



BC Care
Providers
ASSOCIATION

EngAgeBC

present

THE BEST VISIT POSSIBLE

A guide for supporting family visits during COVID-19

September 2020



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A greeting from the CEO

On behalf of BC Care Providers Association (BCCPA) and EngAge BC, I would like to thank each of our members for the important work they do to bolster quality of life for the seniors they support.

Since the beginning of the novel coronavirus pandemic, the seniors' living and care sector has faced challenges, which were not only unprecedented, but also deeply ethically and emotionally complex. Perhaps no more significant has been the issue of family visits.

In our continuing effort to support care providers and to promote best practices, BCCPA and EngAge BC have developed ***The Best Visit Possible: A guide for supporting family visits during COVID-19***. This document provides examples of how to enhance in-person and online visits during the COVID-19 in ways that support the best quality of life possible for residents of long-term care and assisted living homes. Through the **Visits are P.E.R.S.O.N.A.L.** framework, this guide builds upon our association's previous ground breaking work to promote a person-centred care model – *The Best Day Possible: A Quality of Life Framework for Seniors' Care in B.C.*



At the core of this guide is the understanding that family members – whether they are family by blood, by law or by choice – are a vital part of the care teams within long-term care and assisted living residences. As we adjust to an environment where the threat of the novel coronavirus exists, I believe it is important to acknowledge the patience and sacrifice family members have been asked to make in order to keep residents and staff safe. Thank you for trusting those who care for your loved-ones and for bringing forward your supportive feedback.

I would also like to thank the many individuals and groups who contributed to this guide, including the members of BCCPA's Board of Directors, the EngAge BC Member Council, representatives of the project's advisory group, our organizational partners including the Alzheimer Society of B.C., CanAge, the Vancouver Island Association of Family Councils, SafeCare BC and the many family members who took time to provide their feedback.

As we continue to face COVID-19 with resiliency and strength, I hope that this resource will be a valuable tool.

Sincerely,

A handwritten signature in black ink that reads "Terry Lake". The signature is fluid and cursive, with the first letter 'T' being particularly large and stylized.

Terry Lake
CEO, BCCPA & EngAge BC

Introduction

Family members or close companions are a vital part of the care teams within long-term care and assisted living homes and enhance the resident experience. When visitations were restricted in March 2020 due to the novel coronavirus, many residents in care experienced an impact to their overall quality of life despite the best efforts of staff. While such restrictions were considered necessary to keep residents and workers safe, long-term care and assisted living providers across B.C. are pleased to be welcoming visitors back to their homes, and acknowledge the sacrifice made when residents and their loved ones were kept apart.



As the sector moves forward with visitations, things are far from back to “normal.” The objective of ***The Best Visit Possible: A guide for supporting family visits during COVID-19*** is to explore how in-person and online visits during the COVID crisis can support the best quality of life possible for residents of long-term care and assisted living homes.

Through the **Visits are P.E.R.S.O.N.A.L.** framework, this guide builds on *The Best Day Possible: A Quality of Life Framework for Seniors’ Care in B.C.* and provides best practices in family visits during the time of the pandemic.

We thank the many individuals and groups who contributed to this guide, including the members of BCCPA’s Board of Directors, the EngAge BC Member Council, representatives of the seniors’ care sector who formed the project’s advisory group, organizational partners including the Alzheimer Society of B.C., CanAge, the Vancouver Island Association of Family Councils, SafeCare BC and the many family members who took time to provide their feedback on what a good visit means to them.



Who is this guide for?

This guide has been developed for long-term care and assisted living providers and the people who work for them. Independent living operators may also find parts of this guide helpful.

Sharing learnings across the sector and spreading hope: **#BestVisitPossible**

We invite operators, families, and staff to recognize the resiliency of residents and the extraordinary contributions of employees working in long-term care and assisted living homes by sharing examples on social media and using the hashtag **#BestVisitPossible**.

About *The Best Day Possible* guide

In May 2019 BCCPA put forward a framework, titled *The Best Day Possible*, that service providers can use to improve quality of life for seniors needing care and support services.

The overall objective of the framework was to promote a quality of life-oriented culture in all seniors living and wellness settings.

Four overarching domains are discussed in *The Best Day Possible*: Supportive Environments, Meaningful Relationships, Fulfilling Activities, and Cultural Diversity. Each Domain has specific dimensions and recommended actions to operationalize these areas in a care environment and includes a description as heard through the seniors' voice.

