

Social Visiting: Long-Term Care & Seniors' Assisted Living Facilities

<p>Facility:</p> <ul style="list-style-type: none"> • Long-term Care & Assisted Living Facilities within Vancouver Coastal Health • Owned & operated, contracted and fully private beds • Respite 	<p>Scope:</p> <ul style="list-style-type: none"> • Audience: Administrators and Directors of Care (DOC), Charge Nurses, RN/RPN, LPN, Allied Health, LTC Leadership • Indications: Social Visiting • Exceptions: This document is not for Essential Visiting —please refer to Ministry of Health-Overview of Visitors in Long-Term Care and Seniors' Assisted Living
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Need to know

- COVID-19 presents a significant threat to the health and safety of all residents in Long-term Care and Seniors' Assisted Living Facilities ("**Facilities**"). Significant measures, including visitation restrictions, have been taken to limit the transmission of SARS-CoV-2, the virus responsible for COVID-19 in Facilities, given the concerns regarding morbidity and mortality in this population. The BC Ministry of Health ("**MOH**") and BC Center for Disease Control ("**BC CDC**") introduced social visiting on June 30, 2020 in order to support visits between family members¹ and residents of Facilities.
- This document supplements the MOH "Overview of Visitors in Long-Term Care and Seniors' Assisted Living" guidance document, dated Feb 25, 2021 (the "**Guidance Document**") and outlines additional specific direction for Facilities within Vancouver Coastal Health Authority.
- This document serves to provide guidance to all Facility Operators regarding **social visiting** and will be subject to change based on any future and/or additional MOH directives. Any visitation relating to end-of-life and/or essential visiting are subject to the MOH Guidance Document relating to those specific matters.

1.0 General Principles

- Facilities will consult with residents and families throughout the decision-making process.
- Designated social visits will be maximized at all Facilities while ensuring compliance with appropriate safety procedures.
- Facilities will follow all existing infection control procedures required by the MHO and as outlined in the MOH and BC CDC [Infection Prevention and Control Requirements for COVID-19 in Long-term Care and Seniors' Assisted Living](#).
- Resident and care team safety at the site remain the priority for each Facility and should not be compromised for unsafe designated visits.

Adapted with permission from Island Health's COVID-19 Guideline, Social Visiting: Long-Term Care Facility (LTCF), Sep 14, 2020.

- Each Facility will be responsible for developing, implementing and evaluating its own plan.

2.0 Decision-Making: Who is a Designated Social Visitor?

- The decision of who becomes the designated social visitor must be made in a collaborative manner. If the resident is capable, they designate the social visitor. If the resident is incapable, the care team must consult with the resident to the greatest extent possible, the resident's Committee of Person (*Patient's Property Act*), Representative (*Representation Agreement Act*) or the Temporary Substitute Decision Maker (*Health Care (Consent) and Care Facility (Admission) Act*).
- The designated social visitor will be one single person. Facility Operators will support switching to a new single designated social visitor under extenuating circumstances such as where the single designated social visitor becomes ill or moves.
- Application of the Provincial Health Officer's ("PHO") Single Site Order ("**Single Site Order**") to social visitation:
 - Designated social visitors are not limited by the Single Site Order (i.e. the designated social visitor could have visits in multiple Facilities provided a facility is not in outbreak).
 - Designated social visitors can be health care staff at other Facilities. In such circumstances, their ability to engage in a social visit is not limited by the Single Site Order.
- Facility Communication re: expectations will be provided to resident, designated social visitor and family (verbal & written), outlining the following:
 - Importance of facilitating designated social visits;
 - Collective Risk (i.e. health and safety for COVID-19 transmission for residents and visitors);
 - Collective accountability and commitment to adhering to the [Infection Prevention and Control Requirements for COVID-19 in Long-term Care and Seniors' Assisted Living](#) guidelines to reduce risk for other visitors/residents/care team;
 - The facility's commitment to maximizing designated social visits within the stated safety guidelines;
 - Facility leadership's mandate to ensure there is clear documentation relating to the decision-making and process for social visiting.

3.0 Social Visiting: Operational Requirements and Considerations

Visiting Plan:

- Facilities must routinely submit substantial updates to the social visiting plan to Vancouver Coastal Health Licencing.
- Facility Leadership must ensure social visitation plan is reviewed monthly with updates made in accordance with direction provided by BC CDC, BC MOH and Vancouver Coastal Health.

