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BACKGROUND

Coronaviruses (CoV) are a large family of viruses that cause illness ranging from the common cold to more severe diseases such as Middle East Respiratory Syndrome (MERS-CoV), Severe Acute Respiratory Syndrome (SARS-CoV) and COVID-19. A novel coronavirus is a new strain that has not been previously identified in humans.

On December 31st, 2019, the World Health Organization (WHO) was informed of cases of pneumonia of unknown etiology in Wuhan City, Hubei Province in China. A novel coronavirus (COVID-19) was identified as the causative agent by Chinese authorities on January 7th, 2020.

On March 11th, 2020 the WHO announced that COVID-19 is classified as a pandemic. This is the first pandemic caused by a coronavirus.

On March 17th, 2020 the Premier and Cabinet declared an emergency in Ontario under the *Emergency Management and Civil Protection Act* due to the outbreak of COVID-19 in Ontario.

Since then, IFH has been strictly following the most recently updated guidelines outlined in the COVID-19 **Directive #3 for Long-Term Care Homes under the Long-Term Care Homes Act, 2007, Issued under Section 77.7 of the Health Protection and Promotion Act (HPPA), R.S.O. 1990, c. H.7** by the Chief Medical Officer of Health (CMOH) to develop precautions and procedures to protect the health of the residents, workers, and those associated with IFH.

DEFINITIONS

Essential visitors are defined as a person performing essential support services (e.g., food delivery, inspector, maintenance, or health care services (e.g., phlebotomy) or a person visiting a very ill or palliative resident.

There are two categories of essential visitors: support workers and caregivers. A support worker is a type of essential visitor who is brought into the home when there



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are gaps in services to perform essential services for the home or for a resident in the home (e.g., Regulated health care professionals under the Regulated Health Professions Act, 1991 (e.g., physicians, nurse practitioners); Contract workers hired by the home or LHIN care services, including home care providers (e.g., nursing care, physiotherapy, occupational therapy, social workers); Maintenance workers; Private housekeepers; and Food delivery. A **caregiver** is a type of essential visitor who is designated by the resident and/or their substitute decision-maker and visits to provide direct care to the resident (e.g., supporting feeding, mobility, personal hygiene, cognitive stimulation, communication, meaningful connection, relational continuity and assistance in decision-making). A maximum of 2 caregivers may be designated per resident. The designation should be made in writing to the Home. In order to limit infection spread, a resident and/or their substitute decision-maker should be encouraged to change the designation of their caregiver in limited circumstances.

All other visitors are defined as being "non-essential."

POLICY

It is the policy at IFH that during a COVID-19 pandemic, visitation by essential and non-essential visitors will be monitored and managed by IFH staff, and policies and procedures surrounding this activity may be altered to reflect the situation in the home with residents' and staff members' health taken into consideration as top priority.

The policies and procedures outlined below are to be used as guidelines for Ivan Franko Home (IFH) when managing visitors during a COVID-19 pandemic. The guidelines are informed by the following principles:

- **Safety:** Any approach to visiting in retirement homes must consider, balance and meet the health and safety needs of residents, staff, and visitors, and ensure risks are mitigated.
- **Emotional Well-being:** Allowing visitors is intended to support the emotional well-being of residents and their families/friends, through reducing any potential negative impacts related to social isolation.
- **Equitable Access:** All individuals seeking to visit a resident be given equitable visitation access, consistent with resident preference and within reasonable restrictions that safeguard residents.



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Flexibility: Any approach to visiting in retirement homes must consider the
physical/infrastructure characteristics of the retirement home, its staffing
availability, and the current status of the home with respect to Personal
Protective Equipment (PPE) levels for staff and residents.

PURPOSE

This plan provides guidance for IFH and may serve as the plan for accepting visitors during a COVID-19 pandemic, while IFH is not in outbreak.

This guidance serves as a supplement to the IFH COVID-19 Pandemic Plan, outlining precautions and procedures for IFH to follow in relation to managing visitors, while elaborating on additional considerations, challenges, and elements specific to the management of visitors during a COVID-19 pandemic.

The aim of managing visitors is to balance the need to mitigate risks to residents, staff, and visitors with the mental, physical, and spiritual needs of residents for their quality of life.

