



LONG-TERM CARE DIVISION POLICY MANUAL

Manual 1 - Long Term Care	Policy: 1-8-15-2
Visitors to the Home during COVID-19	
Effective Date: June 16, 2020	
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PURPOSE

To provide opportunities for visitors to attend the Home while ensuring the safety of residents and staff during a pandemic. The Home will adhere to all current directives from the Ministry of Health, Ministry of Long-Term Care and Public Health Ontario as well as all other applicable guidelines.

1.0 Introduction

COVID-19 Directive #3 for Long-Term Care Homes (Directive #3) under the Long-Term Care Homes Act, 2007 (*LTCHA*) issued by the Chief Medical Officer of Health establishes requirements for visits to long-term care (LTC) homes. This COVID-19 Visiting Policy (policy) is provided to support Lambton County Homes in implementing the requirements in Directive #3 to safely receive visitors while protecting residents, staff and visitors from the risk of COVID-19. This policy is effective on September 9, 2020. This policy is intended to supplement Directive #3. To the extent that anything in this policy conflicts with the Directive, the Directive prevails, and homes must follow the Directive.

These procedures may change related to the ongoing COVID-19 situation in the community.

2.0 Guiding Principles

This visiting policy is guided by the following principles:

- **Safety** – Any approach to visiting must balance 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 by reducing any potential negative impacts related to social isolation.
- **Equitable Access** – All residents must be given equitable access to receive visitors, consistent with their preferences and within reasonable restrictions that safeguard residents.
- **Flexibility** – The physical/infrastructure characteristics of the home, its staffing availability, whether the home is in an outbreak and the current status of the

home with respect to personal protective equipment (PPE) are all variables to take into account when setting home-specific policies.

- **Equality** – Residents have the right to choose their visitors. In addition, residents and/or their substitute decision-makers have the right to designate caregivers.

Visitors should consider their personal health and susceptibility to the virus in determining whether visiting a LTC home is appropriate. Further, homes will maintain a list of visitors that is available for staff to access.

3.0 Types of Visitors

3.1 Not Considered Visitors

LTC home staff, volunteers, and placement students are not considered visitors as their access to the home is determined by the licensee.

3.2 Essential Visitors

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

- a) **Support worker** is a type of essential visitor who is visiting to perform essential support services for the home or for a resident at the home.
 - Examples of support workers include physicians, nurse practitioners, maintenance workers or a person delivering food, provided they are not staff of the LTC home as defined in the *LTCHA 2007*
- 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 (e.g., supporting feeding, mobility, personal hygiene, cognitive stimulation, communication, meaningful connection, relational continuity and assistance in decision-making).
 - Caregivers must be at least 18 years of age.
 - A maximum of 2 caregivers may be designated per resident. The designation will be made in writing to the home. Homes should have a procedure for documenting caregiver designations. The decision to designate an individual as a caregiver is entirely the remit of the resident and/or their substitute decision-maker and not the home.
 - 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 (e.g., illness) or permanent.
 - Examples of caregivers include family members who provide meaningful connection, a privately hired caregiver, paid companions and translators.
 - **Changes in the designation of an essential caregiver must be submitted to the business office during business hours in writing. All requests must be approved by the Administrator or Director of Nursing and Personal Care.**
- c) **Government Inspectors** are essential visitors and require testing as per Ministry Directive.

3.3 General Visitors

A general visitor is a person who is not an essential visitor and is visiting:

- a) To provide non-essential services, who may or may not be hired by the home or the resident and/or their substitute decision maker; and/or,
- b) For social reasons (e.g., 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.

4.0 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 in an outbreak.

During an outbreak, and/or a 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.

In addition, The *COVID-19 Response Framework: Keeping Ontario Safe and Open* categorizes public health regions into five levels: Green-Prevent, Yellow-Protect, Orange-Restrict, Red-Control, and Grey-Lockdown being a measure of last and urgent resort. 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.

4.1 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 a home.

- 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.
- A maximum of 2 caregivers may visit a resident at a time if:
 - The Home is not in outbreak
 - If the local public health unit is in the Green-Prevent or Yellow-Protect level
 - If the resident is not self-isolating or symptomatic
- A maximum of 1 caregiver may visit a resident at a time if:
 - The Home is in outbreak
 - The local public health unit is in the Orange-Restrict, Red Control or Grey-Lockdown level
 - If the resident is self-isolating or symptomatic

4.2 General Visitors

A maximum of 2 general visitors per resident may visit at a time, 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; and,
- The local public health unit is in the Green-Prevent or Yellow-Protect level.

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.
- The local public health unit is in the Orange-Restrict, Red-Control or Grey-Lockdown level.

General visitors younger than 14 years of age should be accompanied by an adult and must follow all applicable infection prevention and control (IPAC) precautions that are in place at the Home.

4.3 Visiting a Person Who is Very Ill or Palliative

Homes may not ask a person who is visiting a very ill or palliative resident to verbally attest or demonstrate that they have received a negative COVID-19 test result and not subsequently tested positive. Support Workers, Caregivers and general visitors do not need to receive a rapid antigen test in an emergency or palliative situation subject to restrictions or requirements of Directive #3 for Long-Term Care Homes issued by the Chief Medical Officer of Health.

