



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

Effective July 19, 2021

This guidance supports safe, meaningful visits in long-term care (LTC) and seniors' assisted living (AL) 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 COVID-19 infection prevention and control \(IPC\) 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);
- 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 routinely 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. 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 request further review of a decision through, or facilitated by, the health authority Patient Care Quality Office (see appendix for details on the review process).

Vaccination

In recognition of the added layer of protection provided by the COVID-19 vaccine and given the vulnerability of residents in LTC and seniors AL even when fully immunized themselves, there is a strong recommendation that individuals visiting long-term care homes or seniors' assisted living residences (both essential and social visitors) are fully immunized against COVID-19 (e.g., seven days after receiving the full series of a World Health Organization (WHO) approved COVID-19 vaccine or a combination of approved WHO vaccines). Proof of vaccination will be requested at the time of screening for entry into the facility. Fully immunized visitors will be required to wear a medical mask while moving through the facility and in common areas but are not required to wear a mask while in direct contact with the person they are visiting or when outdoors. Visitors who do not demonstrate that they are fully immunized are required to wear a medical mask for the duration of their visit, including when in direct contact with the person they are visiting.

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.

Operators will engage with residents, their families and care providers on both the current status of IPC practices in the facility and processes for visitors, including the request for proof of vaccination. 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 caregivers 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.

Practice Requirements for Social Visitation

These practice requirements are intended to support residents, families, staff, administrators, managers, boards and 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:

- [COVID-19 Infection Prevention and Control: Guidance Long Term Care and Seniors' Assisted Living Settings](#)

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 may occur without advance booking during the daily designated social visiting hours at a facility.

Care homes/residences will make every effort, while maintaining the safety of all residents, visitors and staff, to ensure adequate time and space for meaningful social visits between residents and their visitors. Residents' differing needs for what is required for meaningful visits should be accounted for in determining appropriate frequency and maximum duration of visits, as well as the number of visitors at one time. Any limits on the frequency, duration and number of visitors or visits should only be to meet resident needs or WorkSafe BC safety plans.

Facility wide indoor social events/gatherings may occur involving residents and staff from multiple units/floors of a facility. Outdoor social events may include staff, residents and visitors (e.g., summer BBQ) in alignment with the current PHO guidance while adhering to applicable IPC practices to ensure the safety of all staff, residents and visitors.

Social visits are separate from essential visitation and resident outings. Operators will continue to support resident outings in alignment with public health guidance regarding indoor and outdoor gatherings for the public.

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. Social 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. This will include the requirement for visitors to show proof of vaccination status and the associated requirements for masks while visiting.
3. The maximum number of visitors at one time for both indoor and outdoor social visits must align with site capacity to ensure the safety of all residents, visitors and staff, as well as resident needs and wellbeing in support of meaningful visits. Whenever possible, residents residing in multi-bed rooms should receive visitors in a separate, designated location.
4. Social visits may occur without the requirement to schedule or book in advance. Daily social visiting hours may be designated by the facility to ensure adequate staffing to support safe visiting practices, provided significant opportunities are made available daily with visiting options in the morning, afternoon and evening on weekdays and weekends

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. Larger, facility-wide social events or gatherings may occur. Indoor events/gatherings may include residents and staff across units/floors of a facility. Outdoor events/gatherings may include family/friends. The number of visitors at outdoor social events/gatherings must align with current PHO guidance, meet WorkSafe BC safety plans and follow appropriate IPC practices to ensure the safety of all staff, residents and visitors.
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 are required to limit 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. 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.
9. 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 their 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 with 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"> • Essential visits will be evaluated in partnership with the resident (or their substitute decision-maker), based on current circumstances, including: clinical assessment, risk of transmission, the environment, the ability to maintain physical distancing and the availability of PPE, if required. • Residents can refuse to provide consent for a visit and this will be respected. • 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. • 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. • If immediate decisions are required, escalation mechanisms shall be activated without delay.
<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"> • 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). • 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). • A physician or nurse practitioner determines if the resident’s condition is considered end-of-life. • When death is anticipated as imminent, family members/support people may have extended visits or a vigil in consultation with the care team.
<p>b) Visits paramount to the resident physical care and mental well-being, including:</p>	<ul style="list-style-type: none"> • 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.,

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

3. There is a strong recommendation that an individual visiting a long-term care or seniors' assisted living facility be fully immunized and provide proof vaccination status prior to entry.

