

Department Infection Control	Policy Number ICM-05-012
Category 05 Outbreak Management	Issuing Authority Elizabeth Bryce
Subject Covid 19 Visits During Pandemic	Effective Date: April 11, 2022
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PURPOSE:

To ensure a safe environment and provide guidance on how family visit and essential caregiving are to be schedule and implemented that follows Directive #3 (as amended from time to time) and the Act, O. Reg 246/22 and the Fixing Long Term Care Act, 2021 and in addition to all other applicable laws.

The gradual visitation approach considers balance and meets the Health and Safety and emotional needs of residents, staff, caregivers and visitors.

POLICY:

To support residents, the Ministry of Long-Term Care is proposing a gradual, staged resumption of visits guided by the following guiding principles:

Safety:

Any approach to visiting must consider, balance, and meet the health and safety needs of residents, staff, and visitors to ensure risks are mitigated.

Emotional Wellbeing:

Allowing visitors is intended to support the emotional wellbeing of residents and their families/friends, through reducing any potential negative impacts related to social isolation. The Home must make every effort to maintain the visiting schedule and any cancellations should be due to extraordinary circumstances such as inclement weather during planned outdoor visits.

Equitable Access:

All individuals seeking to visit a resident must be given equitable visitation access, consistent with resident preference and within reasonable restrictions that safeguard residents.

Flexibility:

The physical/infrastructure characteristics of the LTC home, and its status with respect to availability of Personal Protective Equipment, staffing availability, and any other key factors must be considered.

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Equality:

All residents have the right to choose their visitors. In addition, residents and/or their substitute decision-makers have the right to designate caregivers.

As the pandemic evolves, direction on all LTC home visits will be adjusted as necessary, keeping the safety and well-being of residents and staff at the forefront.

DEFINITIONS

Types of Visitors:

1. ESSENTIAL VISITORS

There are four (4) Types of Essential Visitors:

- **People Visiting Very Ill Or Palliative Residents** who are receiving end-of-life care for compassionate reasons.
- **Government Inspectors With A Statutory Right Of Entry**

Government inspectors who have a statutory right to enter long-term care homes to carry out their duties must be granted access to a home. Examples of government inspectors include inspectors under the Long-Term Care Homes Act, 2007, the Health Protection and Promotion Act, the Electricity Act, 1998, the Technical Standards and Safety Act, 2000, and the Occupational Health and Safety Act.

- **Support Workers**

Support workers are persons who visit a home to provide support to the critical operations of the home or to provide essential services to residents. Essential services provided by support workers include but are not limited to:

- assessment, diagnostic, intervention/rehabilitation, and counselling services for residents by regulated health professionals such as physicians and nurse practitioners
- Assistive Devices Program vendors -- for example, home oxygen therapy vendors
- moving a resident in or out of a home
- social work services

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- legal services
- post-mortem services o emergency services (for example, such as those provided by first responders)
- maintenance services such as those required to ensure the structural integrity of the home and the functionality of the home’s HVAC mechanical, electrical, plumbing systems, and services related to exterior grounds and winter property maintenance
- food/nutrition and water/drink delivery
- Canada Post mail services and other courier services
- election officials/workers

➤ **Caregivers**

A caregiver is a type of essential visitor who is visiting the home to provide direct care to meet the essential needs of a particular resident. Caregivers must be at least 16 years of age and must be designated by the resident or his/her substitute decision-maker. Direct care includes providing support/assistance to a resident that includes providing direct physical support (for example, eating, bathing and dressing) and/or providing social and emotional support.

Examples of direct care provided by caregivers include but are not limited to the following:

- supporting activities of daily living such as bathing, dressing, and eating assistance
- providing cognitive stimulation
- fostering successful communication
- providing meaningful connection and emotional support
- offering relational continuity assistance in decision-making

Examples of caregivers include:

- friends and family members who provide meaningful connection
- a privately hired caregiver
- paid companions
- translator

2. GENERAL VISITOR

To provide nonessential services related to either the operations of the home or a particular resident or group of residents. General visitors younger than 14 years of age must be accompanied by an adult (someone who is 18 years of age or older).