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- The visiting plan must outline safety measures including processes regarding how Facilities will ensure adherence to safety protocols (i.e. PPE use, hand hygiene and physical distancing).
- The plan must be accessible for review or audit purposes by Licensing and/or Vancouver Coastal Health LTC Leadership.
- Facility leadership should ensure a clear process for scheduling and co-ordinating social visiting, ensuring care team members have clear understanding of the process.
- There are currently no parameters or mandates identified by MOH or PHO for sites to provide a specific number of social visits; however, Facility leadership should consider operations and aim to allow at least one social visit per week per resident.

Managing Complaints

- Each Facility must ensure timely responsiveness to complaints regarding social visitation in accordance with the MOH Guidance Document's "Visitor Appeal and Review Process."
- Ideally complaints will be managed at the facility level. In the event an individual is not satisfied with the initial decision from clinical leadership, the site administrator will review the visitor concern and provide a written decision including rationale.
- In the event that a family member/visitor is not satisfied with the decision at the facility level, they may contact the Patient Care Quality Office ("PCQO") at 1-877-993-9199 or email pcqo@vch.ca to request re-consideration. The PCQO will forward all Facility visitation issues to the VCH program contact for visitation appeals as outlined by the MOH.
- Visitation appeals may be further escalated to the PHO in the event that the family member/visitor is not satisfied with the decision resulting from the Vancouver Coastal Health Authority's review. Escalation to the PHO can be facilitated through the VCH PCQO office or independently to: Hlth.visitorappeal@gov.bc.ca

Visiting Location

All of the following locations will be accessible to the resident and designated social visitor:

- 1) Resident's room, provided it is a single room;
- 2) Designated visiting area in facility; and
- 3) Outdoor designated area.

Monitoring of Visits

- Formal supervision of a social visit is considered intrusive and there is no expectation or mandate for this practice.
- Care team members should be available to porter the designated social visitor at the beginning of the visit to ensure that the designated social visitor is apprised of expectations and practice regarding PPE, strict hand hygiene, physical distancing and respiratory etiquette, and procedures post-visit (refer to section 5.0).
- Care team members should be available to the resident for a brief check-in during the visit to ensure there are no resident unmet needs or questions from the designated social visitor.

Gifts, Flowers & Food

There is no restriction regarding family who want to bring gifts, flowers and food provided:

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- The designated social visitor understands and agrees that the facility is under no obligation to store items brought in by the designated social visitor for consumption at a later date;
- Food is brought in a container with a wipeable surface;
- Maximum of one meal to be consumed during the visit;
- Maximum of one container of snack food;
- Home-cooked or purchased food is permitted; and
- Flowers remain subject to scent free policies.

Pets

Subject to the LTC Home Pet Policies, pets can be brought in by a designated social visitor during the visit provided:

- The pet visit is restricted to the resident they are visiting only; and
- The pet is not actively ill.

Please refer to VCH Pet Policies for further detail: [Animals in VCH Facilities](#) and [Animal Health, Hygiene and Behaviour Guideline](#).

Established Facility pets are permitted to interact with residents, provided strict hand hygiene and physical distancing is reinforced.

4.0 Same Day Social/Leisure Outings

Any resident who has the physical and cognitive capacity to leave the facility independently must not be prevented from doing so, and may choose to leave at risk to self.

Residents who cannot leave independently due to a lack of decision-making capacity and/or mobility reasons may leave the facility with the assistance of their designated social visitor for a social/leisure outing. If residents require assistance from staff, they must notify staff and book times when adequate staff are available to support.

During outings, residents and, if applicable, their designated social visitor are expected to adhere to all current Public Health Orders and take appropriate measures to reduce potential transmission, including, but not limited to:

- Social contact during the outing must be restricted to the resident and their designated social visitor;
- The resident and, if applicable, their designated social visitor wear a medical grade mask provided by the Facility and engage in frequent hand hygiene throughout the outing. Masks may be removed if outdoors and able to maintain 2 metre distance from others.

Examples of outings that meet the above safety requirements include, but are not limited to:

- Outdoor walks;
- Drives in private vehicle;
- Appointment at hair salon;

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- Attendance at the designated social visitor's private residence (provided designated social visitor lives alone); and
- Recreational facilities.

