**POLICY**

To help maintain the emotional and physical well-being of Ivan Franko Home residents, and lessen the impact of social isolation from their loved ones during the COVID-19 pandemic, the Home will support residents in receiving visitors, while at the same time mitigating the risk of exposure to COVID-19 by ensuring that necessary infection control measures are in place to protect the health and safety of residents, staff and visitors, and to help maintain the Home free of an outbreak.

The Home will follow the Directives, Guidance and recommendations issued by the Government of Ontario and Public Health authorities in implementing required visiting procedures and appropriate infection control measures.

The latest update to the Home’s policy is in accordance with the updated Ministry of Long-Term Care (MLTC)’s Guidance Document for Long-Term Care Homes that includes clarification of the definitions for different types of visitors.

This policy and the procedures will be revised as necessary, as the pandemic situation evolves and government guidance is amended. The local Public Health Unit (PHU) may also provide direction and/or restrictions on visitors to the Home, depending on the specific situation. Any orders made by Medical Officers of Health under Section 22 of the Health Protection and Promotion Act (HPPA) and/or advice, instructions and recommendations of a Medical Officer of Health under the Reopening Ontario Act (ROA) supersedes the Home’s policies and procedures.

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

**DEFINITIONS**

**Essential visitors**

* + - * Persons visiting a 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.
      * Are the only type of visitors allowed when there is an outbreak or when a resident is in isolation.
      * There are 4 types of essential visitors:

1. Persons visiting very ill or palliative residents for compassionate reasons, end-of-life care, etc.
2. Government inspectors with a statutory right of entry to carry out their duties (e.g. inspectors under the Long-Term Care Homes Act, 2007; the Health Protection and Promotion Act; the Electricity Act, 1998; the Occupational Health and Safety Act)
3. Support workers who visit the Home to provide support to the critical operations of the Home or to provide essential support services to residents.

* Essential services provided by support workers include but are not limited to:
* assessment, diagnostic, intervention/rehabilitation, and counselling services by regulated health professionals such as physicians and nurse practitioners
* moving a resident in or out of the Home
* social work services
* legal services
* post-mortem services
* emergency services (e.g. 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 delivery
* Canada Post mail services and other courier services

1. Caregivers who visit the Home to provide direct care to meet the essential needs of a particular resident.

* Must be at least 18 years of age
* Must be designated by the resident/Power of Attorney (POA)/Substitute Decision-Maker (SDM).
* Direct care encompasses providing support/assistance to a resident that includes:
* providing direct physical support (eating, bathing, dressing) and/or
* providing social and emotional support.
* Examples of direct care provided by caregivers include but are not limited to:
* supporting activities of daily living (bathing, dressing, feeding)
* assisting with mobility
* assisting with personal hygiene
* providing cognitive stimulation
* fostering successful communication
* providing meaningful connection and emotional support
* offering relational continuity assistance in decision-making
* Can include: family members who provide meaningful connection, a privately hired caregiver, paid companions and translators.

**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.
* There are 2 broad categories of general visitors:

1. Visitors providing non-essential services which include but are not limited to:

* Personal care service providers (e.g. hairdressers, barbers, manicurists)
* Entertainers (e.g. singers, musicians)
* Recreational service providers
* Animal handlers (e.g. as part of a therapy animal program)
* Individuals who are touring the Home regarding possible application for admission.

1. Persons visiting for social reasons that the resident/POA/SDM assess as different from “direct care” as described in the section on Caregivers.

* Not permitted to visit: when the Home or area of the Home is in outbreak; a resident who is in isolation/symptomatic; or when the local PHU so directs. This applies to both outdoor and indoor visits.

Please note:

* the Home’s staff, volunteers and placement students are not considered visitors
* children under the age of 2 are not considered visitors.

**Fully immunized:**

A person who has received the full series of a COVID-19 vaccine or combination of COVID-19 vaccines approved by Health Canada (i.e. both doses of a 2-dose vaccine series, or 1 dose of a single-dose vaccine series) AND who received their final dose of the vaccine at least 14 days ago.

