

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

March 18, 2022

This guidance supports safe, meaningful visits in long-term care and seniors' assisted living settings while adhering to infection prevention & control requirements. The restrictions on visitation are grounded in Provincial Health Officer orders under section [32 \(2\) \(b\) \(ii\) of the Public Health Act](#).

Scope

Visitation restrictions apply to long-term care and seniors' assisted living settings in B.C., including health authority-owned and operated facilities, contracted affiliates, and fully private operators. Some requirements (e.g., rapid antigen testing) in this document specifically apply to long-term care sites only. If not specified, requirements in this document apply to both long-term care and seniors' assisted living sites.

Visitor restrictions do not apply to key administrative staff entering for purposes related to facility operations. Visitor restrictions also do not apply to health professionals or any outside providers (e.g., medical practitioners, home support workers, allied health-care providers) entering the facility to support residents. These individuals may be subject to proof of vaccination requirements as outlined in the [Residential Care COVID-19 Preventative Measures order](#).

Introduction 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. Not every situation can be anticipated or addressed in detail in a guidance document. Where there is uncertainty, operators and staff are encouraged to employ cultural safety and humility and take a person and family-centred approach that appropriately balances risk of transmission and the importance of visits. Virtual options for visiting will continue to be supported when appropriate.

Operators will engage with residents, their families, and care providers on both the current status of Infection Prevention and Control (IPC) practices in the facility and processes for visitors, including the requirement for proof of vaccination and rapid antigen testing. 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.

Health authorities and facility operators shall continue to support essential visits and visits from single designated visitors, and allow social visits within established criteria, supported by a detailed plan and process. A written plan must be developed in accordance with the requirements outlined below. The plan must be available for licensing or the Assisted Living Registry if requested. A visitor list, with contact information and vaccination status, will be maintained as per this and the provincial [COVID-19 infection prevention and control guidance for long-term care and seniors' assisted living](#). The Ministry of Health acknowledges the need to support operators to ensure safe visitation with adequate staffing.

Definitions

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 reasons 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 compassionate visits related to end of life. Depending on the needs of a resident, more than one person may provide essential visits to ensure all needs are met. 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 **single designated visitor** is the person who a resident has been supported to identify, who may continue to visit the resident at times when visitation is restricted. Single designated visitors are permitted in a care home/residence that has an active COVID-19 outbreak, under guidance and direction from the local medical health officer.

- Single designated visitors should be documented in the resident's record as part of the resident's care planning.
- Operators will support resident requests to identify an alternate single designated visitor should there be extenuating circumstances such as where the single designated visitor falls ill or moves.

Social visits are visits other than essential visits or visits from a single designated visitor where the primary purpose is to provide opportunities for residents to spend time with loved ones to support their social, spiritual, and emotional wellbeing.

Visitor Appeal and Review Process

To ensure fair and consistent decision making, residents, families and 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 seniors' assisted living sites has been established (see appendix).

Vaccination

In recognition of the added layer of protection provided by the COVID-19 vaccines and given the vulnerability of residents in long-term care and seniors' assisted living even when fully vaccinated themselves, individuals 12 years of age or older visiting long-term care homes or seniors' assisted living residences must be fully vaccinated¹ against COVID-19 or have a documented medical exemption. Proof of vaccination (e.g., [BC Vaccine Card](#) or equivalent), or a copy of the documented medical exemption, is required at the time of entry into the facility. Visitors who do not demonstrate that they are fully vaccinated or have a documented medical exemption will not be able to enter a facility, including passing through the facility to access an outdoor space. Exceptions include for children under 12 years of age and compassionate visits related to end-of life.

Individuals who have received a medical exemption must provide evidence of this by showing a copy of the signed [medical exemption form](#) to designated staff prior to entering the facility.

Rapid Antigen Testing

As an additional layer of protection in **long-term care**, visitors 12 years of age or older must undergo COVID-19 testing in the form of a rapid antigen test. Individuals who test positive will not be permitted to enter the site and will be instructed to self-isolate and refer to the [BC Centre for Disease Control \(BCCDC\) guidance](#) for further direction. Individuals refusing to consent to a rapid antigen test will not be permitted to enter the site.

