

Subject:	Visiting Policy		
Original Date:	September 9, 2020	Section Code:	B4.0
Revised Date:	August 22, 2023	Reviewed Date:	August 22, 2023
Approved By:	Senior Leadership	Applicable To	All visitors to all Thrive Group locations

PURPOSE:

1. Thrive Group organizations are committed to ensuring the health and safety of resident, clients, staff, families and visitors to our Long-Term Care (LTC) Homes, Congregate and Residential settings.
2. This policy ensures compliance with the *Fixing Long-Term Care Homes Act, 2021* and *Connecting People to Home and Community Care Act, 2020*.
3. This policy will be regularly revised and updated to align with all applicable laws including any applicable directives, orders, guidance, advice or recommendations issued by the Chief Medical Officer of Health or the local medical officer of health (public health) and the current provincial infection prevention and control guidelines and standards.
4. This policy supersedes all other visiting policies in place at any of the Thrive Group of organizations.
5. This policy provides clear guidelines related to safe visiting procedures for residents and clients and to prevent exposure or spread of communicable disease or an outbreak of a disease of public health significance, an epidemic or a pandemic.
6. While Thrive Group community programs may not be obligated to adhere to the specifics of LTC guidelines, these programs will implement the best practices and protocols outlined in the policy.

COMMUNICATION:

7. The most current version of this policy will be posted on the Thrive Group website.
8. Notification of significant revisions will be shared with residents, clients and substitute decision makers on the website and through other communication channels already established by the homes.

BACKGROUND:

9. This visiting policy is guided by the following principles:
 - a) **Safety** – Any approach to visiting must balance the health and safety needs of resident/clients, staff, and visitors, and ensure risks are mitigated.
 - b) **Emotional Well-Being** – Allowing visitors is intended to support the emotional well-being of resident/clients by reducing any potential negative impacts related to social isolation.
 - c) **Equitable Access** – All resident/clients must be given equitable access to receive visitors, consistent with their preferences and within reasonable restrictions that safeguard resident/clients.
 - d) **Flexibility** – The physical/infrastructure characteristics of the home/program, its staffing availability, whether the home is in an outbreak and the current status of the home/program with respect to personal protective equipment (PPE) are all variables to take into account when setting the Thrive Group Visiting policy.

- e) **Equality** – Resident/clients have the right to choose their visitors. In addition, resident/clients and/or their substitute decision-makers have the right to designate caregivers.
10. Visitors should consider the personal health of the individual they are visiting and their own susceptibility to communicable diseases in determining whether visiting is appropriate.
11. Thrive Group organizations **strongly recommend** that all visitors and caregivers obtain a seasonal Influenza vaccine and stay “up to date” with all recommended vaccinations including COVID-19 vaccine.

TYPES OF VISITORS:

12. Essential Visitors are broken down into 4 categories outlined below in 12a-d.
- a) **Essential Caregivers** are a type of essential visitor who is visiting the home to provide **direct care** to meet the essential needs of a particular resident/client. Caregivers must be at least 16 years of age and must be designated by the resident/client or his or her substitute decision-maker. Direct care includes providing support or assistance to a resident/client that includes providing physical, social and/or emotional support. An essential caregiver:
 - i. is a family member or friend of a resident/client or a person of importance to a resident/client,
 - ii. 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*,
 - iii. provides one or more forms of support or assistance to meet the needs of the resident/client, 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,
 - iv. is designated by the resident/client or the resident’s substitute decision-maker with authority to give that designation, if any, and
 - v. 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.
 - b) **Support workers:** support workers are persons who visit a home to provide support to the critical operations of the home/program or to provide essential services to residents/clients. Essential services provided by support workers include but are not limited to:
 - i. assessment, diagnostic, intervention or rehabilitation and counselling services for residents/clients
 - ii. by regulated health professionals such as physicians and nurse practitioners and other allied health professionals
 - iii. Assistive Devices Program vendors –home oxygen and medical vendors
 - iv. moving a resident/client in or out of a home
 - v. social work services
 - vi. legal services
 - vii. post-mortem services
 - viii. emergency services (such as those provided by first responders)
 - ix. 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
 - x. food or nutrition, and water or drink delivery
 - xi. Canada Post mail services and other courier services

- xii. election officials or workers
 - c) **Person visiting a very ill or palliative resident/client** for compassionate reasons including but not limited to hospice or end-of-life care.
 - i. This visitor(s) is designated by the Home in consultation with the resident/client and/or their substitute decision maker (SDM).
 - d) **Government inspectors** with a statutory right of entry. Government inspectors who have a statutory right to enter long-term care homes to carry out their duties must be granted access to a home in accordance with the applicable legislation. Examples of government inspectors include inspectors under the [Fixing Long-Term Care Homes Act, 2021](#), the [Health Protection and Promotion Act](#), the [Electricity Act, 1998](#), the [Technical Standards and Safety Act, 2000](#) and the [Occupational Health and Safety Act](#).
13. **General Visitors** –A general visitor is a person who is not an essential visitor and is visiting to provide non-essential services related to either the operations of the home/program or a particular resident or group of residents/clients. General visitors could provide services such as personal care services, entertainment, or may be individuals touring the home. General Visits may be prescheduled.

