

SECTION: ADMINISTRATION
INFECTION CONTROL
SUBJECT: VISITOR POLICY

SOP: ADM-G-001
IC-A-048
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DATE: July 2020

REVISIONS: Sept. 9, 2020; Oct. 7, 2020; Nov. 16, 2020; Nov. 23, 2020; Dec. 26, 2020; Jan. 21, 2021; Feb. 24, 2021; Mar. 22, 2021; May 26, 2021; June 1, 2021; June 9, 2021; July 13, 2021; July 20, 2021; Aug. 25, 2021; Sept. 1, 2021; Sept. 21, 2021; Oct. 19, 2021; Dec. 15, 2021; Dec. 22, 2021; Dec. 30, 2021; Jan. 12, 2022; Jan. 26, 2022; Feb. 2, 2022; Feb. 15, 2022; Feb. 22, 2022; Mar. 14, 2022; Apr. 5, 2022; April 13, 2022; May 4, 2022; July 5, 2022; Aug. 31, 2022; Sept. 7, 2022; Oct. 18, 2022; Jan. 4, 2023; Mar. 7, 2023; Apr. 11, 2023; June 27, 2023; Nov. 7, 2023; Dec. 2024;
LAST REVISION: May 2026

POLICY

The Ivan Franko Home fully respects and supports each resident's right to receive visitors of their choice and the right to ongoing and safe support from their caregivers, as this is important in helping to maintain the physical, mental, social and emotional well-being of residents and optimize their quality of life.

The Home will ensure that essential visitors continue to have access to the Home during an outbreak of a communicable disease, an outbreak of a disease of public health significance, an epidemic, a pandemic or another emergency, subject to any applicable laws, direction on visitor restrictions from the local Public Health Unit (PHU) or direction from emergency responders.

In order to maintain a safe and secure environment for residents, and to protect the health and safety of visitors and staff, the Home will ensure that appropriate Infection Prevention and Control (IPAC) measures for respiratory and infectious diseases are in place to reduce the potential risk of exposure to Acute Respiratory Infections (ARIs) and other communicable/infectious diseases, in accordance with any applicable directives, orders, guidance, advice or recommendations issued by the Chief Medical Officer of Health, the City of Toronto Medical Officer of Health, the Ministry of Long-Term Care, and/or the Ministry of Health (MOH).

Everyone at the Home, whether staff, student, volunteer, caregiver, support worker, general visitor, or resident has a responsibility to ensure the ongoing health and safety of all by practicing IPAC measures at all times.

Non-compliance with this policy and IPAC measures may result in the discontinuation of visits for the non-compliant visitor.

DEFINITIONS

Essential visitors:

- Persons visiting the Home to meet an essential need related to the operations of the Home or residents that could not be adequately met if the person does not visit the Home.
- There are 4 types of essential visitors:
 1. A Caregiver, defined as an individual who
 - is a family member or friend of a resident or a person of importance to a resident

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- is able to comply with all applicable laws including any applicable directives, orders, guidance, advice or recommendations issued by the Chief Medical Officer of Health or a medical officer of health appointed under the Health Protection and Promotion Act
 - provides one or more forms of support or assistance to meet the needs of the resident, including providing direct physical support such as activities of daily living, or providing social, spiritual or emotional support, whether on a paid or unpaid basis
 - is designated by the resident or the resident's Substitute Decision-Maker (SDM) with authority to give that designation, if any, and
 - in the case of an individual under 16 years of age, has approval from a parent or legal guardian to be designated as a Caregiver.
2. A Support Worker who visits the Home to provide support to the critical operations of the Home or to provide essential services to residents (e.g. regulated health professionals, Assistive Devices Program vendors, social or legal services, emergency first responders, mechanical service technicians, plumbers, deliverers).
 3. A person visiting a very ill or palliative resident receiving end-of-life care, for compassionate reasons.
 4. A government inspector with a statutory right to enter the Home to carry out their duties (e.g. inspectors under the Fixing Long-Term Care Act, 2021, the Health Protection and Promotion Act, the Electricity Act, 1998, and the Occupational Health and Safety Act).