- Visitor vaccination status will be verified by facility staff prior to entry.
- Fully immunized (e.g., seven days after receiving the full series of a WHO approved COVID-19 vaccine or a combination of approved WHO vaccines) visitors are required to wear a medical mask when moving through and in common areas of the facility but are not required to wear a medical mask while in direct contact with the person they are visiting.
- Visitors who do not demonstrate that they are fully immunized are required to wear a medical mask for the duration of their visit.
- Operators will be expected to maintain a list of visitors' vaccination status and to share this list with public health, if required.

Guidelines for Social Visits

Statement	Application
<p>1. During an active COVID-19 outbreak, social visits will not be allowed.</p>	<ul style="list-style-type: none"> • 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 and inform residents and families in writing/by email. • Operators will ensure adequate signage is posted around the facility to support families and residents to have a safe and successful visit.
<p>2. There is a strong recommendation that an individual visiting a long-term care or seniors' assisted living facility be fully immunized and provide proof vaccination status prior to entry.</p>	<ul style="list-style-type: none"> • Visitor vaccination status will be verified by facility staff prior to entry. • Fully immunized (e.g., seven days after receiving the full series of a WHO approved COVID-19 vaccine or a combination of approved WHO vaccines) visitors are required to wear a medical mask when moving through and in common areas of the facility but are not required to wear a medical mask while in direct contact with the person they are visiting. • Visitors who do not demonstrate that they are fully immunized are required to wear a medical mask for the duration of their visit. • Operators will be expected to maintain a list of visitors' vaccination status and to share this list with public health, if required.
<p>3. Maximum number of visitors for individual visits must align with site capacity, WorkSafe BC safety plans and include consideration of resident wellbeing.</p>	<ul style="list-style-type: none"> • Consideration of resident need and well-being should inform the maximum number of visitors at one time in support of meaningful visits. • Site capacity and WorkSafe BC safety plans will also inform maximum numbers for safe visitation. A number of factors should be considered including staffing levels, space layout, the ability to maintain safe social distances and provide adequate PPE. • Whenever possible, residents residing in multi-bed rooms should receive visitors in a separate, designated location. In situations where a resident is unable to move to a designated visiting area and visiting occurs in a multi-bed room, the number of visitors may be limited to maintain physical distance from the other residents. • A visitor list must be maintained to manage social visits and allow for contact tracing, if necessary. • Visitors are required to follow all required IPC practices.

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| | <ul style="list-style-type: none">• Visitor access to washrooms and other amenities inside the facility will be provided as required. |
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<p>4. Larger, facility-wide social events or gatherings may occur.</p>	<ul style="list-style-type: none"> • Indoor social events/gatherings (e.g., musical performances) may include residents and staff across units/floors of a facility, but not include family/friends. • Outdoor social events/gatherings (e.g., barbecues) may include family/friends. • The maximum number of visitors at outdoor social events/gatherings must align with current PHO guidance, meet WorkSafe BC safety plans and follow appropriate IPC practices to ensure the safety of all staff, residents and visitors. • A visitor list must be maintained to manage social visits and allow for contact tracing if necessary.
<p>5. Social visits may occur without the requirement for advance scheduling or booking.</p>	<ul style="list-style-type: none"> • Advance scheduling or booking of social visits is no longer required. • Designated visiting times may be established by the facility to ensure adequate staffing is available to support safe visiting practices. • If a facility chooses to designate specific hours for social visits, significant opportunities must be made available daily with visiting options in the morning, afternoon and evening on weekdays and weekends. • Operators will identify details about the processes for visiting on their websites and inform residents and families in writing/by email. • A visitor list must be maintained to manage social visits and allow for contact tracing if necessary.
<p>6. 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"> • It is expected that operators will provide each resident with regular, frequent and routine opportunities to engage in social visits. • Visits are to have 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 limitations on frequency and duration of visitation should be by exception only when required to meet WorkSafe BC safety plans.
<p>7. Operators will support residents to leave for outings with no limitations beyond current public health guidance regarding indoor and outdoor gatherings.</p>	<ul style="list-style-type: none"> • Isolation is not required upon return from outings.

