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SUBJECT: COVID-19 VISITOR POLICY **PAGE 1 OF 12**

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APPROVED BY: Sukhwinder Palial REVISED DATE: September 4, 2024

POLICY:

The home has a responsibility to ensure residents receive visitors safely to help protect against the risk of COVID-19. This policy balances mitigating measures to protect the health and safety of residents, staff and visitors, with the physical, mental, emotional, and spiritual needs of residents for their quality of life and in consideration of the mental health and emotional well-being of residents and their loved ones. All visitors must comply with the requirements set out in this policy.

This policy complies with the Ministry of Health's COVID-19 Guidance: Long-Term Care Homes and Retirement Homes for Public Health Unit is guided by the policies of the Ministry for Seniors and Accessibility (MSAA).

Guiding Principles

- **Safety:** Any approach to visiting, absences, and activities must balance the health and safety needs of residents, staff, and visitors, and ensure risks of infection are mitigated.
- Mental Health and Emotional Well-being: Allowing visitors, absences, and activities is intended to support the overall physical, mental and emotional well-being of residents by reducing any potential negative impacts related to social isolation.
- Equitable Access: All residents must be given equitable access to receive visitors and participate in activities consistent with their preferences and within restrictions that safeguard residents, staff and visitors.
- Flexibility: The physical characteristics /infrastructure of the home, its staffing availability, whether the home is in outbreak or in an area of widespread community transmission, and the current status of the home with respect to infection prevention and control (IPAC) including personal protective equipment (PPE) are all variables to take into account when administering home-specific policies for visiting, absences, and activities.
- Autonomy: Residents have the right to choose their visitors. Residents also have the right to designate their caregivers. If a resident is unable to do so, substitute decision-maker(s) may designate caregivers.
- Visitor Responsibility: Visitors have a crucial role to play in reducing risk of infection for the safety of residents and staff by adhering to visitor policy

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requirements related to screening, IPAC and PPE and any precautions described in this policy.

• Immunization: Allowances for absences and activities reflect both the high rates of COVID-19 immunization as well as the protective effect that immunizations have had on the number of COVID-19 cases and outbreaks in retirement homes. This update reflects the evidence available so far across Canada and abroad and is subject to change as the knowledge of COVID-19 vaccines evolves.

Requirements for Visits

- 1. The LTCH will adhere to the requirements in any applicable directives issued by the Ministry of Long-Term Care and directions from the local PHU. This may include direction to take additional measures to restrict access and duration of visits during an outbreak or when the PHU deems necessary.
- 2. The following baseline requirements will be maintained to continue to accept any visitors:
 - i. Procedures for visits, including, but not limited to, IPAC, scheduling and any setting-specific policies.
 - ii. Communication of clear visiting procedures with residents, families, visitors and staff, including sharing an information package with visitors on IPAC, masking, physical distancing and other health and safety procedures such as limiting movement around the LTCH, if applicable, and ensuring visitors' agreement to comply.
 - iii. A process for complaints about the administration of visiting policies and a timely process for resolution.

The LTCH policies/procedures include an expectation that visitors comply with the visiting policy, with a process to notify residents and visitors that failure to comply with the visiting policy may result in discontinuation of visit(s) when risk of harm from continual non-compliance is considered too high, including a way to assess refusal of entry on a case-by-case basis.

iv. Protocols for record-keeping of visitations for contact tracing purposes

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with the minimum requirements of: name, contact information, date and time of visit, and resident visited.

- v. Protocols to maintain best practices for IPAC measures prior to, during and after visits.
- 3. Factors that will inform decisions about visits in the LTCH include:
 - Adequate Staffing: The LTCH has sufficient staff to implement the policies related to visitors and to ensure safe visiting as determined by the home's leadership.
 - Access to adequate testing: The LTCH has a testing policy and plan in place, based on contingencies and informed by local and provincial health officials, for testing in the event of a suspected outbreak.
 - Access to adequate Personal Protective Equipment (PPE): The LTCH has adequate supplies of relevant PPE required to support visits.
 - Infection Prevention and Control (IPAC) standards: The LTCH has appropriate cleaning and disinfection supplies and adhere to IPAC standards, including enhanced cleaning.
 - **Physical Distancing:** The LTCH can facilitate visits in a manner aligned with physical distancing protocols (2 meters separation).
- 4. If the LTCH restricts visits based on any of the above factors, the decision will be communicated to residents, including the reasons for the decision.