General visitor:

- A person who is not an “essential visitor” and is visiting to provide non-essential 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 (i.e. someone who is 18 years of age or older)
- There are 2 broad categories of general visitors:
 1. Persons visiting for social reasons.
 2. Visitors providing non-essential services such as:
 - Personal care services (e.g. hairdressers, barbers, manicurists)
 - Entertainment (e.g. singers, musicians), recreational services, or pet therapy programs
 - Individuals touring the Home regarding possible application for admission.

Please note:

- The Home's staff, volunteers and placement students are not considered visitors.
- Infants under the age of one are not considered visitors.

Emergency:

An urgent or pressing situation or condition presenting an imminent threat to the health or well-being of residents and others attending the Home that requires immediate action to ensure the safety of persons in the Home.

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PROCEDURE

The Home will ensure that:

- Residents, family members, staff, caregivers and other visitors receive comprehensive information regarding visiting procedures, including digital/passive screening and the electronic visitor sign-in system at the Main Entrance.
- Information is provided on IPAC requirements tailored to the visitor's role (e.g. General Visitor vs. Essential Caregiver).
- All parties are informed of the consequences of non-adherence, which may include a mandatory educational re-evaluation or the temporary discontinuation of visits to ensure the safety of the Home environment.
- The most recent version of the Visitor Policy is:
 - provided to the Residents' Council and Family Council (if any)
 - posted at the Main Entrance and communicated directly to residents in accessible formats
 - included in the Admission Package for all new residents
 - maintained on the Home's public website (<https://ivanfrankohomes.com/>).
- All visitors are provided with IPAC education, including Respiratory Etiquette, Hand Hygiene, and the Point-of-Care Risk Assessment (PCRA) framework. Instruction on the proper use of Personal Protective Equipment (PPE), including medical masks and eye protection, is provided using current Public Health Ontario (PHO) standards and is appropriate to the level of risk that visitors present to themselves and to others in the Home. Caregivers receive enhanced training to ensure they can safely provide support during periods of increased community transmission or active outbreaks.
- A secure electronic log of all visits is maintained for a minimum of 30 days. This log includes:
 - the name and contact information of the visitor
 - the date and time of entry and exit, and
 - the name of the resident being visited.These records are maintained in compliance with the Personal Health Information Protection Act, 2004 (PHIPA) and made available to the local PHU, upon request, for infectious disease surveillance and outbreak management.

DESIGNATION OF A CAREGIVER

- The decision to designate an individual as a caregiver is solely the responsibility of the resident and/or their Power of Attorney (POA)/SDM. The Home shall support the resident in exercising this right without interference.
- Residents may designate as many caregivers as they require to meet their physical, mental, social, and emotional needs. While there is no maximum, the resident/POA/SDM is encouraged to identify primary caregivers who provide consistent support to help the Home coordinate IPAC training and PPE supplies effectively.
- The designation must be made in writing on the "Caregiver Designation Form" (IC-A-048(b)).
- The caregiver designation will be documented in the Resident Profile and the Form filed in the resident's chart.

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- If the resident/POA/SDM wishes to designate a caregiver who is under 16 years of age, written approval from the individual's parent or legal guardian is required, and is to be attached to the Caregiver Designation Form.
- The resident/POA/SDM 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 (e.g. illness) or permanent, and this should be done on the Caregiver Designation Form.

VISITOR PASSIVE SCREENING PROTOCOLS

All visitors are responsible for considering their personal health and susceptibility to infectious illnesses before deciding to visit the Home.

To protect the well-being of all residents, the following protocols apply:

- **Pre-Visit Self-Screening**
All visitors must self-screen for symptoms of respiratory or infectious illness (e.g. fever, new or worsening cough, shortness of breath, sore throat, runny nose, or gastroenteric symptoms like nausea/vomiting) prior to arrival. Visitors must not enter the Home if they are feeling unwell or have failed their self-screening.
- **On-Site Passive Screening**
Visitors must review the Infectious Disease Screening Signage (e.g. "STOP" sign posted at the Main Entrance). The Home encourages visitors to use the current Ontario Respiratory Virus Tool (or any successor tool provided by the MOH) to assist in their personal health assessment.
- **Failed Screening and Entry Restrictions**
Any visitor who fails the passive screening or is experiencing symptoms should defer their visit and follow current public health guidance regarding isolation and self-monitoring.
- **Exception for Compassionate/End-of-Life Visits**
Visitors for residents receiving end-of-life care, who fail screening, may be permitted entry at the Home's discretion. In these cases, the visitor must:
 - Wear a medical mask and any additional PPE as directed by staff.
 - Perform meticulous Hand Hygiene.
 - Maintain physical distance from other residents and staff.
 - Proceed directly to the resident's room and remain there for the duration of the visit.
- **Self-Monitoring while in the Home**
All visitors must self-monitor for the development of symptoms while at the Home. Any visitor who begins to feel unwell during their visit must immediately notify registered staff, perform Hand Hygiene, and exit the Home.

VISITOR ACCESS TO THE HOME

All Visitors (i.e. Caregivers, Support Workers and General Visitors)

- Proof of vaccination for COVID-19 or other respiratory viruses is not currently required for visitors under applicable provincial legislation or directives. The Home will not restrict visitor

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access solely on the basis of immunization status and will instead follow current guidance from the MOH and the local PHU.

- To protect vulnerable residents of the Home, all visitors are strongly encouraged to stay up-to-date with annual vaccinations. This includes:
 - Annual Respiratory Virus Boosters (encompassing current COVID-19 and Influenza strains).
 - RSV immunization for eligible older adults and those in close contact with high-risk residents.

Essential Visitors/Caregivers

To maintain a safe environment, essential visitors/caregivers must adhere to the following protocols regarding illness and exposure:

When a Caregiver is Symptomatic or Tests Positive

- Stay home – Caregivers should not visit the Home if they have a fever or any new/worsening respiratory symptoms (e.g. cough, shortness of breath) or gastrointestinal symptoms (e.g. nausea, diarrhea).
- Resume visiting – Caregivers may return to the Home once:
 - Symptoms have been improving for at least 24 hours (48 hours for gastrointestinal symptoms)
 - No fever is present (without the use of fever-reducing medication).

Following Illness or a Positive Test

- Caregivers are encouraged to take additional precautions for up to 10 days from symptom onset or positive test date (whichever is earlier/applicable), particularly when visiting the Home, which is a high-risk setting.
- Where a visit is essential to the resident's well-being and cannot be postponed, the caregiver must:
 - Wear a well-fitted medical mask or a respirator (e.g. N95 or equivalent) for the duration of the visit.
 - Perform Hand Hygiene before, during, and after the visit.
 - Inform the Home of their recent illness or positive test, upon entry.
- The Home may implement additional precautions based on a risk assessment, including:
 - Recommending physical distancing, where feasible
 - Encouraging the resident to wear a mask during the visit, if tolerated.

When a Caregiver is an Asymptomatic Close Contact

- Self-monitor – Caregivers who have been exposed but have no symptoms do not need to self-isolate but should self-monitor for symptoms from the date of last exposure and follow any instructions provided by Public Health.
- Permitted entry – Caregivers may enter the Home if asymptomatic and meet screening requirements.
- Enhanced Precautions during Visits – While visiting, the caregiver must:
 - Perform Hand Hygiene upon entry and as required during the visit.
 - Wear a well-fitted medical mask for the duration of the visit (or respirator where required by the Home's policy or outbreak measures).
 - Notify the Home of the recent exposure, prior to or upon entry, to ensure internal surveillance.
 - Maintain physical distancing from residents and staff, where feasible.

** It is recommended that the resident also wear a mask during the visit, if tolerated.

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- The Home may apply additional precautions or restrictions based on current risk assessment, outbreak status, or direction from the local PHU.

General Visitors

Supervision of Minors:

- General visitors younger than 14 years of age must be accompanied by an adult (18 years of age or older).
- The accompanying adult is responsible for ensuring the minor follows all IPAC practices, including Hand Hygiene and Respiratory Etiquette.

When a General Visitor is Symptomatic or Tests Positive:

- Must not enter the Home until:
 - symptoms have been improving for at least 24 hours (48 hours for gastrointestinal symptoms like nausea/vomiting/diarrhea) and
 - no fever present without the use of fever-reducing medication.