\*\*\*Please refer to the **Appendix** for further information about visiting, allowable activities and Infection Prevention and Control (IPAC) restrictions, based on the immunization status of essential caregivers and general visitors.

**PROCEDURE**

The Home will ensure that:

* Residents, families and staff receive information about:
  + visiting and associated procedures (including scheduling, screening, testing, and IPAC practices), and
  + the need to comply with these procedures and IPAC protocols, and how non-adherence will be dealt with (including that it may result in the discontinuation of visits for the non-compliant visitor),

as well as any updates, as necessary

* Every visitor is provided with clear directions on safety precautions, including: physical distancing, respiratory etiquette, hand hygiene, current IPAC practices, and the proper use of masks, eye protection and other Personal Protective Equipment (PPE)
* All visitors follow all the IPAC practices in place at the Home
* Essential Caregivers are provided with a copy of this policy and/or can access it on the Home’s website (<https://ivanfrankohomes.com/>) prior to their first visit, and attest to reading/re-reading the policy at least once a month thereafter
* Essential Caregivers receive the required IPAC and PPE education and training, using Public Health Ontario (PHO) resources, before their first visit and quarterly re-training thereafter
* General visitors have access to this Policy on the Home’s website (<https://ivanfrankohomes.com/>) or as hard copy, if needed, and understand the rules regarding physical distancing and masking at the outset of their visit
* A schedule of booked visits is maintained, and kept available and accessible for appropriate staff members
* A visitor log of all visits to the Home is maintained. The visitor log must include, at minimum, the name and contact information of the visitor, the time and date of the visit, and the purpose of the visit (e.g. name of the resident visited). These records will be kept for 30 days and be readily available to the local PHU for contact tracing purposes upon request
* Screening and surveillance test results are maintained for 30 days, and submitted to the Ministry of Health (MOH) as per the weekly data reporting requirement.

**DESIGNATION OF A CAREGIVER**

* The decision to designate an individual as a Caregiver is entirely the resident/POA/SDM’s concern
* There is no limit to the number of persons who can be designated as a Caregiver for a resident
* The designation should be made in writing to the Home on the “Designation of an Essential Caregiver” form (IC-A-048(c))
* Caregiver designations will also be documented in the progress notes by registered staff
* 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
* The resident/POA/SDM should inform the Home when they want to add or remove a designation of a person as a Caregiver, and these changes will be documented in the progress notes by registered staff.

**VISITOR ACCESS TO THE HOME**

**Essential visitors**

**Caregivers:**

* Permitted to visit indoors and outdoors in accordance with visitor number limits outlined below
* 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
* Home in an outbreak, where the Caregiver was in a portion of the Home affected by the outbreak
* When a resident is symptomatic or isolating, or when the Home or area of the Home is in outbreak, only 1 Caregiver may visit at a time indoors
* Caregiver visits do not require scheduling, and are not restricted as to length or frequency.

**Support Workers:**

* Any number of Support Workers may visit the Home
* The Home may, at its discretion, schedule and manage visits by essential visitors who are not Caregivers, to balance the safety of residents, staff and visitors with the needs of the Home and its residents, taking into account physical/infrastructure characteristics of the Home, staffing availability and the Home’s status with respect to PPE.

**General Visitors**

* Permitted to visit indoors and outdoors in accordance with visitor number limits outlined below
* Indoor and outdoor visits should be scheduled 48 hours in advance with the Home
* 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) and must follow all current IPAC practices (including active screening, physical distancing, hand hygiene and masking) in place at the Home
* Not permitted to visit when a resident is symptomatic or isolating, or resides in a declared outbreak area.