A note about language

Throughout this guide the term family is used to refer to the most important people in a resident's life. These people may or may not be related by blood or marriage.



Background

What is COVID-19?

The World Health Organization defines coronaviruses as a large family of viruses which may cause illness in animals or humans. In humans, several coronaviruses are known to cause respiratory infections ranging from the common cold to more severe diseases, such as Middle East Respiratory Syndrome (MERS) and Severe Acute Respiratory Syndrome (SARS). The most recently identified virus causes COVID-19.

According to the [BC Centre for Disease Control](#) (BCCDC), the symptoms of COVID-19 are similar to other respiratory illnesses including the flu and common cold. The most common symptoms of COVID-19 include:

- Fever (see below)
- Chills
- Cough or worsening of chronic cough
- Shortness of breath
- Sore throat
- Runny nose
- Loss of sense of smell or taste
- Headache
- Fatigue
- Diarrhea
- Loss of appetite
- Nausea and vomiting
- Muscle aches

While less common, symptoms can also include:

- Stuffy nose
- Conjunctivitis (pink eye)
- Dizziness, confusion
- Abdominal pain
- Skin rashes or discoloration of fingers or toes.

Symptoms may take up to 14 days to appear after exposure to COVID-19. This is known as the incubation period.

Coronavirus is transmitted via liquid droplets, such as when a person coughs or sneezes. These droplets can enter through the eyes, nose or throat if you are in close contact. For the most up to date information on signs and symptoms of COVID-19, or it's transmission, [please visit the BCCDC](#).

Restrictions to visitations in B.C.'s assisted living and long-term care homes

On March 16, 2020 Minister of Health, Adrian Dix and Provincial Health Officer Dr. Bonnie Henry [announced](#) that the province was moving to restrict visits in long-term care homes to essential visits only.¹ This decision was made to reduce the spread of COVID-19 in long-term care homes and

¹ Examples of essential visits include, but are not limited to:

Essential visits are defined as visits paramount to the resident's physical care and mental well-being, including as follows:

assisted living residences, where residents are most vulnerable to adverse outcomes, due to age and chronic health issues.

While the impacts of this directive have been challenging for families and residents, the swift action on this issue has also been celebrated as a key factor in B.C.'s efforts to "flatten the curve."

On June 30, the BC Ministry of Health announced they would be relaxing restrictions on visits in long-term care homes and assisted living residences, as to allow for residents to have a single designated visitor in specific visiting areas.

At the time this guide was written, it was the Ministry of Health's expectation that long-term care homes and assisted living residences would adhere to the following requirements:

- Visits must be booked in advance.
- A contact list of all visitors must be kept.
- Visits will take place in specific "visiting areas," which will be organized by each residence.
- Visits are not allowed if there is an active COVID-19 outbreak at the residence.
- Visits are not permitted if the visitor or resident is sick or have symptoms of COVID-19.
- Visitors will be screened for signs and symptoms of illness, including COVID-19, prior to every visit.
- All visitors are required to bring and wear a mask.²
- Visitors must clean hands before and after visit.
- Visitors should maintain a distance of two arm lengths from others.
- Visits must be immediately suspended at care homes or assisted living residences under outbreak protocols

BCCPA is in constant consultation with the government on these criteria and are sharing your comments and feedback on issues such as the number of visitors allowed, on a regular basis.

-
- Assistance with feeding mobility or personal care
 - Communication assistance
 - Assistance by designated representatives for persons with disabilities
 - Visits for supported decision making
 - Police, correctional officers, and peace officers accompanying a resident for security reasons.

Essential visits are to be limited to one visitor per resident within the care home or assisted living residence at a time (except in the case of palliative/end of life care). A visitor who is a child may be accompanied by one parent, guardian, or family member.

² At the time this guide was developed, at least one Health Authority was requiring care homes to supply masks to visitors in long-term care.

The Visits are P.E.R.S.O.N.A.L Framework

With the advice of the guide's advisory committee, BCCPA and EngAge BC have developed the Visits are P.E.R.S.O.N.A.L. framework. The acronym P.E.R.S.O.N.A.L stands for:

- **P**erson directed approach
- **E**xpectation setting
- **R**ecreation
- **S**afety
- **O**ffering emotional support
- **N**urturing community connections
- **A**ppreciating that not everyone has family, or visitors
- **L**istening to feedback

The framework is grounded in *The Best Day Possible* guide, and the quality of life domains which it outlines.