¹ Full vaccination/immunization for COVID-19 is considered as seven days after receiving the full series of a World Health Organization (WHO) approved COVID-19 vaccine or a combination of approved WHO vaccines. Booster doses are not required to be considered fully vaccinated.

Individuals 11 years of age or under are not required to undergo rapid antigen testing. Individuals providing compassionate visits related to end-of-life will also not be required to undergo rapid antigen testing given the critical timeliness and nature of the visit.

Visitors to **standalone seniors' assisted living** residences are not required to undergo rapid antigen testing. Available rapid antigen tests can be used on a voluntary basis to test visitors, at the discretion of the operators.

If a seniors' assisted living residence is part of a campus of care with long-term care where there is a common entrance and/or hallways, visitors (12 years of age or older) to seniors' assisted living may be required to undergo rapid antigen testing, as described above in the requirements for long-term care homes.

Rapid antigen testing may be conducted at the site or in the community prior to a visit. A rapid antigen test conducted in the community must be done within 48 hours of the visit and communicated as part of the screening process at the site.

In alignment with BCCDC's guidance, it is recommended that frequent and regular visitors not undergo rapid antigen testing more than three times in one week. Facility operators/screeners should maintain a record of rapid antigen testing of frequent and regular visitors in support of a testing schedule for those individuals. Repeated rapid antigen testing is not required for visitors who leave the facility and return the same day.

Requirements for Visitation

The requirements listed below are intended to support residents, families, staff, administrators, managers, boards, and operators of long-term care homes and seniors' assisted living residences to safely offer visits and to provide guidance to minimize the risk of COVID-19 transmission in these facilities. The requirements may be updated as required with renewed direction from the Ministry of Health and the Provincial Health Officer.

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 requirements set out below. Any gaps identified should be addressed.

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 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 WorkSafeBC [COVID-19 safety and/or communicable disease prevention plans](#), and in accordance with public health orders and guidance.

Residents should be supported to participate in social outings, including leaving the facility for family visits. It is strongly recommended that individuals taking residents on outings or for overnight visits are fully vaccinated, but proof of vaccination is not required to do so. Residents will not be required to isolate or undergo rapid antigen testing when they return from an outing.

The shared approach to establishing and maintaining the balance of benefits and risks will be informed by the following:

1. Social visits will only be allowed if there is no active COVID-19 outbreak 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. Essential visits and visits from single designated visitors are not restricted during outbreak situations.
2. Visitors should receive advance guidance on the process and guidelines for visits. Operators will identify details about the processes for visiting on their websites and inform residents and visitors in writing (e.g., by email). This will include the requirement for visitors to be fully vaccinated, to show proof of vaccination status (or a documented medical exemption) prior to entry, undergo rapid antigen testing (long-term care facilities and seniors' assisted living residences co-located with long-term care), and follow the associated requirements for masks while visiting.
3. The maximum number of visitors on-site must also align with any public health orders or guidance related to capacity limits to ensure the safety of all residents, visitors, and staff, as well as resident needs and wellbeing in support of meaningful visits.
4. Whenever possible, residents residing in multi-bed rooms should receive visitors in a separate, designated location.
5. Visits may occur without the requirement to schedule or book in advance. Daily visiting hours may be designated by the facility (except for essential visits) to ensure adequate staffing to support safe visiting practices, provided significant opportunities are made available daily (weekdays and weekends) with visiting options in the morning, afternoon, and evening. Operators may request that visitors schedule their visit in advance to ensure capacity to support the number of visits is available; however, a visit should not be prohibited due to not being scheduled in advance.
6. Visitors 12 years of age and older must provide proof of full vaccination (or a documented medical exemption) and shall be actively screened for signs and [symptoms of illness](#), including COVID-19,

prior to entry at every visit. Visitors who do not demonstrate that they are fully vaccinated (or have a documented medical exemption), present with signs or symptoms of illness, or those in self-isolation or quarantine in accordance with public health directives, shall not be permitted to visit. Exceptions to the mandatory vaccination requirement for circumstances related to compassionate visits related to end-of-life will be considered on an individual basis.

