



Subject: Visiting Policy

Date of Development: June 2020

Section Code: TBA

Date of Approval: September 19, 2020

Date of Review/Revision: September 9, 2020 (Revised), December 10, 2020 (Revised), June 9, 2021 (Revised), June 18, 2021 (Revised), July 7, 2021 (Revised), July 16, 2021 (Revised), December 15, 2021 (Revised), January 3, 2022 (Revised), February 18, 2022 (Revised), April 8, 2022 (Revised), May 17, 2022 (Revised), October 25, 2022 (Revised)

Approved By: Senior Leadership

Applicable To: All visitors to 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 ensures compliance with the local public health authorities and the current provincial COVID-19 guidelines and response frameworks.
4. This policy supersedes all other visiting policies in place at any of the Thrive Group of organizations.
5. To provide 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. This policy will be regularly revised and updated to reflect the COVID-19 situation in the community and within each home/site and will be reassessed as circumstances change.
7. 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:

8. The most current version of this policy will be posted on the Thrive Group website.
9. 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:

10. 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, 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 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.
11. 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.
12. Thrive Group organizations **strongly recommend** that all visitors and caregivers obtain a seasonal Influenza vaccine and stay “up to date” with all recommended doses of COVID-19 vaccine when eligible. At the time of this policy implementation, the organization is not mandating vaccination beyond meeting the definition of “fully vaccinated”. Thrive Group reserves the right to change their position should Health Canada change the current definition of “fully vaccinated” to include the third or further vaccine doses, and/or based on further direction or information from Ministry of Health, Public Health, and/or Health Canada.

TYPES OF VISITORS:

13. Essential Visitors

a. Essential Caregiver

- i. is a family member or friend of a resident or a person of importance to a resident,
- 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, 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 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.
- e. **Essential caregiver** A caregiver is 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.

14. 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:

- 15. The local public health units may provide direction or restrictions on visitors to the home, depending on the specific situation.

	ESSENTIAL VISITORS	GENERAL VISITORS
16. Access to the home and	<ul style="list-style-type: none"> ▷ Any number of support workers may visit a home at a time ▷ Essential caregivers (in combination with general visitors) may visit inside the home or outdoors in numbers that are set by the specific Thrive Group to optimize and support physical distancing. ▷ One essential caregiver (at a time) may visit when a resident/client is self-isolating, symptomatic or there is an outbreak following all requirements for PPE. ▷ PPE and masking practices must be followed as outlined below in the PPE section of this policy. 	<ul style="list-style-type: none"> ▷ All general may be prebooked ahead of time to ensure adequate space and precautions can be maintained. ▷ General visitors may visit indoors in numbers that are set by the specific Thrive Group site to optimize and support physical distancing (including essential caregivers). ▷ General visitors may visit outdoors in numbers that are set by the specific Thrive Group site to optimize and support physical distancing. ▷ General visits are not permitted when a resident/client is self-isolating, symptomatic or there is an outbreak.



		<ul style="list-style-type: none"> ▷ PPE and masking practices must be followed as outlined below in the PPE section of this policy.
17. COVID-19 Vaccination	<ul style="list-style-type: none"> ▷ All essential caregivers are required to be fully vaccinated and are encouraged to remain “up to date” with all COVID-19 vaccines, meaning obtain all recommended COVID-19 vaccines once eligible. ▷ Accommodations will be made for caregivers with a medical exemption with review of a medical note or certificate. 	<ul style="list-style-type: none"> ▷ All visitors to the sites/homes are encouraged to be fully vaccinated and are encouraged remain up to date with all COVID-19 vaccines. ▷ Fully vaccinated visitors may visit indoors or outdoors in any of the designated areas for general visits. ▷ Visitors that are not fully vaccinated and are over the eligible age for vaccination, will be accommodated with outdoor visits. If outdoor visits are a barrier to resident or client rights, accommodations will be reviewed by the designated leader for the site.
18. Scheduling Visits	<ul style="list-style-type: none"> ▷ Visiting hours for palliative resident/clients are unrestricted ▷ Essential caregivers may visit with no restrictions in terms of frequency and length of visit. 	<ul style="list-style-type: none"> ▷ General visits may be scheduled in advance depending on the site/home and available space to optimize and support physical distancing. ▷ Outdoor visiting will be permitted dependant upon weather conditions ▷ Length of visit will not be limited to less than 60 minutes and frequency of visits will be limited to at least two visits per resident/client per week
19. Children	<ul style="list-style-type: none"> ▷ Essential caregivers must be 16 years of age unless they are approved by parent or legal guardian to be designated as a caregiver. 	<ul style="list-style-type: none"> ▷ General visitors younger than 14 years of age must be accompanied by an adult. ▷ Children under the age of eligibility are exempt from vaccine requirements for indoor visits ▷ Children under 2 are exempt from mask requirements ▷ Infants under 12 months of age do not count toward visiting number maximum