Quality of Life Framework: Domains	
Meaningful relationships	The bonds maintained with family, friends and the community. Social interaction keeps seniors physically and mentally healthy and happy.
Supportive environments	The people, places and other factors in a senior's life that support quality of life, including supportive physical and social environments. Also included within this domain is autonomy, where a senior's opinions and diversity are valued and respected.
Fulfilling recreation (activities)	Meaningful, enjoyable and stimulating, whether they are socially, intellectually or spiritually based. Fulfilling recreational activities also help provide a sense of purpose and accomplishment in the daily lives for seniors.
Respecting Cultural diversity	Culture is a significant part of how an individual defines who they are. Respecting and valuing the things that make us unique as individuals that include habits, preference, beliefs, customs and traditions, our family background, upbringing and language. If culture is not acknowledged this can lead to social isolation and loneliness.

Person directed approach

As discussed in *The Best Day Possible* a person-directed philosophy enables and supports a person to achieve goals that are important to them and is responsive to a person's individual abilities, preferences, and lifestyle. In this approach, care providers and family members engage the resident to express their choices and understand their priorities. By acknowledging the individual's identity, personhood and purpose, staff can celebrate the person and uphold the dignity of the resident.

Within a visiting context this means that providers:

- **Meet residents where they are.** For example, people living with dementia will have unique needs. They may find leaving the care home for an outside visit overwhelming, especially if these spots are busy, noisy, or too visually stimulating. If possible develop dementia-friendly visiting spots. These should feel as home-like as possible and should consider factors such as noise, lighting, visual distractions and the person's safety as it relates to wandering. Refresher education on dementia may also be helpful for staff.

Residents living with dementia may require a staff member to sit with them during a visit to provide emotional support or to assist the visitor to engage the resident.



Resources

Visiting People with Dementia in Long-Term Care: An easy to read tip sheet developed by CanAge. This resource would be appropriate for many audiences, including families.

The Dementia-Friendly Care Homes: Best Practices in Dementia Care guide In March, 2020, BCCPA partnered with the Alzheimer Society of B.C. and SFU Gerontology to publish this resource.

Visiting spaces should be as accessible as possible for residents with mobility concerns. This may include making space for walkers and wheelchairs, or ensuring seating is easy to get in and out of.

- **Respect and value the things that make residents unique as individuals.** This includes habits, preference, beliefs, customs and traditions, family background, upbringing and language. In terms of visiting, here are a few things to consider:

- How will culturally or religiously significant holidays be acknowledged? Will visits be prioritized for those who celebrate them?
- Food can be a matter of cultural significance. How will the sharing of food be approached? If food is not allowed to be shared, how will this be communicated in a compassionate way?
- How will staff ask questions regarding what is important to the resident, as it relates to visiting, in a way which is culturally appropriate and culturally safe?
- In some cultures, large family visits may be particularly important. Are there creative ways to engage larger families remotely?
- How well equipped are staff to ask residents and families about what religious and cultural end-of-life practices are important to the resident? How might these practices be accommodated in a COVID-19 context?

Ideally, being able to be with [my mom] in October to celebrate her 100th birthday would be the very best visit!!

– Family member

Resources

Diversity in Action - A toolkit for Residential Settings for Seniors: Diversity in Action was designed to respond to the comments and requests for support coming from staff, residents and families, who want to learn about and put into action, strategies that welcome diversity within their settings and enable “cultural competence.”

Questions you Can Ask to Understand the Beliefs, Values and Needs of your Patient/Client/Resident: Developed by Fraser Health Authority, this resource helps health care providers ask questions to help understand a resident’s culture, language and spirituality/religion.

Ontario CLRI’s “Supporting Indigenous Culture in Long-Term Care” initiative: This initiative identifies and develops culturally appropriate resources to support Indigenous residents in long-term care. Resources are developed and spread with support from partnerships with Indigenous organizations and communities across Ontario and Implementation Advisors with experience in dissemination and implementation, and knowledge of LTC.

- **Consider your organization’s LGBTQ2+ competency:**

Although finding accurate statistics can be challenging, it is estimated that anywhere between three and 10 per cent of the population are lesbian, gay, bisexual, queer, two-spirited, or transgender. Many LGBTQ2+ seniors are fearful of entering seniors’ living residences or care homes because they feel that they will have to hide their sexuality or moderate their gender expression. Consult [BCCPA’s Aging with Pride page](#) for resources for ideas you can use to improve your organization’s LGBTQ2+ competency. In a visiting context this may mean reviewing any forms, policies, and procedures as to address any overt or covert discrimination or marginalization (e.g., binary gender options) and ensuring that staff are coached in supporting older adults that identify as LGBTQ2+.

