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Revised Date: 03 May 2021	Section: Administration
Approved By: <i>Cala Beck</i>	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. Risk tolerance is fluid and will depend on many factors.

Risk tolerance assessment: a tool to inform client-directed decisions about access to social visitors and to inform related site processes.

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

PROCEDURE

The site Manager/designate shall:

1. Consult with client/legal decision makers and families to confirm up to four (4) designated family/support persons (DFSPs) per client, ensuring each client has the level of support they desire and/or require.
2. Complete a Risk Tolerance Assessment (Exhibit 1) together with clients/legal decision makers to determine the clients' interest in indoor social visits at each site. Risk tolerance shall be evaluated at minimum every six weeks and as risk conditions change; the results shall be communicated to clients/legal decision makers and families every time it is updated. Completed Risk Tolerance Assessments shall be saved in the Monthly Managers shared folder in order to provide access to leadership as required.

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3. Maintain a list of all designated family/support persons (DFSPs) for verification purposes.
4. Develop a method for coordinating visits to ensure safe presence and movement of people and equitable access to visits for all clients. This includes 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.
5. 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.
6. Designate outdoor spaces for outdoor visits and, where applicable, indoor shared spaces for indoor visits and mark them as such with signage.
7. 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. Accompany (or instruct) visitors to proceed directly to the expected location of the visit (e.g., resident room, shared care area or designated indoor space).
8. 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

Designated family/support persons (DFSPs) may attend to a client simultaneously, while maintaining physical distancing (**if they are from the same household, physical distancing is not required**) and all other safe visiting practices.

A DFSP may be a family member, friend, companion (paid or volunteer), support worker, or any other person identified by the client/legal decision maker, including minors.

Children under 14 years of age must be accompanied.

It is possible for multiple clients to have the same designated family/support persons.

The Bethany Group supports all designated family/support persons as essential to maintenance of the client's mental and physical health and wellbeing.

Indoor and outdoor in-person access to a client by DFSPs can be for any reason and all persons shall be verified upon entry for indoor visits.

Managers/designates **must**:

1. Seek to confirm a standing visiting schedule (a schedule that is consistent week to week) with each DFSP based on client needs and preferences and DFSP availability, that is reflective of weekday, evening, and weekends, that also accommodates space limitations.

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2. Support DFSPs to maintain access to the client they support, even in the midst of an outbreak if desired by the client and DFSP.
3. Educate all DFSPs and Social Visitors on Safe Visiting Practices and related site policies.

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

1. Undergo an Active 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, unless coordinated by the client (with the Manager/designate). The preferred method for DFSPs is to have a standing visitation schedule, which eliminates the need for continuous coordination.
3. Adhere to Safe Visiting Practices (Exhibit 3) and any related site policies.
4. Only visit the client(s) 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.

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

Indoor Visits

Managers/designates must permit visitors other than designated family/support persons access to indoor visits as determined by:

- Client circumstance, in the case of extenuating circumstances, and
- The desire of the majority (51%) of responding clients/legal decision makers for social visits, informed by client directed risk tolerance assessment.

Visitors must not be restricted in extenuating circumstances. All visits must be coordinated with the Manager/designate.

These visitors shall not be subject to duration or frequency limitations put place to manage visitors.

A site **must** permit visits in client rooms (and shared spaces, where applicable) within the following parameters:

- Client room* – **up to four visitors at one time**, space permitting for physical distancing between DFSPs not from the same household.
- 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.

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- Social visits from others (not designated family/support person or visitor in extenuating circumstances) may occur in a client room.
 - 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).
- *Exception:** during end of life if all visitors are from the same household there is no maximum.

Other shared spaces:

- Grouping of up to four individuals (not including the client), space permitting; all visitors present at any one time must be from the same household.

The site Manager may designate a shared indoor space(s) for indoor visits informed by the site's risk tolerance assessment, including consideration of location of space, size of space and ability to safely accommodate more people (e.g., maintain physical distancing) and space between groupings. Any shared indoor space used for visiting must be clearly identified using appropriate signage.

A designated family/support person is not required to be present for an indoor social visit.

Outdoor Visits

There are no limits on client ability to visit beyond the property (e.g., community walks), other than another Chief Medical Officer of Health restriction that may apply to all Albertans and other settings.

Arrangements for the outdoor visit are only required if the client requires staff support to prepare for, or be transported to the visit.

The site **must** support outdoor social visits with up to ten people (including the client) space permitting, for any client or family who wants an outdoor social visit. Outdoor visiting areas must be clearly identified with appropriate signage.

Identification of suitable shared spaces for visiting purposes may be informed by the site's risk tolerance assessment, including consideration of location of space, size of space and ability to safely accommodate more people (e.g., maintain physical distancing for persons not from the same household).

A designated family/support person is not required to be present for the outdoor visit.

Extended On-Site Visits

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 DFSPs and visitors to follow Safe Visiting Practices (Exhibit 3) and any other applicable organizational policies to ensure safe overnight visits.

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Restricted Access

1. **The site Manager/designate shall not place restrictions on the duration and frequency of visits.**
2. The site Manager/designate may temporarily restrict indoor social visiting (not including DFSPs) in outbreak situations quickly and temporarily (up to 14 days). This restriction must not persist indefinitely and must be re-assessed at a minimum, every 14 days.
3. In rare outbreak situations, a local Medical Officer of Health (MOH) or designate leading the outbreak response, or Alberta Health Services Communicable Disease Control (CDC) advising the outbreak response, may advise a temporary (up to 14 day) limitation for designated family/support persons, if required. **This must be done in writing.**
4. When access is restricted, the Manager/designate shall ensure that virtual connection with the designated family/support person continues to be available.

Risk Tolerance Assessment

1. The Manager/designate must lead a client-directed risk tolerance assessment process.
2. A risk tolerance assessment tool (Exhibit 1) must be documented, after engaging client feedback, and used to communicate site tolerance for indoor social visits (i.e., 51% or more of clients in favour of indoor visits will indicate its acceptance).
3. Risk tolerance will continuously change; the risk tolerance assessment must be completed, at minimum every six (6) weeks.

Dispute Resolution

Entry to the site may be refused if there is reason to believe an individual is not abiding by the Designated Family/Support Person and Visitor Responsibilities, including Safe Visiting Practices.

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

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<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, **even if they have been vaccinated**.

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.

Considerations when considering risk of unknown exposure include:

- Personal vaccination status
- Adherence to all provincial CMOH Orders and public health advice directed to all Albertans
- Employment related risks (e.g., at home work is lower risk; in-person raises risk)
- Transportation related risks (e.g., travelling on a bus or shared ride is higher risk)
- Recent interprovincial travel (continues to not be recommended).

Further safe visiting practices are included in Exhibit 3.

Active Health Assessment Screening

Any designated family/support person or visitor who intends to enter a facility 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 individual's visit, including date, time and contact information (only if entering the building).
6. Ensuring the individual has the necessary personal protective equipment and knows how to use it properly.

REFERENCE

CMOH Order 16-2021, Guidance for enhanced visiting in licensed supportive living, long-term care and hospice settings, April 26, 2021

CMOH Order 32-2020, Updated Operational and Outbreak Standards for Licensed Supportive Living, Long Term Care, and Hospice Settings

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

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