

**The following criteria will be used to guide Island Health program and Licensing staff to approve required Designated Visitor plans. The governing principles to ensure implementation of this policy change are:**

- » That designated visits will be maximized at all sites while ensuring compliance with appropriate safety procedures.
- » Sites will follow all existing infection control procedures required by the MHO.
- » Resident and staff safety at the site remain the priority for each site and should not be compromised for unsafe designated visits.
- » Each site will be responsible for developing, implementing and evaluating its own plan.

### **Decision Making**

- » As per the BC CDC and Ministry of Health Guideline, the decision of who the designated visitor will be must be done in a collaborative manner (care team must include resident/family +/- health care rep or TSDM)
- » Plan reflects resident as primary decision maker for determining designated visitor unless they have been deemed incapable of making the decision of who their visitor should be and/or if they want to include their family, health care rep or TSDM
  - **Recreation Coordinator will facilitate the visiting guidelines in LTC in collaboration with nursing and care or other as appropriate**
  - **Recreation staff on each floor will connect with residents about designating their visitor in collaboration with nursing and care or other as appropriate**
  - **Those unable to decide – will reach out to family member**
- » Designated Visitor will be one single person (no changes to occur)
- » Communication re: expectations be provided to resident and family (verbal & written), outlining the following:
  - Importance of facilitating designated visits.
  - Collective Risk (i.e. health and safety for COVID-19 transmission for residents and visitors)
  - Collective Accountability and commitment to adhering to agreed guidelines to reduce risk for other visitors/residents/care providers
  - That the site is committed to maximizing designated visits within the stated safety guidelines.

○ **See Visiting Guidelines KV LTC commencement between 15-20 July**

### **Operational Considerations: Does the plan reflect the below:**

- » How many visitors will be approved per day into the site (how to consider doing this safely)
  - **Start with 4 – 6 and increase from there – dependent on length of time booked and desire of the resident/family**
  - **Give choice of 30 or 60 minute visits**

- » How to balance essential visitors and social visitors (does it consider as well essential visitor as one in the same?)

- **Meaningful matching of residents with varying and fluctuating needs- work with nursing and care teams to establish the difference between social visiting and essential visiting- changes in health status or desire to decline/change mind re a visitor will be discussed at daily huddles**
- **Staff will understand and collaborate with recreation specific or unique family dynamics to support personal choices that reflect the residents preferences and needs first before the needs of the resident**

- » What additional financial support is required to safely manage the agreed number of visitors at one time?

- # of FTE's –

- **1.3 FTE**
- **Respite recreation staff have been redeployed to resident care and will be supporting the visiting guidelines and process**
- **This supports 7 day per week visiting (1.3 FTE)**
- **Should respite re open then an additional FTE would be required to continue to support this service as rec respite would return to deliver therapy to respite clients**

- Type of position(s) – **Rec staff schedules, screens, cleans in between visits**

- Annual cost including benefits for each position – **n/a until respite opens-**

- Environmental Adaptation costs

- **Screen tent-heaters- aesthetic enhancements to visiting space (heart parks)**

- » Process of determining whether visits can occur on a given day if local circumstances indicate increased temporary risk (eg, active outbreak or potential, inadequate staffing to supervise)

- **There is at least 1 staff member 7 days/week to facilitate visits**
- **Active outbreak = visits cancelled**
- **Resident on precautions = visit cancelled**
- **Resident is unwell = visits rescheduled or rerouted to essential (palliative)**
- **Each visit will be reviewed in advance by rec working with nursing to ensure appropriate steps are taken and avoid miscommunication**
- **Rec will connect with visitors to address and changes or questions**

- » Process for scheduling visits: How appointments will be booked while considering the number of people the site can safely support

- Residents/family/friends in LTC call 250-740-2727 hotline to book appointments for 'heart park' visits and be pre screened
- 4-6 day to start and increasing from there
- Daily collaboration with nursing to understand any changes or needs.
- In advance of the visit nursing will meet with the visitor to update and review resident wellness before the visit begins to ensure that understanding has occurred, to answer questions and offer support – this is scheduled at the time of appointment booking and a calendar is available to staff.