Given the current restrictions, a good visit to me is...when I find my husband looking well and cheerful and appreciative of the care he is given.

– Family member

- **Provide as much flexibility as possible:** If possible have visiting options on evenings and weekends. This will help ensure that family members who work during the day can participate and that visits can be scheduled at the time which is best for the resident. If resident is unable to communicate best time of day for visit, family and staff who know resident best should be consulted to determine best time.

- **Support residents to look their best on visiting day:**

Appearance is more important to some residents than to others, but helping residents to look a little extra special on visiting days can be a comfort to both them and their family member.

Given the current restrictions, a good visit to me [takes place in] a quiet environment with some privacy, not the lobby window with people walking by to distract.

– Family member

- **Continue to provide virtual options:** Some residents or family members will continue to feel uncomfortable with in-person visits. Continue to make virtual options available. This will also be of benefit for family members who would like to visit but are not considered a designated visitor.

- **Make visiting spaces as authentic as possible:** As it is safe to do so, integrate décor to make the space feel homelike.

- **Create a sense of privacy:** Create privacy in shared visiting spaces by using curtains or dividers. Reduce background noise as much as possible.

Expectation setting

In order to set expectations, you must communicate to residents and families clearly and frequently about:

- Information communicated by the Ministry of Health or the health authority (as appropriate) – e.g., changes to policies or protocols.
- Why scheduling visits in advance is important.
- What they can expect before, during and after the visit.
- What is expected of them in terms of handwashing, respiratory hygiene, use of personal protective equipment and general etiquette.
- Why their actions are important to keeping residents and staff safe.
- Whether in-room visits are possible. If not, why this is the case.
- What virtual options, or other no-risk options are available (e.g., window visits, visits by phone, Zoom or Skype).
- Why things might take a little longer than usual – i.e., what steps are required to support visits.
- Who the family member can speak with if they want to share observations, concerns or praise after their visit.
- That you appreciate their patience and sacrifice.

Providing as much information as possible to family and friends of residents can go a long way helping them feel comfortable with protocols that are put in place. For example, many family members wonder what kinds of requirements are put in place for workers.

– Vancouver Island Association of Family Councils

Given the current restrictions, a good visit to me is...taking my family member outside for some fresh air and some much needed Vit D!!!! Even if it is just in the yard of the residence.

– Family member

Ongoing communication about changes to the resident's health is always critical. Ensuring that any updates are provided prior to the visit, can ensure that family members are able to spend the time truly visiting with the resident, rather than seeking information about health changes, or care plan updates.

As visits have been restricted, many visitors will not have seen their family member in several months. Even when family members have been kept regularly informed, they may be surprised by cognitive or physical changes. Preparing family members in advance, and having resources available to support them will be helpful. Consider putting the following in place:

- Assign a staff person to follow-up by phone in advance of a family member's first visit. Explain that they may notice changes. Provide examples to help them prepare.
- Refer to an organization which supports caregivers such as the [Alzheimer Society of B.C.](#) or the [Family Caregivers of British Columbia](#) (see Route 65 for more information).
- Provide refresher education in active listening and/or emotional support skills for staff, as it may help them to support family members.
- Ensure there is a debriefing structure in place for staff who may need to discuss a difficult interaction.
- Remind staff of the mental health resources available to them, including [Care for Caregivers](#) and [Care to Speak](#), a peer support service dedicated to healthcare workers. Refer to the Mental Health section in the Resources below and encourage them to:
 - Talk to their supervisor about resources
 - Share their feelings with a friend or co-worker.
 - Access the Employee and Family Assistance Program (if available)
 - Utilize resources from the [Canadian Mental Health Association](#)
 - Explore other the resources at www.safecarebc.ca
- Despite everyone's best intentions there may be situations where family members behave inappropriately, even resulting in an unsafe work environment for staff. Consider displaying [SafeCare BC's 'Anti Violence' sign](#), as to set expectations that violence, foul language and abusive behaviours are not acceptable.

I have been looking after [my mom] daily for three years and [over the past five moths] she has suffered immense setbacks to her mobility and cognitive skills. She is now very weak and frail... It has been devastating for me and my family to stand by helpless as I see her decline.