Deferral of Visits:

General Visitors are encouraged to defer all non-essential visits from the start of their symptoms or their positive test date (whichever is earlier/applicable).

Visitor Number Limits

• Indoor Visits

The Home does not set a maximum number of visitors. However, the number of people per visit may be limited by the physical capacity of the room to ensure safety, ease of movement for staff, and the comfort of roommates. For large groups, families are encouraged to book a designated common area in advance.

• Outdoor Visits

- The Home encourages the use of outdoor spaces for visiting.
- There are no set limits on the number of visitors permitted at one time on the Back Patio or in the Front Area.
- Access to these areas is based on available physical space and the ability to maintain a safe, accessible environment for all residents and staff. Visitors are asked to be mindful of others sharing the space to ensure the comfort and privacy of all residents using the outdoor amenities.

• Special Occasions

- For special occasions (e.g. milestone birthdays, anniversaries) or visits involving large groups that may exceed the comfortable capacity of a resident's room or a shared outdoor space, families are encouraged to contact the Office in advance.
- The Home will make every reasonable effort to accommodate larger gatherings by facilitating the use of designated common areas or private meeting spaces, ensuring the resident can celebrate with their full support network in accordance with the Residents' Bill of Rights.

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During outbreaks (e.g. COVID-19, Acute Respiratory Illness, Influenza, Gastrointestinal) or when a resident is isolating on Additional Precautions

- When an outbreak is suspected or confirmed, the Home, in collaboration with the local PHU and Outbreak Management Team (OMT), will determine if any visitor restrictions or additional precautions are necessary to protect residents.
- All visitors are required to comply with any such restrictions or precautions, and screening protocols, IPAC measures, masking and other PPE requirements as may be implemented.

Essential Visitors:

- Caregivers and support workers are allowed to visit when a resident is isolating, or resides in an area of the Home that is in outbreak, provided they are able to comply with PPE recommendations.
- Essential caregivers/visitors should go to the reception desk in the Office and/or the nurse's station prior to visiting the resident, and be educated on the potential risk of exposure when visiting a resident who is symptomatic.
- During an outbreak, limits on visits may be required and will be assessed on a case-by-case basis by the Home and the OMT.
- Essential caregivers who provide direct care to residents should use the same PPE as staff and will be instructed on how to properly do so.

General Visitors:

- General visitors should postpone all non-essential visits to residents who are symptomatic/isolating, or when there is an outbreak.

In emergency situations (e.g. fire, hazardous material/chemical spill, flooding, extended power failure)

- Visitors (including essential caregivers) must follow the directions of emergency first responders and/or the Home's Incident Manager/Nurse in Charge regarding access to the Home in the event of an emergency and follow any evacuation procedures, if applicable.
- Visitors on-site during an emergency may be asked to assist with residents, if safe to do so.

REQUIRED IPAC PRACTICES FOR VISITORS

• **Hand Hygiene:**

Hand Hygiene is the most effective way to prevent the spread of all respiratory and enteric illnesses. Visitors must clean their hands using alcohol-based hand rub (ABHR), or soap and water, using proper techniques:

- When entering and leaving the Home
- Before entering and leaving the resident's room
- Before and after putting on a mask, gloves or eye protection
- After using the washroom or blowing one's nose
- Whenever hands are visibly dirty
- Before and after providing care.

• **Physical Distancing:**

- There are currently no requirements or restrictions related to physical distancing (i.e. maintaining a distance of a minimum of 2 metres (6 feet) from others) when not in outbreak.