**Visitor Number Limits**

To ensure that adequate physical distancing can be maintained between a resident and his/her visitors and another resident and his/her visitors, and between individuals (as required), and that public health measures are followed, the following limits will apply:

* **Indoor Visits:**
* In a Private room—3-7 visitors (incl. Caregivers and General Visitors) per resident at one time will be allowed, depending on the size of the room
* In a Basic room—2 visitors per resident at one time will be allowed
* **Outdoor Visits:**
* On the Back Patio, a maximum of 10 people (incl. Caregivers, General Visitors, and the resident(s)) will be allowed at the same time
* In the Front Area of the Home, a maximum of 4 people (incl. Caregivers, General Visitors, and the resident(s)) will be allowed at the same time.

**VISITOR SCREENING PROTOCOLS**

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

**All visitors:**

* Should self-screen for COVID-19 signs and symptoms at home and not visit if they have any symptoms
* Will be actively screened by staff for symptoms and exposure history for COVID-19, using the “Visitor Active Screening Questionnaire” (IC-A-048(a)) at the beginning of their visit. The Questionnaire may be administered on the phone.
* Will have temperatures checked prior to each visit
* Will not be allowed to enter the Home or visit outdoors if they do not pass the screening.

In **emergency situations**, emergency services or other first responders will be permitted entry without screening.

**Any visitor who fails active screening** will be advised to go home immediately to self-isolate and be encouraged to get diagnostic testing, with the following **exceptions:**

* Fully immunized essential visitors as per the current “COVID-19 Screening Tool for Long-Term Care Homes and Retirement Homes” issued by the MOH, and
* Visitors of imminently palliative residents. The Home will ensure that they wear a medical mask, appropriate PPE and maintain physical distance of a minimum of 2 metres (6 feet) from other residents and staff.

**Caregivers:**

* Prior to entering the Home, the Caregiver must also verbally attest that in the last 14 days, they have not visited another resident who is self-isolating or symptomatic, and/or another Home in an outbreak, where the Caregiver was in a portion of the Home affected by the outbreak.

**VISITOR SCREENING TEST REQUIREMENTS**

**Definitions:**

**PCR Test:** a validated real-time polymerase chain reaction (PCR) assay laboratory test for COVID-19.

**Rapid Antigen Test:** a point-of-care rapid antigen test for COVID-19. All rapid antigen screening will be conducted using the Abbott Panbio™ test.

**Please note:** RA testing is being used for routine screening/surveillance purposes and is not a replacement for diagnostic PCR testing.

**Fully Immunized Essential and General Visitors**

* As of July 16, 2021, the testing requirements outlined below no longer apply to individuals who are fully immunized against COVID-19.
* The visitor must show proof of being fully immunized in order to be exempt from testing.
* Acceptable proof is the physical or emailed receipt that was provided to them at the time of vaccination.
* If a visitor does not want to show proof of immunization, they will be considered unvaccinated and must follow the testing requirements outlined below before being allowed to enter the Home.

**Testing Requirements for Non-immunized Visitors**

**Caregivers**

* Must have one PCR Test and one Antigen Test done on separate days within a 7-day period, with the time period between PCR testing as close to 7 days as can practically be achieved
* Where the Caregiver visits the Home only once within a 7-day period, an Antigen Test will be required on that day
* Where the Caregiver only visits the Home on 2 consecutive days within a 7-day period, an Antigen Test will be required only on the first day of entry
* May provide proof of an off-site negative Antigen Test done on the day of the visit or the previous day
* Must demonstrate proof of a negative COVID-19 Test result (PCR/Antigen Test, as applicable) before they are granted entry to the Home, whether for an indoor or outdoor visit.

**Support Workers**

* Must demonstrate proof of a negative COVID-19 test result from an Antigen Test taken on the day of the visit, or on the previous day, before they are granted entry, whether for an indoor or outdoor visit
* If they do not have proof of a negative result, they will undergo an Antigen Test in the Home and receive negative test results before they are allowed to enter, but will only require testing on the first entry to the Home on that day
* Support Workers who are Regulated Health Professionals may enter the Home pending Antigen Test results as long as they wear appropriate PPE and follow IPAC practices.