7. Visitors 12 years of age and older to **long-term care**, must undergo rapid testing, in the form of a rapid antigen test. Rapid antigen testing may be conducted at the site or at home prior to the visit. Individuals who test positive will not be permitted to proceed with a visit and will be instructed to self-isolate and refer to [BCCDC guidance](#) for further information. Individuals refusing to consent to a rapid antigen test will not be permitted to enter the site. Individuals 11 years of age or under and those providing compassionate visits related to end-of-life are **not required** to undergo rapid antigen testing. There are no other exceptions to the rapid antigen test requirement for those with a documented medical exemption from vaccination or based on essential/social/single designated visitor status.
8. Large indoor events/gatherings may include resident and staff, but not visitors. Outdoor events/gatherings may include fully vaccinated family/friends who have met the requirements for visitors (e.g., no symptoms of illness, fully vaccinated, rapid antigen test for long-term care). The number of visitors at outdoor social events/gatherings must align with current Provincial Health Officer guidance, meet WorkSafeBC COVID-19 safety or communicable disease prevention plans, and follow appropriate IPC practices to ensure the safety of all staff, residents, and visitors.
9. 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.
10. Health authority and facility operators are expected to provide consistent and easy access to information regarding the complaints process and mechanism for appealing visitor-related decisions.
 - 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 Officer’s orders, policy, and process for appeal.

Appendix –Visitation Interpretive Guidance

This guidance supports a consistent approach to visits in long-term care (LTC) and seniors’ assisted living (AL) 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

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<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 request is denied, communication with the resident and the proposed essential visitor(s) will be a priority, including rationale for a non-visit decision. The resident and the proposed essential visitor(s) should be informed of how they can appeal the decision. • In circumstances where an essential visit is not indicated, other options that might meet the need of the resident should be explored, including ensuring a single designated visitor has been identified, supporting virtual visits, and ensuring staff ability to meet the need identified by the resident and proposed essential visitor(s). • 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,</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 to 24 hours (e.g., sepsis,

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<p>end-of-life, and medical assistance in dying;</p>	<p>stroke or myocardial infarction requiring interventional procedure).</p> <ul style="list-style-type: none"> • 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. • Exceptions to the mandatory vaccination requirement for compassionate visits related to critical illness or end-of life will be determined on an individual basis.
<p>b) Visits paramount to the resident physical care and mental well-being, including:</p> <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; 	<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., weight maintenance, functional strength or mobility, hygiene etc.) • Personal care refers to activities of daily living such as bedding, feeding, and bathing. • Visits paramount to mental wellbeing 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 from a substitute decision maker (Public Guardian and Trustee, Representative, Power of Attorney) such as updating advance care

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	<p>planning documentation (e.g., medical order for scope of treatment, end-of-life directives, etc.).</p>
<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 LTC or seniors' AL 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 LTC or seniors' AL setting at a time. • Special considerations for additional essential visitors can be made on an individual 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.

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<p>3. Individuals 12 years of age and older visiting a LTC or seniors' AL facility must be fully vaccinated against COVID-19 and provide proof of vaccination status prior to entry.</p>	<ul style="list-style-type: none"> • Visitor vaccination status will be verified by facility staff prior to entry. • Unvaccinated individuals (e.g., children 11 years of age and under, documented medical exemption) must follow and adhere to all IPC requirements, including wearing a medical mask for the duration of their visit (indoors or outdoors). • Exceptions regarding vaccination requirements will be considered for visits for compassionate reasons such as end-of-life, involving partially or unvaccinated individuals. <i>See Essential Visits information above for details regarding compassionate visits</i> • All visitors are required to wear a medical mask when moving through and in common areas of the care home/residence. Masks are not required when fully vaccinated visitors are visiting in a single occupancy LTC rooms or a seniors' AL unit with the resident. • Operators will be expected to maintain a visitor list, including contact information and vaccination status, and to share this list with public health, if required.
<p>4. All visitors to LTC, 12 years of age and older, must undergo rapid testing, in the form of a rapid antigen test (RAT).</p>	<ul style="list-style-type: none"> • Facility staff will facilitate rapid antigen testing outside of the building or in an area where visitors can remain physically distant from staff, residents, and other visitors while awaiting test result. • Rapid antigen testing may be conducted at the site or in the community prior to a visit and communicated prior to entering as part of the screening process at the site. Rapid antigen test conducted in the community must be done within 48 hours of the visit. • Test kits for at home use may be accessed through and available from the site or obtained from community pharmacies. Operators will determine how test kits will be accessed from their site for visitors' home use. This process will be included in visitor communication(s). • Rapid antigen testing will apply to all visitors 12 years of age or older, regardless of documented medical exemption for vaccinations, and visitor status

