

Essential Visitor Determination Guideline For Long-Term Care and Assisted Living

<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 	<p>Scope:</p> <ul style="list-style-type: none"> • Audience: Long Term Care (LTC) and Assisted Living (AL) staff including: site leadership, RN, LPN, Allied Health, 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 and designated social visits only. This guideline addresses the process for essential visitors.

- **NOT EVERY VISIT IS CONSIDERED ESSENTIAL**
- **LTC facility leadership and the 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 (LTC) and Assisted Living (AL) during the COVID-19 pandemic, as the province moves through this phase of pandemic recovery planning. The guideline attempts to support LTC and AL sites to assess each resident’s needs by clearly outlining the criteria, resources and examples. It is recognized that limiting family visits creates hardship for some families and is done with the goal of keeping residents safe. This guideline is to be referenced for enhancing visitation safely, as opposed to restricting visits.

Principles

- Island LTC and AL will follow provincial direction with regards to the current visitor policy
- Island LTC and AL leadership will determine if a visit is essential
- A clinical team that includes the RN, LPN, Case Managers, Allied Health, and Most Responsible Physician (when possible and with direct knowledge of the client), along with site leadership, should ensure due consideration is made in determining essential visits
- Essential visit 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 and MHO, taking into consideration contextual factors
- Operational considerations will be identified in the site's overall visitation plan that identifies how many visitors per day, the location for visits, and visiting hours
- The assessment used for determining essential visits should be documented
- Essential visits will take place in the resident's room or other designated visiting area
- No visiting in common areas, kitchenettes, or other resident's rooms
- All visitors will wear medical grade masks at all times in the building, and don additional PPE as directed by staff or by additional precautionary signage

Essential Visit Definition

Essential visits as defined by the Ministry of Health (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. Follow the [PEOLC Guidelines](#)
 - 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 residents with hearing, visual, speech, cognitive, intellectual or memory impairments
 - Assistance by designated representatives for residents with disabilities, including providing emotional support
 - Visits for supported decision making
 - Visitors required to move belongings in or out of a residents room
 - Police, correctional officers and peace officers accompanying a resident for security reasons
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- Essential Visits will be by appointment, subject to facility operational considerations
 - 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 Visits will be allowed for residents on admission isolation requirements, provided they are not symptomatic. If a resident becomes symptomatic after 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 visitor per resident within facility at a time** (no children under 14 will be allowed). Exceptions to this may be granted by facility leadership on an individual basis
 - Essential Visitors 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, but not limited to, when determining Essential Visits:

Criteria	Resources (All resources can be found in Table 1 below)	Examples
Compassionate Care	<ul style="list-style-type: none"> - Palliative Approach Infographic - RAI Outcome Scale: CHES score - Palliative Performance Scale 	<p>Resident has recent signs of transition documented (i.e. increasing fatigue, unplanned ED visits, difficulty swallowing)</p> <p>Resident has increase in CHES score or new coding in J5c</p> <p>Resident has decreased PPS scores</p>
Assistance with feeding	- RAI Outcome Scale: Depression Rating Scale	<p>Resident has documented decreased intake, weight loss, clinical signs of dehydration</p> <p>Resident has shown an increase in DRS score since visitor not present for meals, leaves 25% or more food on plate (K4c)</p>
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	<p>Resident will only receive personal care if visitor is in attendance or will provide (i.e. bath) with documentation of present bath refusal as compared to compliance when visitor able to support</p> <p>Resident shows an increase in ADL Self-Performance Scale and DRS score attributed to absence of visitor support in day to day activities</p>

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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 which requires visitor support to 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 attend scheduled appointments
Moving belongings in or out of room		New admissions, transfers or upon resident's death

Owner: Carmela Vezza, LTC

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Resources:

1. Accreditation Canada - [Long-Term Care Standard](#)
2. Palliative Performance Scale
3. Long Term Care Palliative Approach Poster
4. RAI Outcome Scales 2.0
5. Island Health Framework for Essential Visits
6. Essential Visitor Decision Form



Palliative
Performance Scale.pdf



LTC Palliative
Approach Poster.pdf



RAI-MDS 2.0
Outcome Scales.pdf



Island Health
Framework for Essent



Essential Visitor
Decision Form.pdf