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Approved By: 	Subject: Safe Visiting During COVID-19

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POLICY

The Bethany Group recognizes that family and friends are part of the care and support team for clients who reside in our congregate living facilities. As such, we support a safe approach to visitation within our congregate living facilities to ensure clients are able to maintain physical and mental health and well-being while still retaining necessary safety precautions to minimize risk of infection. This policy applies to all long term care facilities, designated supportive living facilities and licensed lodge sites as directed by the Chief Medical Officer of Health.

DEFINITIONS

Extenuating Circumstances includes:

- **End of life** (within the context of supportive living and long-term care): In this context, end of life refers to the last four to six weeks of life.
- **Significant change in health status:** any instance of sudden change in physical/mental/cognitive/spiritual health status, extreme loneliness or depression, or other situation where client health has been, or is suddenly, compromised.
- **Pressing circumstance:** any life event where onsite access to someone other than the designated family/support persons might be necessary (e.g., financial or legal matters, family crisis, etc.).

Visitors shall not be restricted entry to the site in the above extenuating circumstances and shall not be subject to duration or frequency limitations.

Risk tolerance: the ability of a site, as an entity (physical accommodation and the collective of clients and staff), to accept increased potential of exposure to COVID-19 to inform situations where restricted access may be necessary and where more visits (e.g., social) are desired. Risk tolerance will continuously change and will depend on many factors; it is the consideration of the combination of them that will ultimately inform a site's risk tolerance.


Shared care areas: an area of a facility where direct care, such as assistance with eating, rehabilitation support, bathing support is provided.

Restricted access: may include only allowing designated family/support persons, reducing number of persons permitted at one time, limiting the number of additional people on site at any one time, site visiting hours, etc.

PROCEDURE

The site Manager/designate shall:

1. Consult with client/legal decision makers and families to ascertain the types of visits desired. Where there is a difference in desire between a client and their family/visitors, the client's preferences will be paramount.

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2. Complete a Risk Tolerance Assessment (Exhibit 1) for the site, consulting with clients, families, and staff and identifying potential risk mitigation strategies where required. Risk tolerance shall be evaluated at minimum every three weeks and as risk conditions change; the results shall be communicated to clients/legal decision makers and families every time it is updated.
3. Contact each client/legal decision maker to confirm up to two designated family/support persons.
4. Maintain a list of all designated family/support persons for verification purposes.
5. Develop a method for coordinating visits to ensure safe presence and movement of people and equitable access to visits for all clients. This may include the development of a standing schedule for designated family support persons if desired by the client/legal decision maker as well as scheduling visits in shared spaces where available.
6. Where able, provide the Safe Visiting policy and all attachments to the designated family/support persons and any visitors prior to the first visit. When alternate visitors arrange visits to the site, the Manager/designate can provide them with the information to review prior to entering the site for the visit.
7. Designate outdoor spaces for outdoor visits and, where applicable, indoor shared spaces for indoor visits and mark them as such with signage.
8. Ensure that the Health Assessment Screening and the Risk of Unknown Exposure Assessment (Exhibit 2) have been completed for every person prior to entering the site. Ensure all visitors demonstrate an understanding of the screening and risk assessments. Instruct people to proceed directly to the expected location of the visit (e.g., resident room, shared care area or designated indoor space).
9. Discuss and explain Safe Visiting Practices (Exhibit 3) and related site policies to all clients/legal decision makers, designated family/support persons and visitors and instruct all persons to adhere to them.

Designated Family/Support Persons and Visitor Responsibilities

All designated family/support persons and visitors shall be instructed to:

1. Undergo a Health Assessment Screening at entry to the site and self-check for symptoms throughout and following the visit.
2. Coordinate all visitors with the site Manager or designate.
3. Adhere to Safe Visiting Practices (Exhibit 3) and any related site policies.
4. Only visit the client they are supporting.
5. Wear a mask continuously indoors (and outdoors if physical distancing cannot be maintained).
6. Notify the site Manager/designate of any symptoms that arise within 14 days of visiting with a client.

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***Entry may be refused if there is reason to believe an individual is not abiding by these responsibilities.**

Indoor Visits

1. Clients shall not be limited from visiting with one another:
 - Clients who are not required to isolate or quarantine are permitted to visit indoors with other non-isolating or non-quarantining residents of the same site.
 - If a site is under investigation for an outbreak, or in an outbreak, these visits shall occur with physical distancing requirements in place.
2. At minimum, a site shall permit visits from designated family/support persons and visitors in extenuating circumstances in client rooms and shared care areas within the following parameters:
 - Client room – up to two visitors at one time, space permitting*.
 - Visitors other than the designated family/support person(s) shall have access to a client room at minimum due to end of life, change in health status or pressing circumstances situations.
 - *Exception:** during end of life three visitors at one time are permitted, unless all visitors are from the same household in which case there is no maximum.
 - Shared care areas – only designated family/support person visitors shall be allowed one at a time (semi-private client rooms should be considered a client room and not a shared care area).
3. Social visits from others (not designated family/support person or visitor in extenuating circumstances) may occur in a client room.
4. The site Manager may designate a shared indoor space(s) for indoor visits with the following criteria:
 - Designation of indoor visiting spaces must be informed by the site's risk tolerance assessment.
 - Visits in designated indoor spaces may be restricted to designated family/support persons only or spaces where physical distancing is possible between all people and groupings with a limit of 2 visitors per grouping unless the site can safely accommodate more.
5. A designated family/support person is not required to be present for an indoor visit.