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	<p>(essential/social/single designated).</p> <ul style="list-style-type: none"> • Individuals 11 years of age or under or providing compassionate visits related to end-of-life are not required to undergo rapid antigen testing • If an individual visiting for compassionate reasons related to end-of-life undergoes rapid antigen testing, they will not be prevented from visiting on the basis of a positive test result, but will be required to adhere to droplet and contact precautions. • Most visitors, aged 12 or older, will be undergo rapid antigen testing prior to every visit. It is recommended that regular and frequent visitors not undergo testing more than three times in one week. Operators/screeners should maintain a record in support of a testing schedule for those individuals. • Repeated rapid antigen testing is not required for visitors who leave the facility and return the same day. • Individuals who test positive for COVID-19 will not be permitted to proceed with their visit. • Individuals who receive a positive rapid antigen test result will be instructed to self-isolate and refer to BC CDC guidance for further information. • Individuals refusing to consent to a rapid antigen test will not be permitted to visit. • Operators will be expected to maintain documentation and comply with reporting as required for rapid antigen testing processes.

Guidelines for Visits (General)

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<p>1. Social visits will not be allowed during an active COVID-19 outbreak.</p>	<ul style="list-style-type: none"> • Essential visits and single designated visitors are not restricted during outbreak situations. • 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>3. Individuals 12 years or older visiting a LTC or seniors' AL facility must be fully vaccinated against COVID-19 and provide proof of vaccination status prior to entry.</p>	<ul style="list-style-type: none"> • Visitor vaccination status (or documented medical exemption) will be verified by facility staff prior to entry. • Unvaccinated visitors (e.g., children 11 years of age and under, documented medical exemption) must wear a medical mask for the duration of their visit (indoors or outdoors). • Exceptions for visits related to compassionate care such as end-of-life care will be considered on an individual basis. <i>See Essential Visits information above for details regarding compassionate visits.</i> • Visitors that are exempt from the vaccination requirement must undergo rapid antigen testing (individuals 12 years of age or older). • All visitors are required to wear a medical mask when moving through and in common areas of the care home/residence. Masks are not required when fully vaccinated visitors are visiting in a single occupancy LTC room or an seniors' AL unit with the resident. • Operators will be expected to maintain a visitor list, including contact information and vaccination status.

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<p>4. Visitors to LTC 12 or older must undergo rapid antigen testing.</p>	<ul style="list-style-type: none"> • If an operator’s supply of rapid antigen tests becomes depleted this will not impact the continuation of visits. • Facility staff will facilitate rapid antigen tests, outside of the building or in an area where visitors can remain physically distant from staff, residents and other visitors while awaiting test result. • Rapid antigen testing may be conducted at the site or in at home through take home test kits prior to a visit and reported prior to entering as part of the screening process at the site. Rapid antigen test conducted at home must be done within 48 hours of the visit. • Test kits for at home use may be accessed through and available from the site or from community pharmacies. Operators will determine how test kits will be accessed from their site for visitors’ testing at home. This process will be included in visitor communications. • Rapid antigen testing will apply to all visitors 12 years of age or older, regardless of documented medical exemption for vaccinations, and visit status (social/ essential / single designated). • Individuals who have symptoms of COVID-19 are not be permitted to enter the facility and undergo rapid antigen testing. This applies to symptomatic individuals who have received a rapid antigen or PCR test away from the facility. • Most visitors, 12 years of age or older, will undergo rapid antigen testing prior to every visit. It is recommended that regular and frequent visitors not undergo testing more than three times in one week. Operators/screeners should maintain a record in support of a testing schedule for those individuals. • Repeated rapid antigen testing is not required for visitors who leave the facility and return the same day. • Individuals who receive a positive rapid antigen test result will not be permitted to proceed with their visit. • Individuals who receive a positive rapid antigen test result will be instructed to self-isolate and refer to BCCDC guidance for further information.