- Family member

Resources

The Alzheimer Society of B.C. has created a resource for family members visiting residents in long-term care. The guide provides families with helpful tips, including: questions to ask before visiting; coping with emotion;; what the family member can do if the resident doesn't recognize them; how to end a visit; and what to do if the visit doesn't go well.

[The resource is available here and may be helpful to staff as well as families.](#)

Recreation

Given the current restrictions, a good visit to me is...being able to DO things together to keep my mother engaged.

- Family member

The Best Day Possible describes fulfilling recreation as being meaningful, enjoyable and feasible, whether they be socially, emotionally, physically, intellectually or spiritually based. Fulfilling recreation opportunities also helps to provide a sense of purpose. Integrating leisure opportunities into physically distanced visits can make these interactions more meaningful for both the resident and their family member.

While the requirement to stay at least 2 meters apart and not share items makes recreation more challenging, the following are examples shared by our members:

- Depending on the resident's hearing music can be integrated into a visit, especially if a family member plays an instrument.
- Reading together, reminiscing or joke telling.
- Talking about current events.
- Writing a life story together.
- If staffing permits, crafts may be done individually, but simultaneously. Separate craft supplies, which can be sanitized, can be provided for each party.
- Taking outdoor walks if the resident and family member can effectively physically distance.
- Art appreciation, where images are shown on the visitor's tablet.
- Attending a physically distanced event or performance arranged by the care home or assisted living home.

Given the current restrictions, a good visit to me is...sitting and laughing with my mom. Watching something we both love [like] dogs, or little kids who are adorable... Not just talking. I talk to her every day on the phone.

- Family member

You may also consider:

- Providing wi-fi as possible, so that visitors can play music, share photos, or do other activities which require the internet.
- Setting up a café style communal visiting space as, recommended by CanAge.
- Creating activity boxes. According to CanAge, these boxes may include items that can easily be disinfected after each use to ensure the safety of visitors and residents. Activity boxes can be centred around specific themes that might spark interest for residents living in long-term care. For example, an activity box might include tools, materials, and items focused around gardening. Another example is one that is centred around history, including laminated articles or photos of historical events such as "on this day in history."



As possible, there should be a variety of recreation opportunities, which respect choice and individual interest. While no one should feel forced to participate, staff may play a role in encouraging residents to engage.

Resources

CanAge has developed the CANOE model which encompasses a process for safe visits to long-term care residences and establishes a balanced approach for residents, staff, and visitors to connect in-person. A [printable handout is available here](#) and a corresponding [YouTube video](#) is also available.

Safety

Developing your visitation plan

Long-term care and assisted living providers are required to submit a safety plan for social visits. Please see Appendix A for things to consider including aligning with BC Centre for Disease Control practice requirements, communicating with families and preparing for an outbreak.

Resources

Members can view [The Village Langley's plan here](#).

Options for scheduling visits

Consider using one of the many scheduling platforms which are now available, such as: Calendly, SignUpGenius, Schedulicity, JotForm or Book Jane. Whatever the platform, ensure that there is a way to remind visitors of the requirements and expectations prior to their visit.

The safest visit is still a virtual visit

Continue to make Skype, Zoom or FaceTime calls available. Consider engaging volunteers who can remotely coach family members who would like to use technology to visit, but do not know how. Alternatively, there are many free tutorials on YouTube which will coach beginners through using technology. The organization [Tech Boomers](#) also has free printable guides available, which may be helpful for family members who are less familiar with YouTube.

If the resident has their own electronic device which they use for communicating with families, ask staff to assist them to keep it charged, and ensure they have easy access to these tools.

Assisted living homes may consider holding computer skills workshops, if this can be done safely.



Tips for Virtual Visits³

Remind family members that:

- Their family member may not recognize you or themselves
- Their family member may experience strong emotions
- Their family member may be suspicious of the technology and ask lots of questions
- Their family member may reach for the device, to understand your physical proximity
- Depending on their family member's comprehension, they may find themselves sharing more than they are speaking, making it less conversational
- Their family member may see the experience as magical or unbelievable

³ Adapted with permission from a resource developed by The Village Langley, Canada's First Dementia Village.

