic medication, or to inform goals of care at Care Conference Resident requires close family guidance and support in making a decision about MOST status Resident has been deemed incapable of providing consent based on most recent assessment per HCCCFA |
| Volunteer providing a service as above | | Canadian Institute for the Blind volunteer assists resident with visual impairment to scheduled appointment |
| Moving belongings in or out of room | | New admissions, transfers or upon resident death |

Table 1

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| Accreditation Canada | Long-Term Care Standard |
| Long Term Care Palliative Approach Poster |  long-term-care-palliative-approach-post |
| RAI Outcome Scales 2.0 |  outcome_rai-mds_2.0_en.pdf |
| Palliative Performance Scale |  palliative-performance-scale-ppsv2.pdf |
| Essential Visitor Policy May 21, 2020 |  essential-visitor-policy-may-212020.pdf |
| Essential Visitor Determination Assessment Form |  Essential Visitor Decision Form.docx |

Resources:

1. [Accreditation Canada, Long Term Care Standards](#)
2. Palliative Performance Scale
3. Long Term Care Palliative Approach Poster
4. RAI Outcome Scales 2.0
5. Essential Visitor Policy; May 21, 2020
6. Essential Visitor Determination Assessment Form