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	<ul style="list-style-type: none"> • Individuals refusing to consent to a rapid antigen test will not be permitted to visit. • Operators will be expected to maintain documentation and comply with reporting as required for rapid antigen testing processes.
<p>5. Any limits on frequency, duration, and the maximum number of visitors must align with public health direction, site capacity, WorkSafe BC COVID-19 safety or communicable disease prevention 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. • Public health orders and guidance, site capacity limits, and WorkSafeBC COVID-19 safety or communicable disease prevention plans will also inform maximum numbers for safe visitation. Several factors should be considered including staffing levels, space layout, and 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. • Visitor access to washrooms and other amenities inside the facility will be provided as required.
<p>6. Social events/gatherings</p>	<ul style="list-style-type: none"> • Large events/gatherings (e.g., special events which invites are often extended to family/friends of residents) differ from the regular social/recreational activities provided for residents as part of the standard services/routine. Large events/gatherings are considered as those special, social events (e.g., summer barbeques, Mother’s Day tea) in which invites are often extended to family/friends of residents. • Family/friends are not permitted to participate in large indoor events/gatherings. • Outdoor social events/gatherings may include fully vaccinated family/friends who have met the

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	<p>requirements for visitors (e.g., no symptoms of illness, fully vaccinated, rapid antigen test) for the setting.</p> <ul style="list-style-type: none"> • The maximum number of visitors at outdoor social events/gatherings must align with current PHO guidance, meet WorkSafeBC COVID-19 safety or communicable disease prevention plans, and follow appropriate IPC practices to ensure the safety of all staff, residents, and visitors.
<p>7. 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 not required. Operators may, at times, request visitors to book visits in advance to help ensure appropriate staffing and visiting space is available. A visit should not be prohibited due to it not being scheduled in advance. • 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.
<p>8. 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 ensure each resident has regular, frequent, and routine opportunities to engage in social visits. • Social visits are separate from essential visits, visits from single designated visitors, 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 WorkSafeBC COVID-19 safety or communicable disease

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	prevention plans.
<p>9. 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 and/or rapid antigen testing is not required upon return from outings. • It is strongly recommended that individuals taking residents on outings or for overnight visits are fully vaccinated, but proof of vaccination and/or rapid antigen testing, is not required to do so.
<p>10. With appropriate precautions in place, visitors may be in physical contact with the resident they are visiting.</p>	<ul style="list-style-type: none"> • Physical touch such as hugs and hand holding between residents and their visitor(s) may occur, provided appropriate IPC practices are followed. • All visitors, including those fully vaccinated, are required to wear a medical mask when moving through and in common areas of the care home/residence and adhere to any preventative measures required to support visits. Masks are not required when fully vaccinated visitors are visiting in a single occupancy TLC room or a seniors' AL unit with the resident. • Unvaccinated individuals (e.g., children 11 years of age and under, documented medical exemption) must follow and adhere to all IPC requirements, including wearing a medical mask for the duration of their visit (indoors or outdoors). • Visitors are required to adhere to IPC guidance regarding safe visitation practices such as hand hygiene and respiratory etiquette. • 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.

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<p>11. Visitors 12 years of age or older are required to provide proof of vaccination.</p>	<p>Proof of vaccination is an electronic or a printed copy proof:</p> <ul style="list-style-type: none"> • Issued by the government in the form of a QR code, accessible through the "BC Services Card" electronic online platform; • Includes the individual's name; and • Has been issued for the purpose of showing proof of vaccination.

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.