Encourage family members to do the following:

- Use a private space – being aware of others who can see your screen is important.
- Monitor their own facial expression and body language
- Be calm, pleasant and playful
- Give their family member time to speak, taking longer pauses than typical may be helpful
- Repeat or rephrase as needed
- Be patient when responding to repeated questions
- Respond to their emotions by acknowledging their feelings
- Plan to share something meaningful and relatable like a poem, a song or a short story
- Get their children and/or pets to come and say hello
- Try “show and tell” items like photos, project you are working on
- Get comfortable - avoid moving around too much
- Sit in front of a background that is solid in colour or a high contrast
- Avoid wearing a hat or anything that restricts the vision of their face
- Try to limit the amount of people on a call
- If multiple people are joining the call, speak one at a time
- Eliminate all background noise
- Look straight into the camera and articulate their words clearly – they may try lip reading to understand the conversation
- Sit close enough to their device to ensure good sound quality
- Ensure device is sanitized before and after the visit

In some cases, a good old fashion phone call might be just as meaningful.

Encourage visitors to become “COVID-competent”

SafeCare BC, in collaboration with Family Caregivers of British Columbia, has developed an online COVID-19 orientation for families and friends wanting to support loved ones in care.

To address safety concerns for residents and workers, family and friends of people living in care can become “COVID-competent” by taking this easy-to-access orientation, printing off a record of completion and then completing a site-specific safety orientation at the care home or assisted living residence. To enroll in the COVID-19: Social Visitation Essentials orientation, individuals can create their FREE account now at safecarebclearningspace.ca. The orientation will take no longer than an hour to complete.

The Village Langley, Dementia Village - Oakwood Community Centre

The Village Langley, a Verve Senior Living community, has adapted their Oakwood Community Centre to accommodate “window visits” for the benefit of Villagers and their families and friends.

The visiting centre allows for Villagers to sit in a room in the community centre, while family members visit from a covered space on the outside of the building. The two parties are then connected by telephone. This allows for larger family visits, as they take place outside of the community.

Extra cleaning is performed both inside and outside of the guest visiting area and additional safety guidelines are in place, which includes the need to schedule visits in advance and leave contact information.



Offering emotional support

When speaking with families and residents it can be powerful to acknowledge that this is a challenging situation and that they have the right to feel angry, sad or helpless. Practice active listening ([see the Canadian Mental Health Association's tips here](#)) and have referral resources available (see the resource section below).

Organizations may want to engage a Chaplain or other spiritual support person for this purpose.

Nurturing community connections

As B.C. has faced COVID-19 many community organizations have been keen to help. Consider working with local organizations to help make visits more meaningful.

For example, in Sidney, a telecommunication organization donated tablets to local care homes.

Appreciating that not everyone has family, or visitors

Either by choice or by circumstance some residents will have no one to visit them in person. Where possible, continue the use of technology for visiting purposes, as discussed above. Your organization or site may also consider partnering with local volunteer or church groups to assign a designated visitor for residents without family.

Listening to feedback

Often, the best ideas come from residents and families. Actively and regularly pursuing thoughts and ideas from the Family and/or Resident Council as situations change, and as new health authority and Ministry of Health policies are implemented, is one way to ensure that feedback is captured in a timely way.

For example, consider engaging councils when:

- Developing and refining your organization's process for scheduling visits.
- Deciding how to integrate activity into visits.
- Reflecting on what has worked well or needs improvement.
- Deciding how your long-term care or assisted living home will mark important occasions or holidays.
- New policies are put into place.



You may also capture feedback through surveys, Facebook posts inviting the thoughts of families, comment boxes, or verbal feedback.

All staff, including staff responsible for direct care, administration, scheduling and screening, management and members of the occupational health and safety committee should also be consulted for their thoughts and ideas.



Resources

Support for family caregivers

First Link® Dementia Helpline (Operated by the Alzheimer Society of B.C.)

The First Link® Dementia Helpline is for anyone affected by dementia, whether professionally or personally. Helpline staff and volunteers give people the support they need, when they need it. The First Link® Dementia Helpline is available to provide information and support any time Monday to Friday, from 9 a.m. to 8 p.m. in English and from 9 a.m. to 4 p.m. in Cantonese and Mandarin or Punjabi.

Contact information:

English: 1-800-936-6033

Cantonese and Mandarin: 1-833-674-5007

Punjabi: 1-833-674-5003

Caregiver Support Line (Operated by Family Caregivers of British Columbia)

The Caregiver Support Line is available **Monday to Friday from 8:30 a.m. to 4:00 p.m.** for family caregivers who are seeking support, information or assistance with health care navigation.

