

SECTION: PANDEMIC PLANNING

INDEX I.D.: J-10-10

SUBJECT: INDOOR VISITS DURING COVID-19 PANDEMIC

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APPROVED BY:

APPROVED DATE: July 22, 2020

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STANDARD:

There are processes in place to ensure the safety, emotional well-being, equitable access, and flexibility during Indoor Visits throughout the COVID-19 pandemic. Long Term Care Homes are responsible for supporting residents in receiving visitors while mitigating the risk of exposure to COVID-19.

Indoor visits are permitted and Residents may have four (4) General visitors at a time, this includes any Essential Caregivers present. All General Visitors must be fully vaccinated or provide a valid medical exemption. With the exemption of those under 5 years of age.

The Home realizes the role that families, friends and visitors play in providing caregiving and emotional supports that adds to the quality of life of our residents. The gradual, staged resumption of visits is guided by the outlined principles from the Ministry of Long-Term Care, which are as follows:

Safety: Any approach to visiting in LTC home 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. Homes must make every effort to maintain the visiting schedule, and any cancellations should be due to extraordinary circumstance such as inclement weather during planned outdoor visits.

Equitable Access: All elected families/friends seeking to visit a resident will be given equitable visitation access, consistent with resident preference and within reasonable restrictions that safeguards residents, families, and staff.

Flexibility: The physical/infrastructure characteristics of the LTC home, and its status with respect to the availability of surgical/procedure masks, staffing, and any other key factors must be considered.

The Home should encourage that visitors should consider their personal health and susceptibility to the virus in determining whether visiting the Home is appropriate.

As the pandemic situation evolves in Ontario, the direction in this policy will be adjusted as necessary, keeping the safety and emotional well-being of residents and staff at the forefront.

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DEFINITIONS:

Types of Visitors:

1. **Essential Visitors** include a person performing essential support services (i.e. food delivery, maintenance or health care services or a person visiting a very ill or palliative resident). Government Inspectors are essential visitors; however, they are not subject to this policy.
2. **General Visitors who are visiting a very ill or palliative Resident must complete a Rapid Antigen Test on every visit day. Results must be obtained prior to granting access to the Home. They are not required to be vaccinated. The home will ask for proof of vaccination.**

Essential Visitors also includes Support Workers and Caregivers. However, an essential visitor does not need to be a Support Worker or Caregiver.

A. Support Workers is a type of essential visitor who is visiting to perform essential support services or the Home or for a resident at the Home (i.e. Physicians, Nurse Practitioners, maintenance workers or person delivering food, provided they are not staff of the LTC Home as defined in the LTCHA).

B. Caregiver is a type of essential visitor who is designated by the resident and/or their substitute decision-maker and is visiting to provide direct care to the resident (i.e. supporting feeding, mobility, personal hygiene, cognitive stimulation, communication, meaningful connection, relational continuity and assistance in decision-making). Scheduling of visits is not required, but frequency and lengths of visits should be well communicated to the Home.

- A Caregiver must be at least 16 years of age
- There is a maximum number of four (4) essential caregivers.
- A resident and/or their substitute decision-maker may change a designation in response to a change in the:
 - Resident's care needs that are reflected in the plan of care
 - Availability of a designated caregiver, either temporary (i.e. illness) or permanent
- Examples of caregivers include family members who provide meaningful connection, a privately hired caregiver, paid companions, and translators.

3. **A General Visitor** is a person who **is not** an essential visitor and is visiting:
 - To provide non-essential services, who may or may not be hired by the Home or the resident and/or substitute decision-maker; and/or

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- For social reasons (i.e. family members or friends) that the resident or their substitute decision-maker assess as different from direct care, including care related to cognitive stimulation, meaningful connection, and relational continuity.

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.

PROCEDURE:

1. Access to Homes and Outbreak Areas

Essential Visitors are the **only type** of visitors allowed when a resident is self-isolating or symptomatic, or the Home is an outbreak. 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.

Rules for visitors will vary based on the level of the local public health unit region in which the Home is located. Additionally, the local public health unit may provide direction and/or restrictions on visitors to the Home, depending on the specific situation.

All visitors to the Home are required to follow public health measures (i.e. active screening, physical distancing, hand hygiene, masking for source control) for the duration of their visit in the Home.

1.1. Essential Visitors

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

- Any number of support workers may visit the Home
- Where the Home is **not** in outbreak
 - a) If the resident is not self-isolating or symptomatic, a maximum of two (2) caregivers per resident may visit at a time
 - b) If the resident is self-isolating or symptomatic, a maximum of one (1) caregiver per resident may visit at a time

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 at a time, this includes any Essential Caregivers present for the visit, subject to direction from the local Public Health Unit, provided:

- The resident is **not** self-isolating or symptomatic; and
- The Home is **not** in an outbreak.

No general visitors are permitted to visit in any of the following situations:

- The Home has an outbreak;
- The Resident is self-isolating or symptomatic.

Screening

All types of visitors will be actively screened on entry for symptoms and exposure for COVID-19, including 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.

3.1 Support Workers

Support Workers must be fully immunized and must complete Rapid Antigen testing upon entry. There is to be no contact with Residents until a negative result is received.

