

TITLE:	Visitors/Reopening Protocols (COVID-19) (BC)	POLICY #:	IX-N-10.46
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MANUAL	LTC Infection Prevention & Control	APPROV. AUTH:	VPO, Clinical Services
ORIGINAL ISSUE:	July 2020	SCOPE:	BC Care Communities (NOT in Outbreak)
PAST REVISIONS:	Oct/20, Nov/20, Dec/20, Feb/21, Mar/21, Apr/21, Jun/21, Jul/21, Oct/21, Jan/22		
CURRENT REVISION:	March 2022		

POLICY:

To ensure a safe environment that follows provincially mandated protocols regarding physical distancing, this policy and procedure provides guidance for how visits and reopening of services are scheduled and facilitated across the care communities in accordance with regulatory directives.

As per provincial directives, all visitors must show proof of full immunization for COVID-19 in order to enter the care community (excluding children under 12 years or those with an approved medical exemption). This includes visitors who may enter the care community to access an outdoor space.

Visitors must adhere to the following measures until they are confirmed as fully vaccinated:

- Wear a medical/surgical mask for the duration of the visit
- Undergo rapid testing at the point of entry to the care community (excluding those under 12 years)
- If the rapid test result is positive, the visitor must not enter the care community and is strongly recommended to have a polymerase chain reaction (PCR) test through Public Health

Fully immunized is defined as 7 days after a single dose of COVID-19 vaccine like Janssen (Johnson & Johnson) or having a second dose of a two-dose COVID-19 vaccine series such as Pfizer, Moderna, AstraZeneca, or approved combination of COVID-19 vaccines.

PROCEDURE:

The Executive Director or designate will:

- 1) Establish a reopening plan, which will include designated outdoor and indoor areas for visits, hairdressing services, and resident leave of absence.
- 2) Establish the flow of team, resident, and family movement to and from the visiting areas, ensuring minimal traffic through the location / resident home areas / neighbourhoods.
Note: May use MOH/Public Health/Health Authority resources and checklists.
- 3) Ensure alignment with social visitor requirements within the care community in resident room/outdoor space designated.
- 4) Ensure screening processes are in place to greet and screen visitors prior to the visit.
- 5) Consider the indoor and outdoor physical layout of the care community when implementing safety precautions. Restrict the use of common areas including dining and living rooms in the care community for social visits to take place.
- 6) Encourage the use of resident home area spaces attached to outdoor spaces for residents to occur.
- 7) Post maximum occupancy requirements in outdoor spaces.

- 8) Ensure privacy for the resident and family during visits.
- 9) Communicate with residents and families the process for visits, prioritizing emotional and/or clinical decline of residents.
- 10) Forward complaints/disputes over the decision to decline entry into the care community to the health authority. Track concerns using the internal complaints process in place and additional documentation as required by the health authority.
 - Care communities to use the process outlined in the attachment.

The Housekeeping Team or designate will:

- 1) Ensure enhanced cleaning of all high touch surfaces twice daily and when visibly soiled with hospital grade disinfectant.

The Director of Resident Programs or designate will:

- 1) Be accountable for the process of coordinating visiting protocols, documentation, and auditing.
- 2) Request visitor vaccination status and document on the IX-N-10.46(k) Master Visitor Vaccine Status Log (BC). Acceptable proof of vaccination status includes:
 - An electronic or printed copy issued by the provincial government. In BC, accessible through the “BC Services Card” electronic online platform;
 - The individual’s name; and
 - Has been issued for the purpose of showing proof of vaccination.
- 3) Conduct an initial review and monthly thereafter of current visitor protocols and IPAC practices with residents and families. Any gaps during the review will be reported to the IPAC Lead/designate.
- 4) Ensure visitors are educated about physical distancing during the visit with other residents/team members, respiratory etiquette, hand hygiene, IPAC practices, and proper use of PPE. Maintain IPAC measures in place, including wearing a medical mask in common areas and hand hygiene practices, allowing visitors to have physical touch with residents they are visiting.
- 5) Appoint team member(s) to conduct active screening and provide education to all visitors.
- 6) Ensure the visit is documented in the resident’s electronic health record.
- 7) Maintain all records related to the family visiting process.
- 8) Communicate visiting hours and times. Reschedule the visit for any of the following reasons:
 - The care community goes into outbreak
 - Resident is experiencing symptoms or is self-isolating
 - Inclement weather (i.e. heat wave or rain)
 - Operational needs require team members to support resident care
 - Other emergencies (i.e. Code Red)

All Team Members will:

- 1) Participate in and support visiting of residents as needed.
- 2) Guide any visitor with PPE utilization as needed.

- 3) Seek support from nurse in charge and/or manager(s) to address questions and concerns, including immediate advice to support individual resident and family needs.

The Visitor will:

- 1) Conduct visits during visiting hours communicated by the care community. The care community may set capacity limits to the maximum amount of visitors as per WorkSafeBC and Public Health Officer safety plans. Approved essential visitors do not need to schedule a visit in advance.
- 2) Participate in the active screening process, perform hand hygiene, don PPE during the visit, comply with monthly education to ensure full compliance to visiting policy requirement, provincial directives and IPAC practices.
- 3) Be screened for signs and symptoms of illness, including COVID-19, during the scheduling of visits.
- 4) Be permitted to consume food and beverage items brought into the care community with the resident during visits if fully immunized. Residents may consume food and beverage items during the visit.
- 5) Refrain from visiting any other resident and any other areas within the care community except designated indoor spaces and designated washroom.

NOTE: Visitation of pets will be determined on a case by case basis to support the wellbeing of the resident.

NOTE: Any non-compliance with the visitor responsibilities in this policy will result in a discontinuation of the visit for the non-compliant visitor.

References:

- Ministry of Health – Overview of Visitors in Long Term Care and Seniors’ Assisted Living, March 18, 2022. http://www.bccdc.ca/Health-Info-Site/Documents/Visitors_Long-Term_Care_Seniors_Assisted_Living.pdf
- IH-PRCC-Social Visitors Compliant Resolution Memo LTC_16Sept 2020
- Proof of vaccination and the BC Vaccine Card. <https://www2.gov.bc.ca/gov/content/covid-19/vaccine/proof#card>
- Immunization Records Sample Canada, COVID-19 BC. https://www2.gov.bc.ca/assets/gov/covid-19/immunization/immunization-record-examples/immunization_record_samples_canada.pdf

Attachments: IX-N-10.46(a) Guidelines for Social Visits (BC)
IX-N-10.46(b) Guidelines for Personal Services – Hairdressing (BC)
IX-N-10.46(c) Personal Services Hairdressing – Checklist (BC)
IX-N-10.46(d) Guidelines for Resident LOA – AL/IL (BC)
IX-N-10.46(e) Resident LOA Checklist – AL/IL (BC)
IX-N-10.46(f) Resident Handout – Guide to Outings (BC)
IX-N-10.46(g) Visitor Appeal & Review Process Algorithm (BC)
IX-N-10.46(h) Best Practice Guidelines for Communal Dining (BC)
IX-N-10.46(j) Best Practice Guidelines for Indoor & Outdoor Entertainment (BC)
IX-N-10.46(k) Master Visitor Vaccine Status Log (BC)
IX-N-10.46(l) Compassionate Entry for Travelers into Canada (BC)