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- However, it is recommended that physical distancing should continue to be practiced as much as possible by everyone at the Home to reduce possible transmission of ARI, and when self-monitoring for symptoms.
- **Respiratory Etiquette:**
 - Cover the nose and mouth when coughing or sneezing with a tissue or one's elbow, not with the hands.
 - Throw away used tissues and clean hands.
- **Masking:**
 - Masks are recommended, but not required, for caregivers and visitors in all areas of the Home.
 - If the resident being visited is in a shared room and the roommate is uncomfortable with others removing their mask in the room, the visit may take place in a space designated by the Home for visiting without masking (availability should be checked with the nurse on the floor).
 - Support workers should wear a mask based on a Point-of Care Risk Assessment (PCRA) before any resident interaction/task.
 - Caregivers and support workers may consider wearing a mask during prolonged direct resident care (i.e. one-on-one care within 2 metres of a resident for 15 minutes or longer).
 - A resident/POA/SDM who requests a caregiver or visitor to wear a mask should be accommodated and respected.
 - If an essential visitor/caregiver has recently tested positive, is experiencing symptoms, or is an asymptomatic close contact, and the visit is deemed essential for the resident's well-being, they must wear a mask for the entire duration of the visit.
Please refer to the information in the VISITOR ACCESS TO THE HOME section of this policy document.
 - In the event of a suspected or declared outbreak, or if a resident is on Additional Precautions (isolation), all visitors and staff must comply with enhanced masking and PPE requirements, as directed by the OMT and the local PHU.
 - All medical masks or N95 respirators must be worn correctly, fully covering the mouth, nose, and chin at all times while in the Home.
 - **Exceptions to any masking requirements:**
 - Children who are younger than 2 years of age
 - Any visitor who is being accommodated in accordance with the Accessibility for Ontarians with Disabilities Act, 2005, and/or the Ontario Human Rights Code.
- **Eye Protection:**
 - All visitors (incl. essential caregivers) must wear appropriate eye protection (e.g. goggles or full face shield) when:
 - Visiting a resident who is on Additional Precautions (isolation) for a suspected or confirmed respiratory or infectious illness.
 - Providing direct care or visiting an outbreak area of the Home.
 - In all other circumstances, use of eye protection is based on the visitor's PCRA.
 - Eye protection is strongly recommended when:
 - The resident is coughing or sneezing, even if an outbreak has not been declared.
 - Providing "prolonged direct care" (i.e. within 2 metres of the resident for 15 minutes or more).
 - There is a risk of being splashed by blood, body fluids, secretions, or excretions.

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PERSONAL PROTECTIVE EQUIPMENT (PPE)

The Home will provide all visitors with medical masks, N95 respirators (or approved equivalent), gloves, gowns and eye protection, as required.

IPAC EDUCATION/TRAINING

The Home will:

- Provide access to IPAC education/training to all visitors on the Home’s website that addresses:
 - Physical distancing
 - Respiratory Etiquette
 - Hand Hygiene
 - IPAC practices, and
 - Proper and safe use of PPE using PHO resources and guidance documents to support this IPAC education and training, including:
 - a Guidance document titled “Recommended Steps: Putting on PPE”
 - videos titled: “Putting on Full PPE”, “Taking off Full PPE”, “How to Hand Wash” and “How to Hand Rub”.
- Post signage in the Home about Hand Hygiene, Respiratory Etiquette and Proper use of PPE to promote these practices and remind everyone in the Home to follow them.
- Provide caregivers with education/training on IPAC policies and procedures appropriate to their role, and request that they sign the “Designated Caregiver IPAC Agreement” (IC-A-048(c)), that states they will adhere to all IPAC requirements and procedures.

SUPERVISING VISITS

- To manage health and safety during visits (e.g. monitoring the flow of visitors to ensure sufficient physical distancing can be maintained, supporting residents during the visit, etc.) the Home may supervise visits.
- This will be done in a manner that respects the resident’s right to communicate in confidence, and consult in private with any person without interference. If there is not enough privacy, the Home’s staff should be notified.

GENERAL INFORMATION—All Visitors

- All visitors must:
 - Enter and exit the Home only through the Main Entrance.
 - Ensure they complete the electronic sign-in at the Main Entrance.
 - Conduct themselves in a considerate manner at all times having regard for the safety and well-being of all residents, staff and other visitors, and be respectful in all interactions.
 - Respect the privacy of others by keeping their personal and/or medical information (verbal, written or any other form) private and confidential.
 - Not take pictures of residents (except their family or loved ones), staff or volunteers without the consent of the Administrator/designate.
 - Ensure that any visiting children are supervised by an adult at all times.
 - Follow any verbal instructions by the Home’s staff at all times, including in emergency situations at the Home.