5.0 Screening

Screening requirements apply to all types of visitors and includes:

- Screening protocols, specifically that visitors be actively screened on entry for symptoms and exposures for COVID-19, including temperature checks and not be admitted if they do not pass the screening.
- Visitor attestation to not be experiencing any of the typical and atypical symptoms.

5.1 Support Workers

A rapid antigen test must be completed and a negative result must be received before entry into the Home or contact with a resident.

Support Workers do not need to be tested in an emergency or palliative situation subject to restrictions or requirements of Directive #3 for Long-Term Care Homes issued by the Chief Medical Officer of Health

5.2 Caregivers

A rapid antigen test will be completed by the Home based on the Ministry Directive and a negative result must be received before the visit commences. A wait time of approximately 15 minutes is required for results. If the Home is in outbreak, a negative Polymerase chain reaction (PCR) test result is required for the last 7 days if the local public health unit is in Orange-Control, Red-Restrict or Grey-Lockdown or from the last 14 days if the local public health unit is in Green-Prevent or Yellow-Protect.

Caregivers will attest to the Home that, in the last 14 days, they have not visited another:

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

Caregivers will visit with residents only in the resident's room or approved outdoor space on the Home's property and not in other areas of the Home. Caregivers will walk directly to and from the resident's room and maintain physical distancing of 2 metres / 6 feet from all other persons. Caregivers will not roam throughout the home for any reason.

Prior to visiting any resident for the first time, the home will provide training to caregivers that addresses how to safely provide direct care, including putting on and taking off required PPE, and hand hygiene. The home will also provide retraining to caregivers monthly.

Prior to visiting any resident for the first time, and at least once every month thereafter, the home will ask caregivers to attest to the home that they have read/re-read, understand and will adhere to the home's visitor policy.

Included in this policy is guidance from the following Public Health Ontario resources to support IPAC and PPE education and training for visitors:

- Guidance document entitled Recommended Steps: Putting on Personal Protective Equipment (PPE).
- Video entitled Putting on Full Personal Protective Equipment.
- Video entitled Taking off Full Personal Protective Equipment.
- Video entitled How to Hand Wash.

5.3 General Visitors

A rapid antigen test will be completed by the Home and a negative result must be received before the visit commences. A wait time of approximately 15 minutes is required for results.

General visitors will attest to the home that, in the last 14 days, they have not visited a:

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

Prior to visiting any resident for the first time, the home will provide training to caregivers that addresses how to safely provide direct care, including putting on and taking off required PPE, and hand hygiene. The home will also provide retraining to caregivers monthly.

Prior to visiting any resident for the first time, and at least once every month thereafter, the home will ask caregivers to attest to the home that they have read/re-read understand and will adhere to the home's visitor policy.

Included in this policy is guidance from the following Public Health Ontario resources to support IPAC and PPE education and training for visitors:

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- Video entitled Taking off Full Personal Protective Equipment.
- Video entitled How to Hand Wash.

6.0 Testing

Homes are also required to comply with the Minister's Directive.

- Rapid antigen testing is used for screening purposes only and is not used to diagnose a COVID-19 infection. Antigen testing will be completed on staff, caregivers, volunteers, students, support workers, and general visitors where permitted. Rapid antigen testing is conducted on asymptomatic individuals who have passed screening when the Home is not in an outbreak situation (or at the direction of the Medical Officer of Health).
- Anyone entering the Home will be screened for symptoms of COVID-19 and will not be permitted to enter the testing area for rapid antigen testing if they fail the screening. PCR testing will not be completed on site for symptomatic individuals.

For staff, students, volunteers, and caregivers:

- An antigen test is conducted every other day if in the Home 3 or more times per week, up to a maximum of 3 times per week.
- An antigen test is conducted the 'day of' if in the Home only 1 or 2 days per week or less often.
- Consecutive day exemptions (3-4 days/week) where an individual enters the Home on two consecutive days:
 - If entering a Long-Term Care Home only 3 times within a 7 day period where all 3 days are consecutive, two of the 3 days are consecutive (2 tests are required on non-consecutive days).
 - If entering a Home 4 times within a seven day period where the days are all consecutive, or two days of entry are followed by at least one day without entry, followed by an additional 2 consecutive days, tests are conducted on non-consecutive days.

Support Workers and general visitors where permitted:

- An antigen test must be completed and a negative result must be received before entry into the Home or contact with a resident. This applies to both indoor and outdoor visits.
- If an individual refuses to have a rapid antigen test, demonstrate that they have received a negative PCR test result or have been cleared by an Ontario Public Health Unit, as appropriate, the Home must not grant them entry. Exceptions apply in the following situations:
 - An individual who has had previously laboratory-confirmed COVID-19 and was cleared by their Local Public Health Unit, should not be retested except:

- With new onset of symptoms of COVID-19, and
- Can be considered if:
 - There is an exposure to a confirmed case of COVID-19;
 - There is a COVID-19 outbreak in the Home; or
 - At the discretion of the Local Public Health Unit.