Types of Visitors

There are 3 categories of visitors: Essential Visitors, General Visitors, and Personal Care Service Providers. LTCH staff, students and volunteers as defined in *the Fixing-Long Term Care Act Act*, 2021 are <u>not</u> considered visitors.

1. Essential Visitors

Essential Visitors are persons performing essential support services (e.g., food delivery, inspectors, maintenance, or health care services (e.g., phlebotomy) or a person visiting a very ill or palliative

A. Support Workers

A Support Worker is a type of Essential Visitor who is **brought into the home to perform essential services for the home or for a resident in the home,** including the following individuals:

- Regulated health care professionals under the *Regulated Health Professions Act*, 1991 (e.g., physicians, nurses);
- Unregulated health care workers (e.g., PSWs, personal/support aides, nursing/personal care attendants), including external care providers and Home and Community Care Support Service Providers (formerly LHIN providers);
- Authorized third parties who accommodate the needs of a resident

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resident).

There are two categories of Essential Visitors: Support Workers and Essential Caregivers. with a disability;

- Health and safety workers, including IPAC specialists;
- Maintenance workers;
- Private housekeepers;
- Inspectors; and
- Food delivery.

B. Essential Caregivers

An Essential Caregiver is a type of Essential Visitor who is designated by the resident or, if the resident is unable to do so, their substitute decision-maker.

Essential caregivers visit to provide care to a resident (e.g., supporting feeding, mobility, personal hygiene, cognitive stimulation, communication, meaningful connection, relational continuity and assistance in decision-making).

Essential Caregivers may be designated per resident (designation should be made in writing to home & home should have procedure for documenting Essential Caregiver designations and any subsequent changes). Residents or SDM are able to designate the Essential Caregiver and the necessity of an Essential Caregiver is determined by the resident or SDM.

Essential Caregivers, provided that they pass the screening requirements, cannot be denied access to residents (e.g., immunization status should not impact access).

In order to limit the spread of infection, a resident and/or their SDM should be encouraged to change the designation of their Essential Caregiver in limited circumstances, including in response to:

- A change in the resident's care needs that is reflected in the plan of care; and/or
- A change in the availability of a designated Essential Caregiver, either temporary (e.g., illness) or permanent.

 Examples of Essential Caregivers include: family members who provide care, a privately hired caregiver, paid companions and translators. A resident may designate an external care provider as an Essential Caregiver even though that individual would also be considered a Support Worker.

2. General Visitors

A General Visitor is a person who is not an Essential Visitor and visits:

• For social reasons (e.g., family members and friends of resident);

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	 To provide non-essential services (may or may not be hired by the home or the resident and/or their SDM); and/or As a prospective resident taking a <u>tour</u> of the home.
3. Personal Care	A Personal Care Service Provider is a person who is not an Essential
Service Providers	Visitor and visits to provide non-essential personal services to residents.
	Personal Care Services include those outlined under the Reopening Ontario Act, 2020 regulations
	O. Reg. 82/20, O. Reg. 263/20 and O. Reg. 364/20, such as hair salons and barbershops, manicure and pedicure salons, aesthetician services, and spas, that are not being provided for medical or essential reasons (e.g., foot care to support mobility or reduce infections).

Access to LTCH

SECTION:

- 1. All visitors must agree to abide by the health and safety practices as outlined by the home.
- 2. The LTCH will facilitate visits for residents and will not unreasonably deny visitors based on frequency of visits.
- 3. Visitors will not be refused based on their COVID-19 immunization status.
- 4. All visitors will be passively screened for symptoms and exposure history for COVID-19 before they are allowed to enter the LTCH and for outdoor visits.
- 5. Essential Caregivers, provided that they pass the screening requirements, will not be denied access to residents.
- 6. Visitors must follow public health measures (e.g., passive screening, physical distancing (2 metres separation), hand hygiene, masking for source control) for the duration of their visit in the LTCH.
- 7. All visits to the LTCH, including by Essential Visitors, will be documented, including at minimum: the visitors' name, contact information, date and time of visit, and purpose of visit (e.g. name of resident visited).