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General visitors include those persons visiting for social reasons as well as visitors providing non-essential services such as personal care services, entertainment, or individuals touring the home.

The Home's staff, volunteers and placement students are not considered visitors as their access to the Home is determined by the Administrator and/or Director of Care.

INDOOR VISIT PROCEDURE:

1. Access to Homes and Outbreak Areas

All visitors (except for children under the age of 5) to the Home are required to be fully vaccinated (2 doses) and to follow public health measures (i.e., active screening, show proof of vaccination, undergo a rapid antigen test upon visit (must wait for result upon entering home area and/or room), physical distancing, hand hygiene, masking for source control) for the duration of their visit in the Home. During an outbreak, and/or suspected or confirmed case of COVID-19, the local Public Health Unit will provide direction on visitors to the Home, depending on the specific situation.

1.1. Essential Visitors

Visits for essential visitors are permitted as follows, subject to direction from the local Public Health Unit:

- Any number of fully vaccinated support workers may visit the Home
- The Home will allow essential caregivers as follows:
 - a) If the resident is self-isolating or symptomatic, a maximum of four (4) caregivers may be designated to visit but a maximum of two (2) caregivers per resident may visit at a time
- Where the Home is in a local public health unit region that is in a Lockdown level or the Home is in outbreak, must follow the direction of your local public health unit.

A Caregiver **may not** visit any other resident or Home for 14 days after visiting another

- Resident who is self-isolating or symptomatic; and/or
- The Home is an outbreak

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1.2. General Visitors

A maximum of four (4) general visitors per resident may visit indoors at a time. No general visitors are permitted to visit in any of the following situations:

- The entire Home is experiencing an outbreak;
- The Home is located in a public health unit region that is in a Lockdown level;
- Public Health and/or Ministry of Health restricts general visitors;
- The Resident is self-isolating or symptomatic.

2. Screening

All types of visitors will be actively screened on entry for symptoms and exposure for COVID- 19, temperature checks and attestation to not be experiencing any of the typical and atypical symptoms. All types of visitors will not be admitted if they do not pass the screening.

2.1 Support Workers

Besides being actively screened for COVID-19 symptoms and an abnormal temperature and having to show proof of vaccination, the Support Worker will also be undergoing a rapid antigen test on the day of entry and wait for result before entering a home area and/or resident room. If the Support Workers visits several homes during one day, he/she needs to provide proof of the previous negative antigen test. In an emergency situation, the rapid antigen test can be waved.

Long Term Care Home Inspectors have a separate and specific protocol that has been established within the ministry. Inspectors must confirm that they have received a COVID- 19 test (within either the past week) and must verbally attest to not subsequently having tested positive to their manager. Inspectors must keep an official record of all negative or positive tests and verbally attest to a negative test upon entering a home.

2.2 Caregivers

Caregivers who enter the Home must show proof of vaccination and undergo a rapid Antigen Test in the Home to gain entry to the Home.

The Home should ask Caregivers to verbally attest to the Home that in the last 14 days, they have not visited another:

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- Resident who is self-isolating or symptomatic;
- A Home in an outbreak; and/or
- Living with someone who has COVID-19 symptoms.

Prior to visiting any resident for the first time, the caregiver must read the Home's visitor policy and be provided with training that addresses how to safely provide direct care, including donning and doffing of required PPE, and hand hygiene. Public Health Ontario resources will be used for the training.

- Guidance document entitled Recommended Steps: Putting on Personal Protective Equipment (PPE);
- Video entitled Putting on full PPE;
- Video entitled Taking off full PPE; and
- Video entitled How to Hand Wash.

This training will be repeated on a quarterly basis or more often if any guidelines change.