Outdoor Visits

1. Clients who are not required to isolate or quarantine shall be supported to spend time outdoors and have outdoor visits, where desired, while observing physical distancing requirements.
2. While clients who are able to access the outdoors are encouraged to stay on site property, they are not required to do so. For visits that go beyond the property (e.g., community walks), arrangements with the site Manager/designate are only required if the client requires staff support to prepare for, or be transported to the visit. The client/legal decision maker shall notify the site Manager/designate as required for social leave notification where applicable.

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3. Outdoor visits may include up to five people (including the client):
 - The site Manager may determine a lesser maximum number of people based on the amount of available space, the number of groupings, and the ability to maintain physical distancing requirements.
 - The site Manager shall designate suitable outdoor space(s) for visits.
 - A designated family/support person is not required to be present for the outdoor visit.
 - Children can participate in outdoor visits.
 - Outdoor visitors, other than designated family/support persons, will remain outdoors at all times (i.e., entry to the site will not be permitted).

Extended Visits

1. The site Manager/designate shall remind clients/legal decision makers of their responsibilities regarding outings.
2. Clients returning from offsite outings of less than 24 hours are not required to isolate, unless they fail the Health Assessment Screening completed upon return to site.
3. Clients returning from offsite outings of more than 24 hours are required to isolate for 14 days following their return.
4. The Manager shall consult with the zone Medical Officer of Health for modifications to these requirements on a case by case basis.
5. Off-Site Overnight Stays – the site Manager shall work with the client/legal decision maker to accommodate requests for leaving the site for recreational extended stays; including the involvement of care partners where applicable (e.g., Home Care, Physician, etc.) and where the client's medical status may present an increased risk from this activity.
6. On-Site Overnight Stays – in extenuating circumstances and where requested and feasible, the site Manager shall implement a process for overnight stays onsite for one or more designated family/support persons and/or other visitors. The Manager shall remind the visitors of the requirement to follow Safe Visiting Practices (Exhibit 3) and any other applicable organizational policies.

Restricted Access

1. The site Manager shall not place restrictions on the duration and frequency of visits unless all reasonable attempts at alternative options have been considered in consultation with the client/legal decision-maker/family.
2. The site Manager may temporarily restrict visiting access in situations where a risk tolerance assessment indicates an increased risk of exposure to COVID-19 (e.g., increase in local community COVID-19 cases, confirmed site outbreak, etc.).
 - a) All restrictions shall be made in collaboration with clients/legal decision makers and the site's resident and family council where able. Senior Leadership and the zone Medical Officer of Health, where applicable, shall be consulted prior to restrictions being made.
 - b) Any restrictions shall not exceed 14 days without re-evaluation.

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- c) Designated family/support persons shall never be overly restricted in access to the client(s) they support.
3. When access is restricted, the Manager/designate shall ensure that virtual connection with the designated family/support person continues to be available.

Dispute Resolution

1. The site Manager shall work with the client/legal decision maker and designated family/support person(s) to address any concerns or complaints that arise regarding the site policy for safe visiting. This may include addressing the concern through the Resident and Family Council where appropriate.
2. Should concerns or complaints remain unresolved at the site level, the Manager shall assist the client/legal decision maker and designated family/support person(s) to contact the applicable Director for review and resolution at the Senior Leadership level. Should resolution to the concern remain, the Director shall consult with the CEO to ascertain if mutual agreement at the organizational level can be reached.
3. Should the concern still be unresolved following discussion at the Senior Leadership/Executive level of the organization, the client/legal decision maker and/or designated family/support person(s) can be assisted to contact Alberta Health Accommodation Standards and Licensing at: asal@gov.ab.ca or 780-644-8428; or Alberta Health Services AHS Patient Relations (for designated supportive living or long term care) at <https://www.albertahealthservices.ca/about/patientfeedback.aspx> to assist the client and the organization in coming to a resolution.
4. All complaints and concerns shall be recorded in the Incident Reporting System.

Safe Visiting Practices


It is important for all people to understand their risk of unknown exposure to COVID-19 (Exhibit 2), based on their behaviour in the last 14 days, prior to entering the site and to modify their behaviour accordingly.

It is critical that active Health Assessment Screening is completed upon entry, as completely and accurately as possible. Anyone with symptoms or recent known exposure to COVID-19 shall not enter the site.

While individuals do not need to disclose their assessed risk of unknown exposure to the site, they must ensure that the client/legal decision maker is aware of it.

Individuals should limit the number of different sites they enter and provide in-person visits to only one site per day to the greatest extent possible.

Further safe visiting practices are included in Exhibit 3.

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Health Assessment Screening

Any designated family/support person or visitor who intends to enter a facility and/or who cannot maintain physical distancing during an outdoor visit must be screened. This screening must be completed every time the individual enters the site. Outdoor visitors who do not enter and follow all physical distancing during the outdoor visit are not required to be screened. Screening shall involve the following:

1. Temperature screening
2. COVID-19 Questionnaire (See Exhibit 2)
3. Confirmation of self-assessment of risk of unknown exposure to COVID-19 and understanding of Safe Visiting Practices.
4. Confirmation of identity and designated status (only if entering the building).
5. Documentation of arrival and exit times (only if entering the building).

REFERENCE

CMOH Order 29-2020, Guidance for safe visiting in licensed supportive living, long-term care and hospice settings, July 16, 2020

Bethany policy CPT 03-11, Workplace Violence Prevention and Response

Bethany policy CPT 03-32, Abuse to Employee by Visitor or Client