**General Visitors, ages 2 and up (for indoor visits only)**

* Must demonstrate proof of a negative COVID-19 test result from an Antigen Test taken on the day of the visit or the previous day, before they are granted entry
* If they do not have proof of a negative result, they must undergo an Antigen Test in the Home and receive negative test results before they are allowed to proceed to the resident.

**Exceptions:**

* The Home does not need to ask for proof of a negative COVID-19 PCR and/or Rapid Antigen Test result from:
* a person who has had laboratory-confirmed COVID-19 in the past 90 days (based on the date of their positive COVID-19 PCR result)
* a Support Worker when they require immediate access to the Home in an emergency situation
* a person visiting a very ill or palliative resident
* a General Visitor scheduled for an outdoor visit only

\*\*Please note: if a General Visitor visiting outdoors needs to enter the Home for any reason, they must test negative for COVID-19 before being granted entry to the Home.

* Inspectors from the MLTC and the Ministry of Labour, Training and Skills Development.

* A log of the proof provided about a negative test result will be kept by the Home.

**Repeat False Positive Antigen Tests**

* Where a Caregiver, Support Worker or General Visitor:
* take an Antigen Test and the test result is positive for COVID-19, AND
* they subsequently receive a negative confirmatory lab-based PCR Test result (i.e. a “false positive” Antigen Test), AND
* this sequence occurs 3 times within a 30-day period (starting from the day the first preliminary positive Antigen Test was taken),

they are exempt from the Antigen Test screening requirement, and must provide proof of a negative PCR Test result taken within the last 7 days, before they are granted entry to the Home.

**RAPID ANTIGEN TESTING**

* Rapid Antigen testing of Caregivers, Support Workers and General Visitors (visiting indoors) will be conducted by a trained Tester in the Home’s designated testing area before they have any contact with residents
* Caregivers, Support Workers and indoor General Visitors:
* must consent to the Antigen Test before it can be administered (parental consent is required for all individuals under 18 years of age)
* will be advised of the result
  + If the result is negative, will be reminded to continue practicing strict IPAC measures as a “false negative” is possible
  + If the result is positive, will be:
* informed that this is preliminary (not a diagnostic result) and that laboratory-based PCR Test confirmation is required
* referred to a COVID-19 Assessment Centre or to registered staff, as applicable, for immediate PCR testing (i.e. within 24 hours)
* advised to return home and immediately self-isolate.
* The Home will collect statistical information on testing, including:
* the number of Caregivers, Support Workers and General Visitors tested with an Antigen Test
* the number of Caregivers tested with a PCR Test and the date it was presented at the Home
* the number of Caregivers, Support Workers and General Visitors who were permitted entry in an emergency or palliative situation
* the number of Caregivers, Support Workers and General Visitors who provided proof of a negative Antigen Test to gain entry
* the number of Caregivers, Support Workers and General Visitors who provided proof of a negative PCR Test due to repeat false positives to gain entry, and
* the number of Caregivers, Support Workers and General Visitors who provided proof of being Fully Immunized against COVID-19 to gain entry.

This information will be disclosed to the MLTC, the local PHU and to Ontario Health, upon request. All personal and health information will be collected, used and disclosed in accordance with relevant legislation, including the Personal Health Information Protection Act (PHIPA).

* Rapid Antigen Testing will be suspended during an outbreak and PCR tests may be required, subject to direction from the local PHU.

**VISITORS WHO PASS SCREENING AND TESTING REQUIREMENTS will be:**

* given instructions on Hand Hygiene to be done before and after the visit
* given instructions on maintaining a physical distance of over 2 metres from others, including the resident, at all times (i.e. during both indoor and outdoor visits), other than for the exceptions outlined in the next Section
* given a medical mask, eye protection (i.e. face shield or goggles) and any other PPE required, and information on the safe use of all PPE, including being shown how to properly put it on/take it off, if needed
* given instructions about any other applicable IPAC procedures and visitor guidelines in place in the Home at the time of the visit
* asked to self-monitor while in the Home and report any symptoms immediately.