<https://www.familycaregiversbc.ca/>

Phone toll-free: 1-877-520-3267

BCCDC resources

- [Guidance for long-term care facilities including use of personal protective equipment, screening for symptoms, visitors, cleaning and transfers.](#)
- [Infection prevention and control interim guidance for long-term care and assisted living facilities](#) - Updated June 30, 2020
- [Social visiting guidelines for long term care and assisted living facilities](#)
- [COVID-19 outbreak in this facility poster](#)

SafeCare BC

SafeCare BC strives to empower those working in the continuing care sector to create safer, healthier workplaces by fostering a culture of safety through evidence-based education, leadership, and collaboration. They offer an up-to-date, evidence-based information on the COVID-19 coronavirus and how you and your loved ones can stay healthy.

<https://www.safecarebc.ca/covid19/>

CanAge resources

CanAge is an independent nonprofit advocacy organization which educates, empowers and mobilizes people on the issues that matter most to older Canadians. They have developed a series of resources which relate to COVID-19 and visiting in long-term care:

<https://www.canage.ca/resources>

Mental health resources

Free counselling for essential workers

The Psychological Support Service offers “psychological first aid” telephone calls, free of charge, to any health care or other essential worker (19+) affected by the COVID-19 pandemic. To Connect, [visit this webpage](#) and request a support call.

Care for Caregivers

Launched by SafeCare BC, the Canadian Mental Health Association - BC Division, and the Province of BC, this site provides a diverse collection of quick and easy resources to support your mental health, including resources, credible information and workshops.

<https://www.careforcaregivers.ca/>

Care to Speak

Launched by SafeCare BC, the Canadian Mental Health Association - BC Division, and the Province of BC, [Care to Speak](#) is designed to protect and support the mental well-being of health care workers impacted by the personal and professional demands of working on the front line during the COVID-19 pandemic.

Continuing care and community health care workers seeking person-to-person support can now connect with a trained peer support via instant chat or by telephone at 1-866-802-7337 (PEER).



About BCCPA & EngAge BC

BC Care Providers Association (BCCPA) has represented non-government care providers for over 40 years. Along with EngAge BC, we work with over 390 long-term care, home health care, assisted living, independent living, and commercial members across the province.



EngAge BC's mission is to develop and champion B.C.'s private-pay seniors living and wellness options as a way for older adults to live well. Under the guidance of a Member Council composed of industry experts, EngAge BC manages a suite of unique programs and marketing initiatives that support member organizations across the province.



EngAge BC is an operating arm of BC Care Providers Association, the leading voice for seniors' care in B.C.

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Appendix A: Things to consider in your visitation plan

You may consider using this checklist to inform the foundations of your organization's written visitation plan.

Complete	Item	Notes and resources
		Please review the BCCDC's Infection Prevention and Control Requirements for COVID-19 in Long Term Care and Seniors' Assisted Living guidelines for more robust guidelines.
Aligning with BC Centre for Disease Control practice requirements		
☐	There is no active COVID-19 outbreak at the care home/residence.	

☐	There is a process in place to book visits in advance.	Develop and communicate a process for scheduling visits. Consider both online and telephone alternatives. Establish a policy regarding visitation frequency and how visitation requests will be prioritized. Consider including a representative from the Family and/or Resident Council in determining this process. The time and date of each visit should be documented and contact information of visitors must be collected. Develop a process for if a visitor arrives without a booked appointment, or who misses an appointment, for example, how will re-scheduling a visit work? Will a family member/resident have to wait for next available time slot (which could be in a week or two), or will there be time allotted in a day for rescheduled/changed times?
☐	Specific "visiting areas" have been identified. These can include: • Outdoor location(s) dedicated to visiting (seasonally when the weather permits) • Indoor designated location(s) (summer and especially fall/winter) • Individual single-client room (focused on limited mobility of an individual resident)	Decide which areas your organization will use as to accommodate visits. Consider the following: • Ability to enforce social distancing measures • Ability to safely sanitize before and after visits • Under which circumstances single-client room visits will be permitted • Number of visits which would be possible in each space • How residents and visitors will safely enter and exit the space • Where hand hygiene stations will be placed