The caregiver must verbally attest to the Home that they have read/re-read the Home's visitor policy quarterly.

3. Personal Protective Equipment (PPE)

3.1 Essential Visitors

The Home will provide surgical/procedure masks, gloves, gowns, and eye protection (i.e. face shields or goggles) for essential visitors as needed. Gowns, gloves and eye protection only need to be worn when the resident is isolating.

Fully immunized essential caregivers may have close physical contact including for non-care related reasons with fully immunized residents. No eye protection is required and the fully immunized essential caregiver may support in the dining room and join in recreation activities.

3.2 General Visitors

The Home will provide general visitors with surgical/procedure masks.

Fully immunized general visitors may have close physical contact with fully immunized residents with no eye protection, gloves or gown required.

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Note: Individuals that are unable to wear a mask due to medical condition must:

- Provide a medical exemption note to the Home
- If able, to wear a mask to go from screening station to resident's room or approved visiting area. Once in the resident room or approved visiting area the individual may remove and discard the mask but will apply a new mask before exiting the area
- Both resident and visitor will wear a face shield at all times during the visit
- The individual will undergo a rapid antigen test on each visit
- If tolerated, the resident being visited should wear a mask at all times
- Physical distancing of 2 meters must be maintained at all times
- The Home may also consult with their local Public Health unit for further guidance and directions

Furthermore, individuals who are unable to put on or remove their mask without assistance from another person, will receive the required assistance from a staff member who is trained in proper donning and doffing procedures.

Other exemptions to the masking requirements are as follows:

- Any individual who is being accommodated in accordance with the Accessibility for Ontarians with Disabilities Act and/or
- Any individual who is being reasonably accommodated in accordance with the Human Rights Code.

4. Physical Contact

Physical Touch (for example hugging, holding hands) between caregivers and general visitors who are fully immunized and residents who are fully immunized, provided appropriate IPAC control measures like universal masking, and hand hygiene are in place is permitted.

The Home will provide opportunities for caregivers to be with their loved ones outside of the resident's room including but not limited to outdoors and walks inside the Home.

During an active outbreak these opportunities for physical contact and walking outside of the resident's room will come to a hold and Public Health guidelines will

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be followed.

5. Responding to all Types of Visitor Non-adherence

The Home fully recognizes how critical visits are to the resident's care needs and emotional well-being, and therefore the Home will ensure to support all visitors in understanding the importance of adhering to the Home's visitor policy. Every non-adherence to the requirements will be reviewed and dealt with based on the severity of the non-adherence.

5.1 Ending a Visit

Each time a non-adherence occurs, reminders and training of the requirements will be provided to the visitor. The Home will end a visit if the visitor repeatedly fails to adhere to the Home's policy, provided:

- That the visitor received explanations of all applicable requirements
- The visitor was equipped with all the resources to adhere to the requirements (i.e. there is sufficient space to physically distance, PPE supplied and demonstrated how to correctly don and doff; and
- That the visitor has been given sufficient time to adhere to the requirements.

The Director of Care or delegate will document any termination of visits due to non-adherence in the electronic health record of the resident.

5.2 Temporarily Prohibiting a Visitor

The Home will temporarily prohibit a visitor in response to repeated and serious non-adherence with the Home's visitor policy.

Before prohibiting a visitor, the Home will consider whether the non-adherence

- Can be resolved successfully by explaining and demonstrating how the visitor can adhere to the requirements
- Whether the visitor has been given sufficient time and information to comply with the Home's visitor policy
- The nature, severity and frequency of non-compliance (continuously non-adhering over multiple visits)
- The potential impact of discontinuing visits on the resident's clinical and emotional well-being
- Is within the legislative requirements
- Negatively impacts the health and safety of residents, staff, and

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other visitors in the Home

- Is by a visitor whose previous visits have been ended by the Home

Any decision to temporarily prohibit a visitor should:

- Be made only after all other reasonable efforts to maintain safety during visits have been exhausted
- Stipulate a reasonable length of the prohibition depending on the severity
- Be clearly communicate to the visitor what requirements will need to be met before visits may be resumed (i.e. reviewing the visitor policy, Public Health Guidelines, etc.); and
- Be documented by the Director of Care or delegate
- Residents' and Family Council should be consulted on procedures for addressing non-adherence by visitors

Where the Home has temporarily prohibited a caregiver, the resident and/or their substitute decision-maker may designate an alternate individual as a caregiver to help meet the resident's care needs.

6. Home Requirements for General Visits

The following baseline requirements must be in place before visits can be accepted for general visits:

- A) The Home must be located in a public health unit region that is not in a lockdown order and the entire Home can **NOT** be currently in an outbreak. In case the entire Home enters in an outbreak thereafter, all non-essential general visitations must end immediately.
- B) The procedures for the resumption of safe indoor visits for **General Visitors** must be communicated well with residents, families, visitors, and staff, including the Infection Prevention and Control Lead and the Occupational Health and Safety Committee. The educational information that needs to be shared are as follows:
 - Respiratory etiquette
 - Donning and doffing and proper use of masks and any other Personal Protective Equipment (PPE)

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- Proper hand hygiene and any other applicable IPAC practices
 - Operational procedures such as limiting movement in the Home and its property
 - Approach to dealing with in-adherence to home policies and procedures, including the discontinuation of visits
- C) The Home will always follow the highest Infection Prevention and Control (IPAC) standards prior to, during and after visits.
- D) The Home will provide meaningful and equitable access to visits for all residents; and consider the staffing and space capacity available to the Home to maintain the safety of residents, staff, and visitors.
- E) The Home will have the discretion in scheduling and must consider the directives in place at the time.
- F) The Home will regulate the number of visitors to the Home at any one time.
- G) The Home will create and maintain a list of visitors. The list will be available for relevant staff members to access.

7. General Visitor Requirements

Prior to each visitor, the general visitor must:

- A) On each visit, pass an active screening questionnaire administered by home staff and temperature checks. Visitors will not be admitted if they do not pass the screening.
- B) On each visit, visitors must show proof of vaccination and undergo a rapid antigen test (that gets logged in a tracking tool) and will only be permitted beyond the entry point of the Home if he/she tests negative. Only four (4) visitors at a time are permitted.
- C) Comply with the Home's IPAC protocols, including proper use of surgical/procedural masks and using hand sanitizer at the beginning and end of the visit. A family information package is provided to visitors.
- D) Use a surgical/procedural mask

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- E) Practice physical distancing as much as possible.
 - F) The Home will provide surgical/procedural masks to the visitor and resident (if tolerated).
 - G) Only visit the one (1) resident they are intending to visit, and not interact with any other residents.
 - H) Respect that visits may be canceled in the event the resident is not feeling well, the Home area the resident resides in goes in an outbreak or the Home is located in an area that has been identified as a lockdown area.
 - I) Any nonadherence to these requirements and rules will be the basis for discontinuation of visits.
1. The procedures for the resumption of safe visits must be well communicated with residents, families, visitors, and staff including the Infection Prevention and Control Lead and the Occupational Health and Safety Committee. The educational information that needs to be shared are as follows:
 - Importance of physical distancing during the visit (2 meters/6 feet apart) unless both the visitor and the resident are fully vaccinated
 - Respiratory etiquette
 - Donning and doffing and proper use of masks and any other Personal Protective Equipment (PPE)
 - Proper hand hygiene and any other applicable IPAC practices
 - Operational procedures such as limiting movement on the Home's property
 - Approach to dealing with in-adherence to home policies and procedures, including the discontinuation of visits
 2. The Home will always follow the highest Infection Prevention and Control (IPAC) standards prior to, during and after visits.
 3. The Home will create and maintain a list of visitors. The list will be available for relevant staff members to access.