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- Not touch or attempt to operate any of the Home's equipment, machines, or devices unless authorized to do so.
- Stay out of restricted areas.
- Immediately report any injury, hazard or problem, no matter how minor, to registered staff.
- Visitors should clarify appropriate aspects of care pertaining to the resident they are visiting (i.e. what foods or drinks may be allowed, hands-on involvement, etc.) with staff.
- If the resident has a shared room, the visitor should always be mindful of the other resident in the room and ensure he/she is not disturbed.
- If the resident's roommate is uncomfortable with others removing their mask in the room, the visit may take place in a space designated by the Home for visiting without masking. In that situation, the visitor should check with the nurse on the floor about availability of the designated space.
- All visitors should acquaint themselves with:
 - the Residents' Bill of Rights, which is posted in the Main Floor Lobby near the elevators, and
 - the Home's floor plan and emergency exit information, which is posted in the entrance lobby.
- The Home is a smoke-free facility. Visitors cannot smoke or vape in the Home or anywhere on the grounds (a 9-foot perimeter from any entrances).
- Visitors with pets must adhere to the Home's Pet Policy (ADM-G-002) and Animal/Pet and Infection Prevention Policy (IC-A-091). Any pets allowed to visit, at the discretion of the Administrator, must be clean and well-behaved, and under the supervision of the pet's owner at all times.

OTHER INFORMATION—Designated Caregivers

- Caregivers may only visit and provide care for the resident who has designated them as a caregiver.
- To maintain resident well-being and staffing stability, a caregiver may volunteer to support up to two (2) residents who are symptomatic or test positive, provided that the Home obtains consent from all involved residents/POAs/SDMs and the caregiver complies with enhanced PPE (N95, gown, gloves, eye protection) and IPAC training provided by the Home.
- A caregiver may also support more than one resident in non-outbreak situations provided the Home obtains consent from all involved residents/POAs/SDMs.
- If the resident has a shared room, the caregiver should always be mindful of the other resident in the room and ensure he/she is not disturbed.
- Caregivers are encouraged to spend time outside the resident's room, including outdoors and walks inside the Home (subject to any limitations at the time of the visit).

NON-ADHERENCE BY VISITORS (including Caregivers)

- Recognizing the importance of visits on the resident's well-being and quality of life, together with the need to ensure a safe and secure home for residents and protect the Home's residents, staff and visitors from the risk of ARIs and other infectious/communicable diseases, the Home will make every reasonable effort to support visitors in understanding and adhering to visiting requirements and IPAC practices by providing:
 - Clear information about procedures and necessary IPAC practices
 - Information about other applicable requirements, as needed
 - Appropriate PPE and training on its proper use

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- Any additional education and training that may be required
- Easy access to hand sanitizer
- Visiting spaces that allow sufficient room for physical distancing
- The opportunity for visitors to clarify any questions they may have.
- If staff observe a visitor not adhering to visiting and IPAC requirements (e.g. not wearing a mask when applicable, not practicing respiratory etiquette, etc.), they should report this to registered staff who will:
 - Meet with the visitor to discuss and provide any needed additional information, clarification or training
 - Ensure that any required resources are available to the visitor and allow him/her sufficient time to comply with this Policy.

Ending a visit:

- If, after explaining the applicable requirement(s) to the visitor and providing sufficient time to adhere to the requirement(s), there is concern due to the visitor's repeated non-adherence, the Home's Administration may decide to end a visit.
- This decision will be documented in the progress notes.

Temporarily Prohibiting a Visitor:

- If there is repeated and flagrant non-adherence (i.e. demonstrated continuously by the visitor over multiple visits) and all reasonable efforts to maintain resident, staff and visitor safety (including ending a visit) have not been successful, the Home's Administration may consider and decide to temporarily prohibit a visitor from visiting the resident.
- This decision will:
 - stipulate a reasonable length of the prohibition
 - clearly identify which requirements the visitor should meet before visits may be resumed (e.g. reviewing the Visitor Policy, reviewing specific PHO resources, etc.)
 - be documented by the Home.
- When visits have been discontinued for a non-compliant visitor, the Home will provide the reason for the discontinuation in writing.
- If the temporarily prohibited visitor is a caregiver, the resident/POA/SDM may need to designate an alternate individual as caregiver to help meet the resident's care needs.