VISITING POLICY:

14. Access to the home:

- a. Essential caregivers and general visitors may visit inside the home or outdoors in numbers that are set by the specific Thrive Group site to ensure space for all routine operations to continue safely. Accommodations for larger gatherings can be made upon request. Limits are not set for time of day or length of visit.
 - b. When a resident/client is self-isolating, symptomatic or there is an outbreak, a limit of two essential caregivers (at a time) may visit the resident/client ensuring they are following all requirements for PPE. General visitors would not be permitted to visit under these circumstances.
 - c. The local public health units may provide direction or restrictions on visitors to the home, depending on potential outbreak specific situations.
15. Essential caregivers may visit with no restrictions in terms of frequency and length of visit.
16. Visiting hours for palliative resident/clients are unrestricted.
17. Essential caregivers must be 16 years of age unless they are approved by parent or legal guardian to be designated as a caregiver.
18. General visitors younger than 14 years of age must be accompanied by an adult.
19. The homes will maintain visitor logs for a minimum of 30 days that includes:
- a) Name and contact information for each visitor
 - b) Date and time of visit
 - c) Name of the resident/client visited

SELF-MONITORING AND SCREENING:

20. All visitors entering the Home are required to self-monitor for symptoms prior to visiting and will be required to do passive screening for any symptoms of a communicable infection/illness upon entry.
21. Visitors that do not pass passive screening should **NOT** enter the home. Exceptions may apply for visiting residents/clients receiving end-of-life care with approval.

DESIGNATION OF ESSENTIAL CAREGIVERS:

22. The decision to designate an individual as a caregiver is **the responsibility of the resident/client or their substitute decision-maker** and not the home. The designation of a caregiver should be made in writing to the home.
23. A resident/client or their substitute decision-maker may change a designation in response to a change in the resident's/client's care needs that is reflected in the plan of care availability of a designated caregiver, either temporary (for example, illness) or permanent.

EDUCATION FOR VISITORS:

24. Education will be available to visitors and resident/clients about respiratory etiquette, hand hygiene, infection prevention and control practices (IPAC) and proper use of PPE will be posted at each site and will be on the Thrive Group website.

PERSONAL PROTECTIVE EQUIPMENT (PPE):

25. Visitors who are in contact with a resident/client who requires additional precautions, such as contact precautions, droplet precautions or airborne precautions, must wear appropriate PPE as provided by the home in accordance with infection control requirements.

EMERGENCY PREPAREDNESS AND VISITOR SAFETY PROCEDURES:

26. All Thrive Group sites have emergency exit signage posted.
27. All Thrive Group sites have an emergency plan and staff are trained and practice responding to emergency situations.
28. In the case of an emergency, visitors are expected to report to the nearest office, nursing station or reception (as applicable) to receive further instructions from staff.

RESPONDING TO VISITOR NON-ADHERENCE:

29. Homes/programs have the discretion to end a visit by any visitor who repeatedly fails to adhere to the Home's visitor policy, provided:
 - a) The home/program has explained the applicable requirement(s) to the visitor;
 - b) The visitor has the resources to adhere to the requirement(s) (e.g., there is sufficient space to physically distance, the home/program has supplied the PPE and demonstrated how to correctly put on PPE, etc.); and
 - c) 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.
30. The homes will document when a visit was ended due to non-adherence.

31. The homes have the discretion to temporarily prohibit a visitor in response to repeated non-adherence with the home's visitor policy. In exercising this discretion, the homes will consider whether the non-adherence:
- a) Can be resolved successfully by explaining and demonstrating how the visitor can adhere to the requirements.
 - b) Negatively impacts the health and safety of resident/clients, staff and other visitors in the home/program.
 - c) Is demonstrated continuously by the visitor over multiple visits.
 - d) Is by a visitor whose previous visits have been ended by the home/program.
32. Any decision to temporarily prohibit a visitor will:
- a) Be made only after all other reasonable efforts to maintain safety during visits have been exhausted;
 - b) Stipulate a reasonable length of the prohibition;
 - c) 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,
 - d) Be documented by the home.
33. Where the home has temporarily prohibited a caregiver, the resident/client and/or their substitute decision-maker may need to designate an alternate individual as caregiver to help meet the resident/client's care needs.

RELATED REFERENCES:

Fixing Long-Term Care Act, (2021).

Section 77.7 of the Health Protection and Promotion Act (HPPA), R.S.O. 1990, c. H.7

Ministry of Long-Term Care COVID-19 Guidance Document: <https://www.ontario.ca/page/covid-19-guidance-document-long-term-care-homes-ontario>