General Visitor Requirements: Visitor is defined as any family member, close friend, or neighbour. Families/friends must establish amongst themselves who will be visiting the resident. Whenever possible include resident in making this decision. Prior to each visitor, the visitor must:

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1. On each visit, pass an active screening questionnaire administered by home staff and temperature checks and undergo a rapid antigen test. Visitors will not be admitted if they do not pass the screening.
2. Comply with the Home's IPAC protocols, including proper use of surgical/procedural masks and using hand sanitizer at the beginning and end of visit.
3. Use a face mask that covers their mouth, nose, and chin at all times. Close physical contact is only permitted between a **fully immunized** resident and a **fully immunized** visitor and/or Essential Care Giver. **Partially and unimmunized** visitors/Essential Caregivers and residents require to maintain physical distancing (2 meters) when not providing care; however, brief hugs are permitted. When tolerated, the residents should also be masked.
4. General visitors are allowed to bring their own face mask for outside visits. In case a visitor has forgotten to bring a face mask, or the mask is not appropriate, the Home will supply a surgical/procedures mask with a reminder to bring one the next time. The Home should avoid accessing the provincial pandemic stockpile for this purpose.
5. **As of March 14, 2022**, there are no limits on the amount of outdoor visitors.
6. Only visit the one (1) resident they are intending to visit, and not interact with any other residents.
7. Respect those visits may be cancelled due to inclement weather and in the event, the resident is not feeling well.
8. Any nonadherence to these requirements and rules will be the basis for the discontinuation of visits.

Outdoor Visits:

1. The Program Manager or delegate will monitor and oversee family/friends visits during the pandemic.
2. The Home's Courtyard is the dedicated area outside the building where visitors can meet with residents, and it does not require the visitor to travel through the Home.

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The allocated outdoor space allows appropriate physical distancing (2 meters apart) and the areas will clearly be marked. If there is not enough room, outdoor visits may also take place in the general vicinity of the Home. Designated staff will support the transfer of residents out of and into the Home. Both the porter as well as the resident (if tolerated) will wear a surgical/procedural mask.

Each visit needs to be scheduled in advance through the online scheduling system via Home's website. Each Home will have designated times for visitation. Each visit will be limited to 60 mins to allow the Home to accommodate more families/visitors. Gradually the Home will be able to allow a sufficient block of time to allow for, at minimum, one (1) to two (2) visits per week per resident. A resident can receive up to four (4) visitors at a time.

3. Families/friends will be asked to not arrive until 10 minutes before their scheduled visit so that they are not crossing paths with others who may be visiting.
4. The visiting area will be cleaned and disinfected between each visit. The cleaning will be completed by the staff coordinating and supervising the outdoor visits. Staff members will be provided with high-level disinfectant wipes (contact time 1 minute)/or equivalent and gloves to clean surfaces and objects such as chair arms, seats, tabletops/legs upon conclusion of the visit; both resident and visitor areas.
5. The scheduling practices must provide meaningful and equitable access to visits for all residents and consider the staffing and space capacity available to maintain the safety of residents, staff, and visitors. The Home will consider the needs of residents in prioritizing visits based on clinical and/or emotional decline.
6. The Home reserves the right to cancel an outdoor visit for any of the following reasons:
 - Resident who is in isolation and/or is symptomatic
 - Confirmed/potential COVID-19 and/or influenza/enteric outbreak of Home and/or designated home area
 - Upon the direction of the Chief Medical Officer of Health
 - Inclement weather and/or high risk to heat related illness
 - Overbooking of visits by a family
 - Any other situation that may cause a risk to residents, essential caregivers or staff

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11. Ministry of Long Term Care Memorandum: New Inspector Testing Protocol, December 8, 2020
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POLICY & PROCEDURE

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16. Associate DM memo LTC Pandemic Response update 2022-02-07

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