If the Support Worker requires immediate access to the Home in an emergency, no evidence for a negative COVID-19 test result needs to be given.

3.2 Caregivers

Caregivers must show proof of their first dose as of December 20, 2021 and by February 21, 2022 to show proof of all required doses. Caregivers designated after December 14, 2021 are required to be fully vaccinated or provide a valid medical exemption. Caregivers are also required to have a Rapid Antigen test completed in the Home on every visit day.

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

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

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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 monthly.

3.3 General Visitors

General Visitors scheduling an indoor visit must complete a Rapid Antigen test on the day of the visit. The visitor will not be allowed to access the Home until this result is received. Furthermore, they must verbally attest to the Home that in the last 14 days, they have not visited a

- A resident who is self-isolating or symptomatic; and/or
- A home in an outbreak

Public Health resources to support IPAC and PPE education and training will be used such as:

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

4. Personal Protective Equipment (PPE)

4.1 Essential Visitors

The Home will provide surgical/procedure masks, gloves, gowns, and eye protection

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(i.e. face shields or goggles) for essential visitors.

4.2 General Visitors

Homes will encourage general visitors to bring their own surgical/procedure mask; however, the Home will provide surgical/procedure masks if a visitor does not have the appropriate PPE.

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
- Is within the legislative requirements

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- Negatively impacts the health and safety of residents, staff, and other visitors in the Home
- Is demonstrated continuously by the visitor over multiple visits
- 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

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 **NOT** be currently in an outbreak. In case the 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:
 - Importance of physical distancing during the visit (2 meters/6 feet apart) with some exceptions
 - 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

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- 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 and whether the visitor is an essential caregiver (i.e. support with feeding).
- 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, provide proof of vaccination or medical exemption, 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) Complete a Rapid Antigen test prior to the visit. The Visitor will not be permitted access to the Home until a negative result is received.
- 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 for the duration of the visit.
- E) Physical distance of 2 metres must be maintained. Brief hugs are permitted between all

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Residents and visitors regardless of their immunization status. Where both Residents and the visitor are fully immunized, close physical contact including hand-holding is permitted.

- F) Whenever possible, visitors should bring their own surgical/procedural mask for the indoor visit. If a visitor does not have the appropriate mask, the Home will provide a surgical/procedural mask. The Home should avoid accessing the provincial pandemic stockpile for this purpose.
- 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 cancelled in the event the resident is not feeling well, the Home goes in an outbreak or the Home is located in an area that has been identified as having higher community spread.
- I) **Not** bring pets or outside food to the visiting area. Packages for residents can be left with the screener.
- J) Any nonadherence to these requirements and rules will be the basis for discontinuation of visits.

8. Indoor Visit Process for General Visitors:

- A. The Director of Activation or delegate will monitor and oversee family/friends visits during the pandemic. Program staff and other delegates will supervise and support each visit with residents. The Program staff will maintain a log of all visits.
- B. The Home will designate a dedicated indoor visiting area where family members and friends can meet with residents. The allocated indoor space will allow for appropriate physical distancing (2 meters apart), and the areas will clearly be marked. Designated staff will support the transfer of residents to the designated area and will wear a surgical/procedural mask.
- C. Each visit needs to be scheduled in advance. The Home will have designated days and times for visitations. Each visit will be limited to 60 mins to allow the Home to accommodate more families/friends. Gradually the Home will be able to allow a sufficient block of time to allow for, at minimum, two visits per week per resident.

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- D. Families/friends will be asked to arrive until 20 minutes before their scheduled visit so that they are not crossing paths with others who may be visiting.
- E. The visiting area will be cleaned and disinfected between each visit. The cleaning will be completed by the staff coordinating and supervising the indoor 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.
- F. 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.
- G. A resident who is in isolation and/or is symptomatic cannot be permitted a visit.

OUTCOME:

- 1. Indoor visits will occur in a safe and equitable manner.
- 2. The gradual visitation approach considers balance and meets the Health and Safety, and emotional needs of residents, staff, and visitors.

ADDITIONAL REFERENCES:

- 1. Ministry of Long-Term Care & Ontario Health: Resuming Visits in Long-Term Care Homes, September 2, 2020
- 2. Minister's Directive: COVID-19: Long Term Care Home Surveillance Testing and Access to Homes, March 14, 2022
- 3. OLTC: Best Practice Exchange Forum, June 2020
- 4. Ministry of Long-Term Care & Ontario Health: Update to Visits at Long-Term Care Homes, July 15, 2020

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5. Directive # 3 for Long-Term Care Homes under the Long-Term Care Homes Act, 2007, March 14, 2022.
6. Forms Manual, COVID - Essential Caregiver Request Form
7. Forms Manual, COVID - Family Information Package
8. COVID-19 Visiting Policy, effective, March 5, 2021
9. Guidance document entitled Recommended Steps: Putting on Personal Protective Equipment (PPE)
10. Video entitled Putting on full PPE and one-piece PPE
11. Video entitled How to Hand Wash
12. COVID-19 Visiting Policy, MLTC, November 16, 2020
13. The COVID-19 Response Framework: *Keeping Ontario Safe and Open*, November 13, 2020
14. COVID-19 guidance document for long-term care homes in Ontario. March 14, 2022