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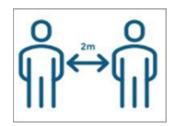
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Physical Distancing

Physical distancing means keeping our distance from One another and limiting activities outside the home. When outside your home, it means **staying at least 2 metres (or 6 feet) away** from other people whenever possible. Physical distancing, when combined with proper hand hygiene and cough etiquette, has been shown to limit the spread of COVID-19.



Physical distancing also means making changes in your everyday routines to minimize close contact with others, including:

- Avoiding crowded places and non-essential gatherings
- Avoiding common greetings, such as handshakes or hugging
- Limiting contact with people at higher risk (e.g., older adults and those in poor health)

Dedicated areas for indoor and outdoor visits have been arranged to support physical distancing between residents and visitors. Physical distancing (a minimum of 2 metres or 6 feet) must be always always practiced by all individuals, except for the purposes of providing direct care to a resident(s) or brief physical contact when hugging.

All visitors must comply with the LTCH protocols on physical distancing as per the CMOH Directive #3.



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Read more about physical distancing here (Source: Public Health Ontario)

Respiratory Etiquette

It is important to help reduce the spread of illnesses by using proper respiratory etiquette. This means that instead of covering your mouth with your hands when coughing or sneezing, use your sleeve or a tissue. This reduces the number of germs on your hands, though it is still important to wash your hands after coughing or sneezing.

Respiratory etiquette <u>must</u> be practiced by all visitors during all visits on the LTCH property to reduce the risk of COVID-19 transmission.



Read more about respiratory etiquette here (Source: Public Health Ontario)

Hand Hygiene

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Hand hygiene is a general term referring to any action of hand cleaning and is a fundamental component of infection prevention and control. Touching your eyes, nose or mouth without cleaning your hands or sneezing or coughing into your hands may provide an opportunity for germs to get into your body.

Keeping your hands clean through good hygiene practice is one of the most important steps to avoid getting sick and spreading germs to others.

- **Handwashing** with soap and running water, as opposed to using hand sanitizer, must be done when hands are visibly soiled. Hand hygiene with soap and water done correctly removes organisms.
- **Hand sanitizers** with 70-90% alcohol may be used when your hands are not visibly dirty. Hand hygiene with alcohol-based hand sanitizer correctly applied kills organisms in seconds.

All visitors <u>must</u> perform hand hygiene prior to beginning each visit with a resident and if at any time their hands become soiled during the visit. Wash or sanitize your hands at the end of the visit as well.

Follow these steps for hand washing: (hand wash for at least 15 seconds)

Video: How to Hand Wash



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A. Hand Sanitizing

Follow these steps for sanitizing your hands:



Read more about hand hygiene here (Source: Public Health Ontario)

Infection Prevention and Control (IPAC) Practices

Infection Prevention and Control (IPAC) refers to evidence-based practices and procedures that, when applied consistently in health care settings, can prevent or reduce the risk of transmission of microorganisms to residents, staff and visitors.

All visitors must follow the LTCH infection and prevention control protocols (IPAC),

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including proper use of face coverings/masks.

IPAC practices include:

- 1. Hand hygiene program
- 2. Screening and surveillance of infections
- 3. Environmental cleaning procedures that reflect best infection control practices
- 4. Use of personal protective equipment
- 5. Outbreak detection and management
- 6. Additional precautions specified to prevent the spread of infection
- 7. Ongoing education on infection control

Read more about best practices for infection prevention and control <u>here</u> (Source: Public Health Ontario)

Use of Personal Protective Equipment (PPE)

Using, applying, and removing PPE correctly is critical to reducing the risk of transmission of COVID-19. All visitors <u>must</u> comply with the LTCH protocols for PPE, include proper donning and doffing of PPE and following instructions on use provided by the LTCH.

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