Ministry of Long-Term Care inspectors must confirm that they have received a COVID-19 test depending on the zone they are visiting and must verbally attest to not subsequently having tested positive to their manager. Inspectors must verbally attest to a negative test upon entering the Home.

If in outbreak, PCR tests are required at the following frequencies:

	LOCAL PUBLIC HEALTH UNIT LEVEL				
	Green-Prevent	Yellow-Protect	Orange-Restrict	Red-Control	Grey-Lockdown
Staff					
Students	<ul style="list-style-type: none"> • Tested every two weeks 		<ul style="list-style-type: none"> • Tested weekly 		
Volunteers					
Caregivers	<ul style="list-style-type: none"> • Provide proof of a negative COVID-19 test result in the past two weeks • Verbally attest to not subsequently testing positive* 		<ul style="list-style-type: none"> • Provide proof of a negative COVID-19 test result in the past week • Verbally attest to not subsequently testing positive* 		
Support workers					
General Visitors	<ul style="list-style-type: none"> • Provide proof of a negative COVID-19 test result in the past two weeks • Verbally attest to not subsequently testing positive* 		<ul style="list-style-type: none"> • Not applicable; visits not permitted. 		
*Unless the support worker or visitor requires immediate access in an emergency or palliative situation.					

7.0 PPE

Visitors must wear PPE as required at the time of visit:

7.1 Essential Visitors

Homes are responsible for providing surgical/procedure masks, gloves, gowns and eye protection (i.e., face shield or goggles) for essential visitors.

7.2 General Visitors

General visitors are responsible for bringing their own cloth mask or face covering for outdoor visits.

Homes are responsible for providing surgical/procedure masks for general visitors for indoor visits.

8.0 Managing Safe Visits

8.1 Caregivers

Homes may not require scheduling, or restrict the length or frequency, of visits by caregivers.

8.2 General Visitors

Homes have the discretion to require general visitors to:

- Schedule their visits in advance for indoor and/or outdoor visits.
- Limit the length of the visit; however, each visit will be at least 30 minutes long.
- Limit the frequency of visits; however, homes will endeavour to allow at least one visit per resident per week.
- No pets of any kind are permitted for any indoor visits.

When scheduling visits, homes will consider the:

- Needs of residents, including their clinical and emotional well-being.
- The total number of visitors in the home.

Homes have the discretion to determine where visits from general visitors may be held (e.g., dedicated outdoor area, inside the resident's room, specified indoor area, etc.). In determining the location of visits, homes will consider:

- Staffing capacity for transferring residents into and out of the visiting location, and escorting general visitors to the visiting location.
- Space available in the location for physical distancing.

Note: Please refer to addendum #1 for further details

8.3 Supervising Visits

Homes are not required to supervise visits.

Homes have the discretion to supervise visits in order 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.).

Where a home needs to supervise visits, the supervision will be implemented 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 under paragraph 14 of subsection 3(1) of the *LTCHA* 2007

9.0 Non-adherence by visitors

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

9.1 Responding to Non-Adherence by Visitors

The following are procedures for responding to non-adherence by visitors in the home:

- Provide strategies for supporting visitors in understanding and adhering to the home's visitor policy.
- Recognize visits are critical to supporting a resident's care needs and emotional well-being.
- Consider the impact of discontinuing visits on the resident's clinical and emotional well-being.
- Reflect and are proportionate to the severity of the non-adherence.
- Where the home has previously ended a visit by, or temporarily prohibited a visitor, specify any education/ training the visitor may need to complete before visiting the home again. Protect residents, staff and visitors in the home from the risk of COVID-19.

Homes will consult the Residents' Council and the Family Council in the home on procedures for addressing non-adherence by visitors.

9.2 Ending a Visit

Homes have the discretion to end a visit by any visitor who repeatedly fails to adhere to the home's visitor policy, provided:

- The home has explained the applicable requirement(s) to the visitor;

- The visitor has the resources to adhere to the requirement(s) (e.g., there is sufficient space to physically distance, the home has supplied the PPE and demonstrated how to correctly put on PPE, etc.); and
- The visitor has been given sufficient time to adhere to the requirement(s).

Homes will document where they have ended a visit due to non-adherence.

9.3 Temporarily Prohibiting a Visitor

Homes have the discretion to temporarily prohibit a visitor in response to repeated and flagrant non-adherence with the home's visitor policy. In exercising this discretion, homes should consider whether the non-adherence:

- Can be resolved successfully by explaining and demonstrating how the visitor can adhere to the requirements.
- Is within requirements that align with instruction in Directive #3 and guidance in this policy.
- 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;
- Clearly identify what requirements the visitor should meet before visits may be resumed (e.g. reviewing the home's visitor policy, reviewing specific Public Health Ontario resources, etc.); and,
- Be documented by the home.

Where the home has temporarily prohibited a caregiver, the resident and/or their substitute decision-maker may need to designate an alternate individual as caregiver to help meet the resident's care needs.

10.0 Addendums

- Visitor Guide Chart
- Attestation