**REQUIRED IPAC PRACTICES FOR VISITORS**

* **PHYSICAL DISTANCING:**
* Physical distancing of a minimum of 2 metres (6 feet) must be practiced at all times by everyone at the Home
* **Exceptions:**
* The provision of direct care to the resident
* Physical contact (e.g. holding hands) between a fully immunized resident and a fully immunized caregiver and/or general visitor, provided appropriate IPAC measures like masking and Hand Hygiene are practiced
* Brief physical contact (e.g. brief hugs) with the resident regardless of immunization status
* A compassionate/palliative visit
* The provision of personal care services (e.g. haircutting).
* **UNIVERSAL MASKING:**
* A medical mask must be worn for the entire duration of an indoor visit, regardless of whether the Home is in outbreak or not, and regardless of the visitor’s immunization status
* A medical mask or non-medical mask (face covering) must be worn during outdoor visits
* The medical or non-medical mask must cover the mouth, nose and chin for the duration of the visit
* **Exceptions:**
* 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
* Any visitor who is being reasonably accommodated in accordance with the Human Rights Code.
* Residents will be encouraged to wear a mask when receiving visitors, if tolerated.
* Please note: A General Visitor who is in the Home to provide entertainment and requires the removal of their mask to perform (e.g. sing or play a musical instrument), may be permitted to do so provided all applicable requirements for live entertainment are met i.e. the performer must maintain a physical distance of at least 2 metres from spectators, or be separated from spectators by Plexiglas or other impermeable barrier.
* **EYE PROTECTION:**
* All essential visitors (incl. Caregivers), regardless of immunization status, are required to wear appropriate eye protection (e.g. goggles or face shield) when providing care to residents who are self-isolating due to suspected or confirmed COVID-19, or providing direct care within 2 metres of residents in an outbreak area
* In all other circumstances, use of eye protection is based on the Point-of-Care Risk Assessment when within 2 metres of a resident or residents.

**PERSONAL PROTECTIVE EQUIPMENT (PPE)**

**Essential Visitors:**

* Essential Visitors who are in contact with a resident who is suspect or confirmed with COVID-19 must wear appropriate PPE.
* The Home will provide medical masks, gloves, gowns and eye protection, as required.

**General Visitors:**

* General Visitors are responsible for bringing their own medical or non-medical mask for anoutdoor visit, but will be supplied with a medical mask by the Home, if they do not have one.
* For indoor visits, the Home will provide medical masks, gloves, gowns and eye protection, as required.

If, due to supply shortages, the Home is not able to provide medical masks, no visitors will be permitted inside the Home. Essential visitors who have appropriate PPE provided by their employer, may enter the Home.

**IPAC EDUCATION AND TRAINING FOR CAREGIVERS**

The Home will:

* Provide training that addresses:
  + how to safely provide direct care, including putting on and taking off required PPE, and
  + Hand Hygiene

before a Caregiver’s first visit to any resident, and quarterly retraining, or more frequently if required

* Ask Caregivers to confirm that they have read this policy before their first visit to any resident, and confirm that they have read/re-read the visitor policy at least once every month thereafter, and record this on the “Visitor Declaration re: Visiting during the COVID-19 Pandemic Policy” form (IC-A-048(b))
* Use 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”.

**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, receive visitors of their choice and consult in private with any person without interference.

**OTHER INFORMATION**

* Caregivers may only visit and provide care for the resident who has designated them as a Caregiver
* A General Visitor visiting a resident indoors may only visit that resident
* If the resident has a shared room, the Caregiver and/or General Visitor should always be mindful of the other resident in the room and ensure he/she is not disturbed
* Caregivers/General Visitors are encouraged to spend time outside the resident’s room, including outdoors and walks inside the Home
* Fully immunized visitors may accompany a resident for meals to assist a resident with feeding
* Fully immunized Caregivers may join residents during activities (indoors and outdoors), unless otherwise directed by the local PHU
* Bringing in any outside food for the resident is not allowed
* Caregivers and General Visitors should eat and use washroom facilities before their visit, however:
* if needed, a designated washroom will be available for Caregivers/indoor General Visitors
* if the Caregiver/General Visitor (indoor or outdoor) must eat for medical reasons, he/she must inform staff in advance and follow their instructions, and not eat near residents.