The resident is not required to self-isolate upon return to the facility for same day social/leisure outings. Please refer to the LTC Safety Plan document for further detail: [Public Health and Infection Control Key Principles & Safety Plan for Long Term Care Settings](#)

5.0 Social Visiting: Pre-Visit, Visit & Post-Visit Requirements and Considerations

Pre-Visit

- Designated social visitor must self-screen with the BC Self-Assessment Tool (<https://bc.thrive.health/covid19/en>) prior to attending visit and cancel visit if screen is positive.
- Shared designated visiting areas must be cleaned prior to visit.
- Communication process must be reviewed with resident and designated social visitor prior to visit.
- Care team members must instruct designated social visitor re: hand hygiene, personal protective equipment, respiratory etiquette and safe physical distancing (i.e. 2m).
- The number of daily, weekly visits based on operations and ability to accommodate safely. A minimum of once weekly visitation is recommended. Duration of visits to be determined collaboratively between resident, family and Facility. Sixty to ninety minute, in-room visits are recommended.
- Care team members must maintain a designated social visitor list with contact information (Phone number or email for Public Health Contact Tracing) and designated social visitor must provide up to date contact information.

Visit

- Designated social visitor must be screened at Greeter Station upon arrival (must comply with facility policy).
- Designated social visitor must go directly to location for visit.
- Designated social visitor must wear appropriate PPE as directed by care team. Medical grade mask are to be provided by care team. Homemade or other masks brought by the visitor are not permitted. Medical grade masks must be provided by the facility.
- Masks must be worn inside the building at all times, including for the duration of an indoor visit.
- During outdoor visits, masks may be removed as long as the resident and designated social visitor remain 2m apart at all times that their masks are removed.
- Designated social visitor and resident are permitted to engage in limited physical interactions as long as the following safeguards are implemented. Even when these safeguards are implemented, residents and designated social visitors are encouraged to limit physical interactions so as to reduce the risk of transmission.
 - Sitting less than 2 m apart is permitted provided a mask is worn.

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- Embracing, kissing and holding the hand of a resident is allowed provided strict hand hygiene, appropriate respiratory etiquette and mask is worn.

Post Visit Requirements

- Designated social visitor must perform hand hygiene with alcohol-based rub (70%) when leaving the visit location and after doffing mask.
- Designated social visitor must doff mask at the exit from facility.
- Designated social visitor must leave facility immediately following visit.
- Facility care team members clean all high touch surfaces within the visiting area.

6.0 Social Visiting: Persons under Admission Isolation & Respite

In addition to above considerations, for residents who are under admission isolation and for those who are in a facility for respite care, visitation is allowed provided adherence to the following conditions:

- A. The resident is not considered a person under investigation (i.e. does not present with any symptoms or signs consistent with COVID-19) and is not on isolation for any other pathogen;
- B. The designated social visitor complies with the following:
 - i. Only one designated social visitor for each resident;
 - ii. The designated social visitor has not had a known exposure to COVID-19 in the last 14 days;
 - iii. The designated social visitor has not travelled internationally in the last 14 days;
 - iv. The designated social visitor complies with pre-visit, visit and post-visit requirements (see section 5.0);
 - v. The visit should occur in the resident's room provided the resident is the only occupant. Should the visit need to occur in an alternate single room, infection control should be consulted to ensure principles of isolation maintained;
 - vi. The visit can be up to 90 minutes;
 - vii. There are no facility operational constraints limiting the ability for the visit to occur.

Persons/Groups Consulted:

Medical Health Officer, VCH/PHC Long-term Care Executive Leadership, Infection Prevention & Control, VCH Ethics Services, Legal & Privacy Office, a LTC Facility representative, Client Relations & Risk Management

Resources

- Ministry of Health-Overview of Visitors in Long-Term Care and Seniors' Assisted Living (2021):
- BC CDC & BC Ministry of Health (2020): [Social Visiting Poster](#)
- BC CDC & BC Ministry of Health (2020): [Updated Visitor Guidelines](#)
- BC CDC & BC Ministry of Health (2020): [Infection Prevention and Control Requirements for COVID-19 in Long-term Care and Seniors' Assisted Living](#)

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- Ministry of Health (2020): [Policy Communique: Infection Prevention and Control for Novel Coronavirus \(COVID-19\)](#)
- BC Self-Assessment Tool (2021): <https://bc.thrive.health/covid19/en>
- LTC Safety Plan document (2021): [Public Health and Infection Control Key Principles & Safety Plan for Long Term Care Settings](#)
- VCH Pet Policies (2018): [Animals in VCH Facilities](#) and [Animal Health, Hygiene and Behaviour Guideline](#).

ⁱ Family or Family Member: an individual who has been identified by the person or SDM or their team as being in a relationship of importance to the person and who provides support or care for the person on a regular basis.”