

<b>Date</b>		
<b>Chartwell Residence</b> (name & address)		
<b>Resident Name</b>		
<b>Visitor Name</b>		
<b>Is the LTC/AL residence COVID-19 free?</b>		<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>If YES continue            If NO, only actively dying residents are permitted to have an essential visitor (1 visit per day)"</p>		
<b>PURPOSE OF VISIT</b>		
<b>Does the visit meet one or more of the essential visit categories as per MOH policy? If yes, which one (s)?</b>		<input type="checkbox"/> YES <input type="checkbox"/> NO
<ul style="list-style-type: none"> <li>• Visits for compassionate care, including critical illness, palliative care, hospice care, end of life, and Medical Assistance in Dying; <input type="checkbox"/> YES</li> <li>• Visits paramount to the patient/client’s physical care and mental well-being, including:             <ul style="list-style-type: none"> <li>○ Assistance with feeding; <input type="checkbox"/> YES</li> <li>○ Assistance with mobility; <input type="checkbox"/> YES</li> <li>○ Assistance with personal care; <input type="checkbox"/> YES</li> <li>○ Communication assistance for persons with hearing, visual, speech, cognitive, intellectual or memory impairments; <input type="checkbox"/> YES</li> <li>○ Assistance by designated representatives for persons with disabilities, including provision of emotional support; <input type="checkbox"/> YES</li> </ul> </li> <li>• Visits for supported decision making; and <input type="checkbox"/> YES</li> <li>• Visits required to move belongings in or out of a resident’s room. <input type="checkbox"/> YES</li> <li>• Police, correctional officers and peace officers accompanying a patient/client for security reasons. <input type="checkbox"/> YES</li> </ul>		
<b>Does the visit directly relate to the resident /tenant’s care plan?</b>		<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>Is the resident/tenant’s need being adequately met through staff?</b> review clinical evidence to identify how well the need is being met, or not and be prepared to share objective findings.		<input type="checkbox"/> YES <input type="checkbox"/> NO
Has the resident/tenant and family provided input into how adequately the care needs are being met, and how a visitor might address any gap?		<input type="checkbox"/> YES <input type="checkbox"/> NO
Has there been discussion with key care team members, such as: most responsible physician (MRP), GM, DOC/HWM with care team confirmation about the importance of the proposed essential visit in meeting the resident/tenant’s care needs?		<input type="checkbox"/> YES <input type="checkbox"/> NO
Have other possible alternatives been ruled out as ineffective: <ul style="list-style-type: none"> <li>- Family visits by telephone, Skype/Zoom, window visits</li> <li>- Recreational therapy specific to individual needs</li> </ul>		<input type="checkbox"/> YES <input type="checkbox"/> NO

**CLINICAL EVIDENCE SUPPORTING ESSENTIAL VISITS:**

Essential visits should be provided:

- *When clinical indicators are demonstrating a decline in function that can be attributed to the absence of the visitor*
- *When replacement of visitor by staff result in harm to resident/tenant's physical care and/or mental wellbeing*
- *When resident/tenant require assistance by a visitor to support essential decision making*

Examples demonstrating a change related to the absence of an essential visitor:

- Residents/tenants who have previously had consistent visits for meal assist- and changes are notable decline in appetite and intake,
- Residents/tenants who previously had consistent visits for personal care- and changes noted are resistive behaviour and declining personal care assistance (e.g. now recognizable skin breakdown)
- Residents/tenants who previously had consistent visits for mobilization- and changes noted are increased falls due to deconditioning
- Residents/tenants who previously had consistent visits sensitive to language or cultural factors- changes noted are signs of depression, withdrawal, changes in mood, or resistive behaviour
- Residents/tenants who display (new since Covid-19 pandemic) one or more indicators of depressed, sad or anxious mood which are not easily altered by attempts to "cheer up", console, or reassure the resident
- Residents/tenants who require assistance to adequately plan and complete advanced care planning decisions (power of attorney or representation agreements)

<b>Is there sufficient clinical evidence to support an essential visit?</b> Include rationale below.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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**Facility/site must ensure that the essential visitor agrees and is capable of the following:**

• Being available frequently and consistently to reasonably meet the care need	<input type="checkbox"/> YES	<input type="checkbox"/> NO
• Family member willing to stay home if ill (including new mild symptoms) and be screened upon entrance when arriving for a visit	<input type="checkbox"/> YES	<input type="checkbox"/> NO
• Perform hand hygiene, practice respiratory etiquette, wear required PPE and maintain physical distancing practices	<input type="checkbox"/> YES	<input type="checkbox"/> NO
• To travel directly between the entrance and the resident/tenant's room, and do not deviate to other locations with the site	<input type="checkbox"/> YES	<input type="checkbox"/> NO

<b>Is Essential Visit / Visitor approved?</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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Assessment completed by (DOC/HWM or GM)	
Signature (DOC/HWM or GM)	

**REQUIRED DOCUMENTATION**

Has the Essential Visit Assessment form (approved & denied) been filed	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Has the Essential Visitor name and contact info been added to the Visitor list?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

 Essential Visitor first and last name, email, phone number, date and time of visit arrival and time of departure **must** be recorded for each visit