☐	Clear signage is prepared and posted at all visiting locations, regarding protocols and procedures.	The BC Centre for Disease Control's poster on visitations can be found here. In addition to signage, consider visual cues such as circles or Xs which indicate where it is appropriate to stand or walk.
☐	There are adequate numbers of designated staff to provide pre-screening, screening on arrival, providing information on infection prevention and control for the visit, monitoring the visit, monitoring leaving of the residence.	Develop a staffing plan to support this. In its June 30 announcement, the Province noted it will be providing more than \$160 million for organizations to hire up to three full-time equivalent staff in each of B.C.'s 680 long-term care homes and seniors' assisted living residences, including those which are both publicly and privately operated.
☐	Visitors will be screened for signs and symptoms of illness, including COVID-19, prior to every visit. Visits are not permitted if the visitor or resident is sick or have symptoms of COVID-19.	All visitors shall be screened for signs and symptoms of illness, including COVID- 19, prior to every visit. 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. Ensure that: • Posters have been placed at all entrances. • A script has been developed to screen for signs and symptoms of illness, including COVID- 19, prior to every visit: http://www.bccdc.ca/health-info/diseases-conditions/covid- 19/about-covid-19/symptoms. • Each visit and corresponding screening is documented. For more information, please refer to page 9 of the BC Centre for Disease Control's Infection Prevention and Control Requirements for COVID-19 in Long Term Care and Seniors' Assisted Living.

☐	Visitors must clean hands before and after visit.	Ensure that alcohol-based hand sanitizer is available at reception/the screening station (see below), and that alcohol-based hand sanitizer is also available outside of restrooms, common areas, dining rooms and other high traffic areas. Assign a staff person who will be responsible for ensuring that dispensers and supplies remain stocked. Place <u>posters on how to wash your hands</u> in areas throughout the care home or residence.
☐	All visitors are required to bring and wear a mask.	Visitors must be instructed on how to put on and remove any required PPE. If the visitor is unable to adhere to appropriate precautions, the visitor must not visit. Please see the following resources. • http://www.bccdc.ca/Health-Professionals-Site/Documents/COVID19_SurgicalMaskPoster.pdf • https://youtu.be/gvLA--hGU70 Visitors must also be instructed on how to put on and remove any required PPE when visiting or caring for residents who are on droplet and contact precautions.
☐	Visitors should maintain a distance of two arm lengths from others.	Consider visual cues or engineered controls to support this.
☐	Visitors must be instructed to go directly to the resident they are visiting and exit the facility directly after their visit.	This should be communicated to visitors each time they sign in.
☐	Following the visit, all furniture and surfaces in the visit area must be sanitized, according to <u>BC Centre for Disease Control Infection Protection and Control COVID-19 Guidance</u> .	Please refer to the <u>BC Centre for Disease Control Infection Protection and Control COVID-19 Guidance</u>. Determine how this will be enacted and monitored. Ensure that staff have the appropriate education. Be sure to allow adequate time between scheduled visits for sanitizing visitor areas and supporting residents to move to and from the visiting area between visits.
Other things to consider		

☐	Prohibit the exchange of food, drink or gifts during visitations.	Provide a process for gift-giving, including what kinds of gifts are and are not appropriate and what quarantine process applies. Share this information on your website and in your newsletter.
☐	As a result of a COVID-19 outbreak, or as a result of a second wave, your organization may be required to make changes to your visitation protocols. It is recommended that you prepare for such a situation in advance.	You may consider developing a communications plan, which includes content for the following channels: • Resident updates • Community updates • Staff updates • Website • Social media • E-mail • Phone messages (i.e., auto responder) • Press release
Guidance for visitors		
☐	Develop a communications plan for residents and families regarding visitations.	This plan should include: • Any safety processes, such as expectations regarding PPE, handwashing and not visiting when you are ill. • Where visits will take place and how they can be scheduled. • That visits will be restricted to one visitor. • That ability to visit will be withdrawn if protocols are not followed. Information should be communicated in a variety of formats including through the following channels: • Resident updates • Community updates • Staff updates • Website • Social media • E-mail • Phone messages (i.e., auto responder)
☐	Consider what other signage is necessary to help families and residents have a safe and successful visit.	Visit BCCDC and WorkSafeBC for other examples of posters which may be helpful.

	Ensure that visitors know what to do if they become ill prior to visiting. When calling 8-1-1 visitors should indicate that they have been to a long-term care or assisted living home recently.	See HealthLinkBC for more information: Testing is recommended for anyone with cold, influenza or COVID-like symptoms, even mild symptoms. You no longer need a referral from a health care provider and you do not need to call 8-1-1 if you have symptoms and would like to be tested for COVID-19. You can use the BC COVID-19 Self-Assessment Tool to help determine if you need further assessment for COVID-19 testing by a physician, nurse practitioner or at a local collection centre.
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