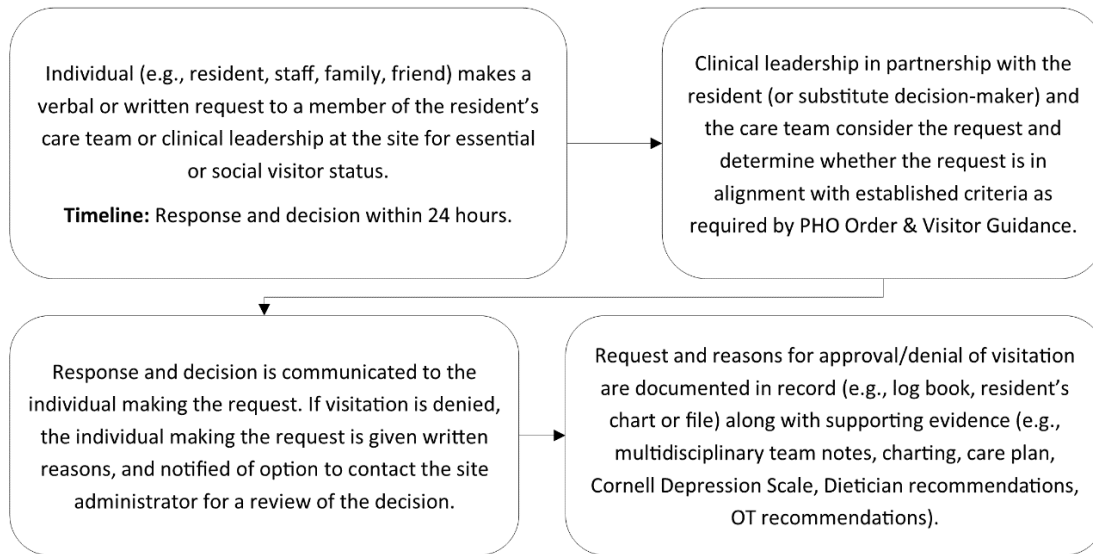
Health authorities and facility operators must ensure that:

- 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.