<p>8. With appropriate precautions in place, visitors may be in physical contact with the resident they are visiting.</p>	<ul style="list-style-type: none">• Fully immunized visitors are required to wear a medical mask while moving through or in common areas of the facility, but not while visiting with the intended resident.• Visitors who do not demonstrate that they are fully immunized are to wear a medical mask for the duration of the visit.• Visitors are required to adhere to IPC guidance regarding safe visitation practices such as hand hygiene and respiratory etiquette.• Physical touch such as hugs and hand holding between residents and their visitor(s) may occur, provided appropriate IPC practices are followed.• Whenever possible, residents residing in multi-bed rooms should receive visitors in a separate, designated location. In situations where a resident is unable to move to a designated visiting area and visiting occurs in a multi-bed room, visitors must maintain physical distance from the other residents.• A visitor list must be maintained to manage social visits and allow for contact tracing if necessary.
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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 request a further review of a decision through, or facilitated by, the health authority Patient Care Quality Office.

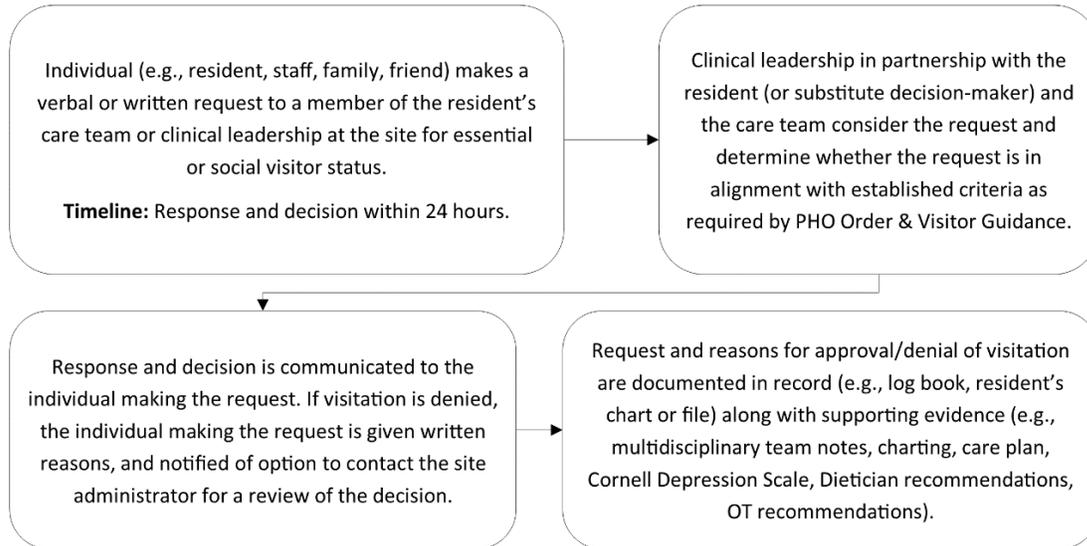
Health authorities and facility operators must ensure that:

- 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.