This plan stresses that visitations by non-essential visitors can be maintained during a COVID-19 pandemic, so long as the Home is not in outbreak, through mitigation strategies, such as wearing of face masks, social distancing, increased and diligent hand hygiene, the vaccination of employees and their families (which at this time is not available), and similar approaches.

PROCEDURE

The visitor policies and procedures outlined below have been developed from guidelines provided by the Ministry of Health, and have been approved by Public Health officials. This was done with the utmost care, so as to try and avoid any new infections or outbreaks of COVID-19. These guidelines are flexible and subject to change at any time depending on the situation in the Home. The



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policies adhere to the Retirement Home COVID-19 Visiting Policy released on October 5, 2020 and effective October 13, 2020.

As advised by Public Health officials, as of June 18, 2020, if a retirement home is not in an outbreak situation, visits from non-essential persons are allowed, but must occur under strict rules and guidelines.

The following regulations will help guide IFH through a transitioning phase, from current restrictions to greater normalcy.

All non-essential visitors to IFH/ resident suites will be subject to strict health and safety protocols, including but not limited to:

- Active screening at each visit including symptom screening and temperature checks. Anyone showing symptoms of COVID-19 will not be allowed to enter the home and will be advised to go home immediately to self-isolate and be tested.
- Confirmation with staff that the visitor has tested negative for COVID-19 within the previous two weeks.
- Wearing a face covering (specifically a surgical/procedure mask)
 throughout the duration of each visit both indoor and outdoor. These can be provided to visitors upon arrival to the home if necessary.
- Physical distancing of a minimum of 2 meters will be required for all visits.
 This approach will ensure the health and safety of residents, staff and visitors.
- Visitors will be required to follow proper hand hygiene, infection prevention and control practices (IPAC), and proper use of PPE while in the Home.
- Visitors will be required to sign a "voluntary assumption of risk, indemnification and waiver of liability" to release and hold harmless the Home for the presence or transmission of any bacteria, pathogen, mould, fungi, or virus resulting in a bodily injury or mental anguish of any type.
- Visitors may only visit the one resident they are intending to visit. No other resident may be visited under any circumstances



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Visits to the Home should:

- Be pre-arranged with the administrative staff of the Home. It is not practical to have many concurrent visits, and so these will have to be done by appointment only.
- Include a maximum of **1 visitor at a time** (as of the updated COVID-19 Directive #3) or **2 persons who reside at the same household**
- Occur no more than once a week per resident. If our resources allow, this restriction may be lifted.
- Take place outdoors/ indoors in designated areas (not in a resident room/ apartment) as soon as physical distancing can be guaranteed and maintained. No COVID-19 test required.

Requirements for Short Absences

The residents who wish to go outside of the home (e.g., short absences with friends/family, shopping, medical appointments, etc.) are permitted to do so if the following requirements are met:

- The retirement home must NOT be currently in outbreak.
- The resident must pass active screening every time they re-enter the home and also attest that they are not experiencing any of the typical and atypical symptoms of COVID-19. If a resident cannot meet these conditions, the home will follow existing outbreak or isolation policies.
- The short absence is limited to a maximum of 12 hours. No self-isolation required after returning to the Home.
- Upon return to the home after an overnight stay, residents must self-isolate for 14 days under Droplet and Contact Precautions but are not required to be tested upon re-entry to the home. Residents who are self-isolating for 14-days following an overnight stay may not receive general visitors, leave the home for short absences or for overnight stays.



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• The resident wears a cloth mask while outside the home. The resident is responsible for supplying a cloth mask while they are on short absences.

All visitors will be educated on physical distancing, respiratory etiquette, hand hygiene, infection prevention and control practices (IPAC) and proper use of PPE through various signs and posters posted throughout the building as well as by the designated screener who will admit the visitors into the building, and other staff.

Family visits/ short absences/ overnight stay will not be permitted if and when:

- A resident is self-isolating or symptomatic, or
- A Home is in an outbreak
- A Home is in a community identified under Alert or High Alert status.

The only visits that will be allowed during the above-mentioned situations will be from essential visitors (as defined earlier).

Non-compliance with the Home's policies and procedures could result in a discontinuation of visits for the non-compliant visitor.