**NON-ADHERENCE BY VISITORS**

* Recognizing the importance of visits on the resident’s physical and emotional well-being, together with the need to protect the Home’s residents, staff and visitors from the risk of COVID-19, the Home will make every reasonable effort to support visitors in understanding and adhering to visiting requirements and IPAC protocols 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
* 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 requirements and IPAC protocols (e.g. not wearing a mask, not properly distancing, etc.), they should report this to the nurse-in-charge/

designate, 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 adhere to the requirements.

**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 Home’s Visiting Policy, reviewing specific Public Health Ontario 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.

**MANDATORY PROHIBITION OF ENTRANCE TO THE HOME**

* Under the Long-Term Care Minister’s Directive, the Home will ensure that no staff, caregivers, placement students, volunteers, Support Workers or General Visitors enter the Home unless the requirements contained in the Directive have been met.

**VIRTUAL AND WINDOW VISITS**

* Scheduled virtual visits on Facetime/Skype will continue.
* Scheduled window visits will continue.

**APPENDIX—VISITING AND ACTIVITY INFORMATION BASED ON TYPE OF VISITOR**

**ESSENTIAL CAREGIVERS:**

1. If **fully immunized**, and have passed all screening requirements, and if **visiting a fully immunized resident:**

**CAN:**

* Visit indoors/outdoors
* Physically touch the resident (e.g. hold hands and hug)
* Accompany a resident for meals and indoor/outdoor activities

as long as physical distancing of at least 2 metres is maintained from others, and all other required IPAC practices are followed (e.g. universal masking, Hand Hygiene).

1. If **not immunized** (i.e. not vaccinated or only partly immunized), and passed all screening and testing requirements (PCR Lab Test and Rapid Testing):

**CAN:**

* Visit indoors and/or outdoors
* Only briefly hug the resident

as long as physical distancing of at least 2 metres is maintained from the resident when not providing direct care and from others, and all other required IPAC practices are followed (e.g. universal masking, Hand Hygiene).

**CANNOT:**

* Hold the resident’s hand or give a prolonged hug
* Join in communal dining or activities.

1. If **not immunized** (i.e. not vaccinated or only partly immunized), and passed all screening requirements but **refused testing:**

**CANNOT** enter the Home, but **CAN** schedule\*\* an outdoor visit.

**GENERAL VISITORS:**

1. If **fully immunized** and have passed all screening requirements, and if **visiting a fully immunized resident:**

**CAN:**

* Have a scheduled\*\* indoor/outdoor visit with the resident
* Have physical contact with the resident (e.g. hold hands and hug)
* Accompany a resident for meals,

as long as physical distancing of at least 2 metres is maintained from others and all other required IPAC practices are followed (e.g. universal masking, Hand Hygiene).

**CANNOT:**

* Join in indoor/outdoor activities.

1. If **not immunized** (i.e. not vaccinated or only partly immunized), and have passed all screening and testing (for indoor visits) requirements:

**CAN:**

* Have a scheduled\*\* indoor or outdoor visit with the resident
* Only briefly hug the resident

as long as physical distancing of at least 2 metres is maintained from the resident and others, and all required IPAC practices are followed (e.g. universal masking, Hand Hygiene).

**CANNOT:**

* Hold the resident’s hand or give a prolonged hug
* Join in communal dining or activities.

1. If **not immunized** (i.e. not vaccinated or only partly immunized), and passed all screening requirements but **refused testing:**

**CANNOT** enter the Home, but **CAN** schedule\*\* an outdoor visit.

\*\* The visit should be scheduled 48 hours in advance unless there is an extraordinary or special circumstance.