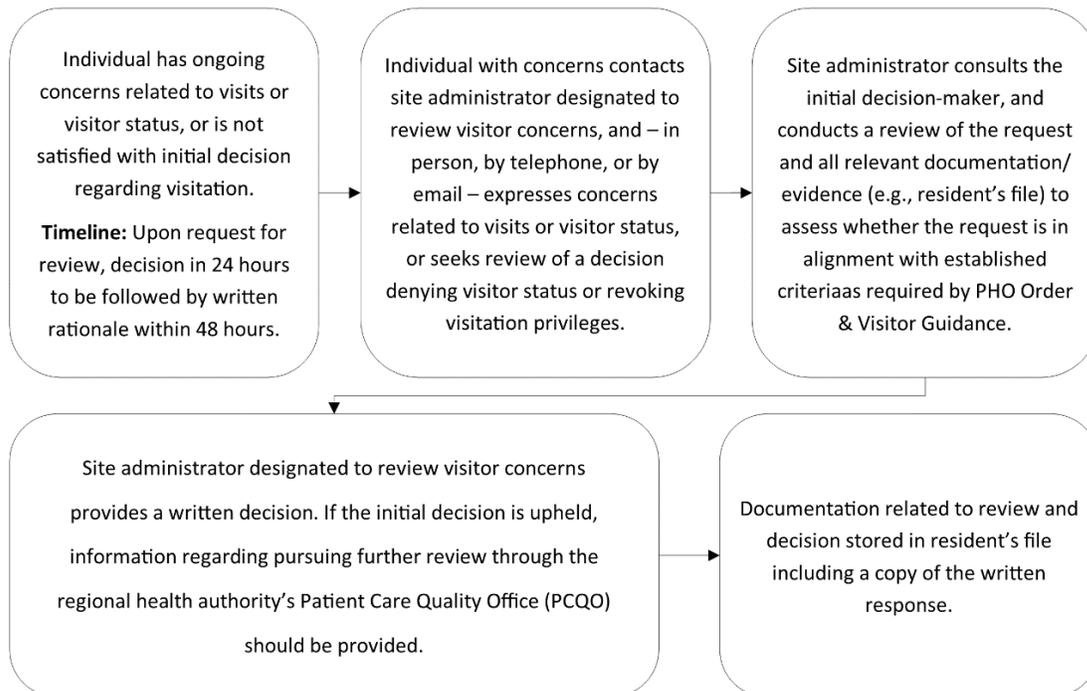
Visitor Appeal and Review Process

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

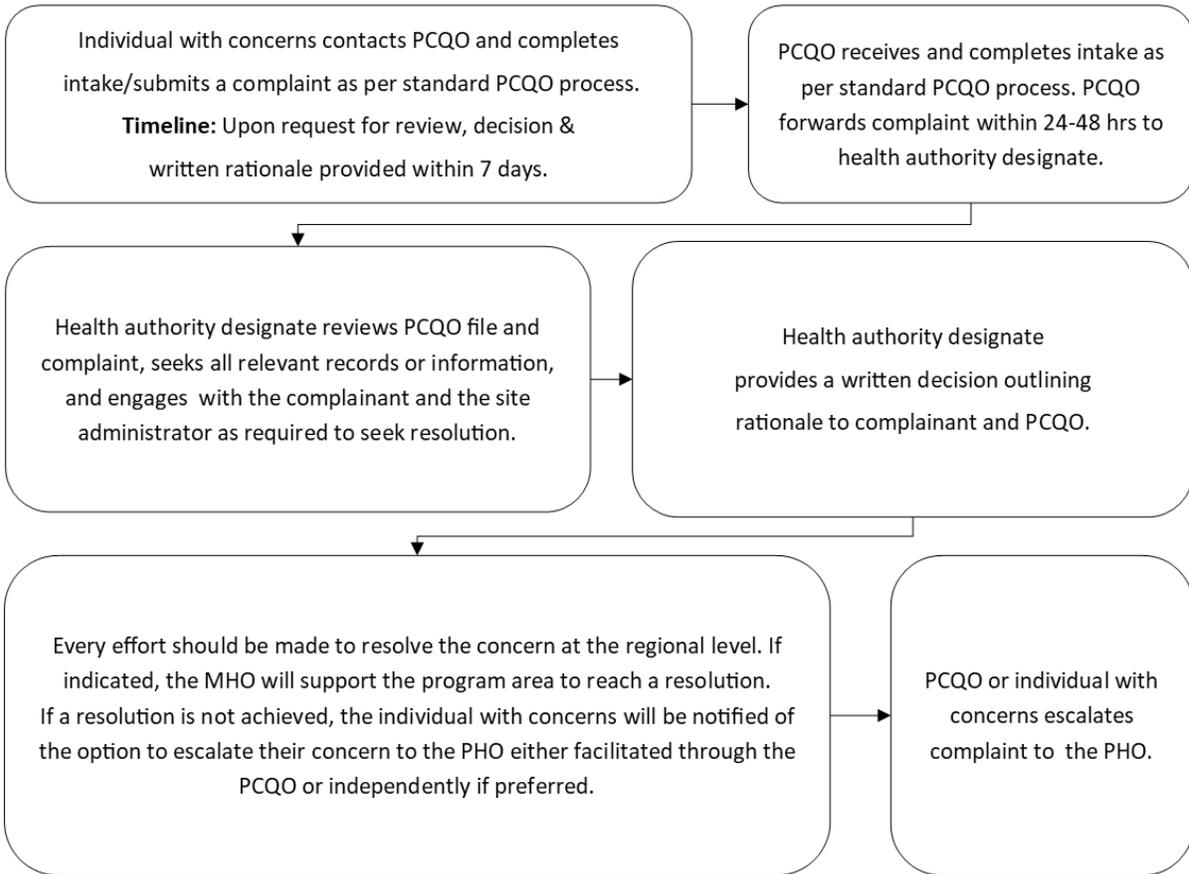
Step 1: Initial Decision by Clinical Leadership & Care Team



Step 2: Review by Site Administrator



Step 3: Health Authority Program Area Review through PCQO



Step 4: Final Review by PHO