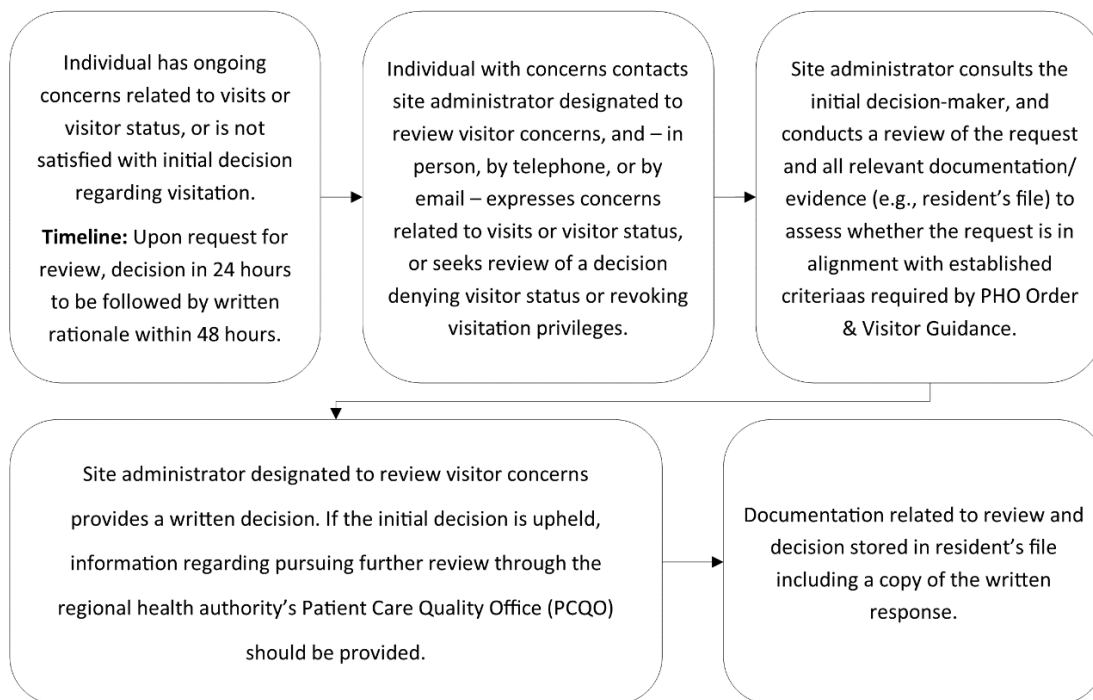
Visitor Appeal and Review Process

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

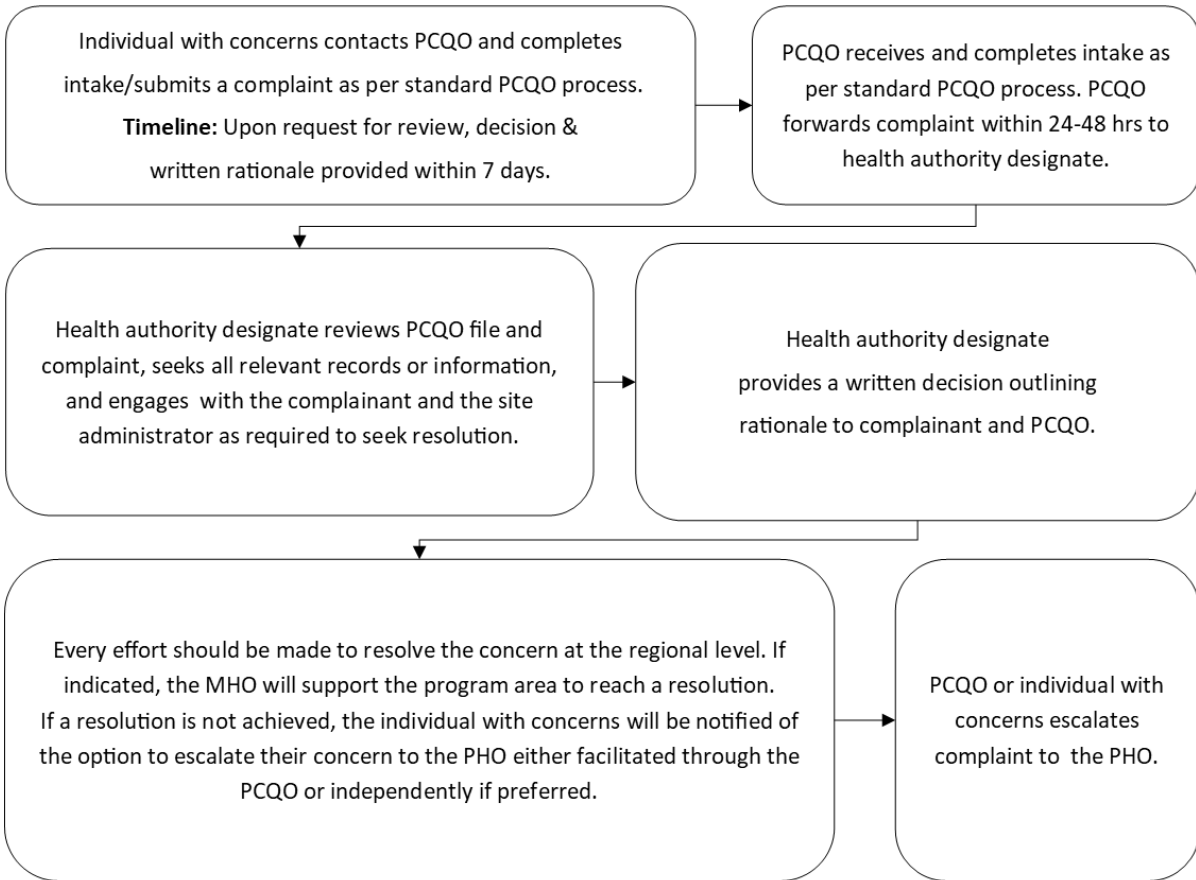
Step 1: Initial Decision by Clinical Leadership & Care Team



Step 2: Review by Site Administrator



Step 3: Health Authority Program Area Review through PCQO



Step 4: Final Review by PHO