- » How will the site monitor the visit to adhere with safety protocols (PPE use, hand hygiene, physical distancing)

- Recreation staff will schedule visits
- When scheduling visits, recreation will let visitor know that schedules will be confirmed the morning of the visit. If a change needs to occur, the visit will be rescheduled
- Recreation staff will greet visitor and complete screening process including hand hygiene, physical distancing, PPE use
- Rec staff will be available to support, advise and interrupt or modify the visit if necessary

- » How will locations be assigned and can physical distancing be accommodated? What cleaning tasks are required between appointment times (outdoor, indoor designated locations or individual single-client room)

- Primary visiting location will be outside on the patio in a covered area with access to heat, water, garbage, Kleenex etc.
- All products for the visit will be removed and replaced with sanitized products between visits. Front tent area outdoors
- Inside space, within a separate area, is available for particular visits where the outside is not deemed suitable, this space will be supported as mentioned above
- Navigation tools such as arrows and social distancing Orange hearts painted to illustrate physical distance
- Between appointments Rec staff will disinfect (using appropriate products) all touch points as well as remove any garbage left and restock water bottles

- » Adequate Signage to identify visiting rooms and spaces

- Signage to identify visitor parking
- Arrows directing to 'Heart Park'

- » Documentation: Outlines where the decision making and process will be documented and stored AND the plan must be available for Licensing or Assisted Living Registrar if requested

- Recreation and nursing will have list of residents + their designated visitor
- Recreation and nursing will have visit schedule

### Plan for Review Process

- » Review of site Social Visitation Process: Who will do this and how frequently (should be at least monthly)

- **Operational Leadership weekly – updates given by Recreation Coordinator**

- » Managing Complaints are indicated in the plan (Local management escalating to PCQO-Island Health, Licensing and/or AL registrar)

- **Feedback directed to Recreation staff > rec coordinator > Nursing/Leadership > PCQO-Island Health**
- **IH complaints Flow chart**
- **Internal site complaints flow chart**

### Pre-Visit, Visit and Post-Visit Process

#### Pre-Visit

- » Visitor Screening at Greeter Station (must comply with facility policy)

- **Rec will give information to visitor and generally pre screen at time of booking**
- **On site-‘wait at the gate’ Footprints security at gate use approved greeter questions and temp scan**

- » Visiting Location is cleaned prior to visit and how this will be identifiable

- **Cleaned & ready to go sign – laminated, flipped to appropriate side when ready to be used**

- » Communication process to resident and visitor prior to visit

- **See Visiting plan – given to resident @ designate decision discussion, and to visitor upon arrival**

- » Process of how visitors will be instructed re: hand hygiene, personal protective equipment, respiratory etiquette and safe physical distancing

- » Visitor List with Contact Information (Phone number or email for Public Health Contact Tracing)

- **Pre screening and education at time of booking**
- **Reiterated and supported at the beginning of the visit**
- **Visitors will have secondary screening by rec staff prior to visit**
- **Mask & education re: proper use of PPE, both donning and doffing**
- **Hand hygiene**
- **Respiratory etiquette**
- **Physical distance**
- **Name & contact taken for contact tracing**

**Visit requirements**

- » Completion of required screening on arrival
- » Visitor must go directly to location for visit
- » Visits are limited to 90 minutes
- » AL: one visit per day unless essential visitor, operator & AL CHS to determine
- » LTC: # of daily, weekly visits based on operations and ability to accommodate safely
- » PPE: Mask provided by visitor to be worn for duration of visit (note: Island health reviewing possible supply of Medical Grade Masks TBD). For outside visits, mask to be worn if unable to maintain 2m physical distance
- » Minimize physical touching

**Post Visit Requirements**

- » Visitor must leave facility immediately after visit
  - **Visitor will be shown how to properly dispose of their mask and PPE, as well as hand hygiene before leaving**
- » Infection control processes outlined (i.e. Process of supporting visitors off site, doffing PPE appropriately and hand hygiene and cleaning post visit)
  - **PPE disposed of appropriately**
  - **Recreation staff to clean and disinfect area**
  - **Signage to show when area is clean and ready to go**