

<b>COVID-19 Visiting Policy</b>	Effective Date: October 7, 2020 The version includes updates to section 5.0.
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## 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 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 October 7, 2020. All previous versions of the visiting policy are revoked and replaced with this version.

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.

As the COVID-19 outbreak evolves, direction on LTC home visits will be adjusted as necessary, keeping the safety and well-being of residents and staff at the forefront.

## 2.0 GUIDING PRINCIPLES

There is an ongoing need to protect LTC home residents and staff from the risk of COVID-19, particularly as LTC home residents are more susceptible to infection from COVID-19 than the general population due to their age and medical condition.

Rules for LTC home visits continue to be in place to protect the health and safety of residents, staff and visitors, while supporting residents in receiving the care they need and maintaining their emotional well-being.

These rules are in addition to the requirements established in the LTCHA and Ontario Regulation 79/10.

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.

### 3.0 LTC HOME RESPONSIBILITIES

LTC homes are responsible for supporting residents in receiving visitors while mitigating the risk of exposure to COVID-19. Further, homes are responsible for establishing and implementing visiting practices that comply with Directive #3 and align with the guidance in this policy.

Homes are also responsible for maintaining a list of visitors that is available for staff to access.

### 4.0 TYPES OF VISITORS

#### 4.1 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.

#### 4.2 Essential Visitors

Under Directive #3, a home's visitor policy must specify that essential visitors be defined as including 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.

Government inspectors are essential visitors under Directive #3; however, they are not subject to this policy.

For clarity, in addition to the Directive #3 requirement, a home's visitor policy should also specify that essential visitors include support workers and caregivers as defined in this policy. However, an essential visitor does not need to be a support worker or caregiver, as long as they meet the definition under Directive #3.

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.

A **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 at a time. The designation should 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 is 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.

#### **4.3 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.

## 5.0 ACCESS TO HOMES

Under Directive #3, homes must have a visitor policy that specifies that essential visitors are the only type of visitors allowed when a resident is self-isolating or symptomatic, or the home is in an outbreak. This policy should also include provisions around the home's ability to support and implement all required public health measures as well as infection prevention and control (IPAC) practices.

Homes should follow the policy laid out below regarding visitors during an outbreak, and/or a suspected or confirmed case of COVID-19. The local public health unit may provide direction and/or restrictions on visitors to the home, depending on the specific situation.

The Ministry of Long-Term Care will communicate this to homes.

All visitors to the home are required to follow public health measures (e.g., active screening, physical distancing, hand hygiene, masking for source control) for the duration of their visit in the home.

### 5.1 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.
- Where the area has **not** been identified as having higher community spread and the home is **not** in an outbreak, a maximum of 2 caregivers per resident may visit at a time.
- Where the area **has** been identified as having higher community spread or the home **is** in an outbreak, a maximum of 1 caregiver per resident may visit at a time.
- If a resident is self-isolating or symptomatic, a maximum of 1 caregiver may visit that resident at a time.

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.

### 5.2 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 home is located in an area that has **not** been identified as having higher community spread.

No general visitors are permitted to visit in any of the following situations:

- The home has an outbreak.
- The home is located in an area that **has** been identified as having higher community spread.
- The resident is self-isolating or symptomatic.

General visitors younger than 14 years of age must be accompanied by an adult and must follow all applicable public health measures that are in place at the home (e.g. active screening, physical distancing, hand hygiene, masking for source control).

## **6.0 SCREENING**

The screening requirements in Directive #3 apply to all types of visitors. Under Directive #3, homes must have a visitor policy that 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.

A home's visitor policy should also include the screening requirements in this section for support workers, caregivers and general visitors.

### **6.1 Support Workers**

Homes should ask support workers to verbally attest to the home that they have tested negative for COVID-19 within the previous two weeks and not subsequently tested positive. Homes are not required to provide the testing.

Where a support worker requires immediate access to the home in an emergency situation, the home does not need to ask for a verbal attestation for a negative COVID-19 test result.

### **6.2 Caregivers**

Homes should ask caregivers to verbally attest to the home that they have tested negative for COVID-19 within the previous two weeks and not subsequently tested positive. Homes are not required to provide the testing.

Homes should ask caregivers to verbally 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.

Prior to visiting any resident for the first time after this policy is released, the home should 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 should also provide retraining to caregivers, with the frequency of retraining indicated in the home's visitor policy.

Prior to visiting any resident for the first time after this policy is released, and at least once every month thereafter, the home should ask caregivers to verbally attest to the home that they have read/re-read the home's visitor policy.

The home's visitor policy should include guidance from the following Public Health Ontario resources to support IPAC and PPE education and training for caregivers<sup>1</sup>:

- 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.

### **6.3 General Visitors**

Homes should ask general visitors who are visiting indoors to verbally attest to the home that they have tested negative for COVID-19 within the previous two weeks and not subsequently tested positive. Homes are not required to provide the testing.

Homes should ask general visitors to verbally 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.

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<sup>1</sup> <https://www.publichealthontario.ca/en/diseases-and-conditions/infectious-diseases/respiratory-diseases/novel-coronavirus/long-term-care-resources>

Prior to visiting any resident for the first time after this policy is released, and at least once every month thereafter, homes should ask general visitors to verbally attest to the home that they have read/re-read the home's visitor policy.

The home's visitor policy should include guidance from the following Public Health Ontario resources to support IPAC and PPE education and training for general visitors:

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

## **7.0 PPE**

As outlined in Directive #3, the home's visitor policy must specify that visitors must wear PPE as required in Directive #3.

### **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 as required in Directive #3.

### **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 as required in Directive #3.

## **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 should be at least 30 minutes long.
- Limit the frequency of visits; however, homes should allow at least one visit per resident per week.

When scheduling visits, homes should 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 should 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.

### **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 should 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.

## **9.0 NON-ADHERENCE BY VISITORS**

Directive #3 requires homes to have a visitor policy that states that non-compliance with the home’s policies could result in a discontinuation of visits for the non-compliant visitor. The home’s policy should align with the guidance below with respect to non-adherence.

### **9.1 Responding to Non-Adherence by Visitors**

The home’s visitor policy should include procedures for responding to non-adherence by visitors in the home, in alignment with Directive #3 and this policy, that:

- 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 are encouraged to 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 should 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 with 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 ACCESSIBILITY CONSIDERATIONS**

Homes are required to meet all applicable laws such as the *Accessibility for Ontarians with Disabilities Act, 2005*.