SCREENING, SURVEILLANCE TESTING AND ATTESTATIONS:

20. All visitors entering the Home will be actively screened on entry for typical and atypical symptoms and possible exposures for COVID-19 (with the exception of emergency responders).

21. Visitors that do not pass active screening will not be admitted to the home. Exceptions apply for visiting residents/clients receiving end-of-life care.
22. Support workers, essential caregivers and indoor general visitors must participate in surveillance rapid testing except those that are under the age of one.
23. Essential caregivers may be asked to verbally attest that they have read and/or re-read this Visiting regularly and reviewed infection control resources in this policy and on the Thrive Group website.

PHYSICAL DISTANCING

24. Residents, staff and visitors are encouraged to continue to practice physical distancing and urged to avoid situations like crowded places in which COVID-19 may spread more easily.

DESIGNATION OF ESSENTIAL CAREGIVERS:

25. 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.
26. A resident/client or their substitute decision-maker may change a designation in response to a change in the:
 - a. resident's/client's care needs that is reflected in the plan of care
 - b. availability of a designated caregiver, either temporary (for example, illness) or permanent.

EDUCATION FOR ESSENTIAL CAREGIVERS:

27. The Home will provide training to visitors that addresses how to safely provide direct care including infection prevention and control (IPAC) practices of putting on and taking off required PPE, physical distancing, respiratory etiquette, and hand hygiene.
28. Resources from Public Health Ontario will be provided to each essential caregiver on or prior to their first visit after the implementation of this policy and monthly thereafter.
 - a. Written materials from PHO will include
 - i. PPE - <https://www.publichealthontario.ca/-/media/documents/ncov/ipac/ppe-recommended-steps.pdf?la=en>
 - ii. Hand Washing - <https://www.publichealthontario.ca/-/media/documents/j/2009/jcyh-handwash.pdf?la=en>
 - iii. Hand Rub - <https://www.publichealthontario.ca/-/media/documents/j/2009/jcyh-handrub.pdf?la=en>
 - iv. Respiratory Etiquette - <https://www.publichealthontario.ca/-/media/documents/C/2013/clincial-office-cough-signage.pdf>
 - v. Physical Distancing - <https://www.publichealthontario.ca/-/media/documents/ncov/factsheet/factsheet-covid-19-guide-physical-distancing.pdf?la=en>
 - b. Video links will also be made available:
 - i. PPE – Putting on - <https://www.publichealthontario.ca/en/videos/ipac-fullppe-on>
 - ii. PPE - Taking off - <https://www.publichealthontario.ca/en/videos/ipac-fullppe-off>
 - iii. Hand hygiene - <https://www.publichealthontario.ca/en/videos/ipac-handwash>

PERSONAL PROTECTIVE EQUIPMENT (PPE):

29. All visitors entering the home for indoor or outdoor visits must wear a mask upon arrival.

30. All essential caregivers and indoor general visitors will be provided a surgical mask by the home. Masks must be worn at all times in all common/shared areas. Caregivers/visitor masks may be removed if necessary when alone with a resident/client in a private room/designated space.
31. Unvaccinated visitors (over the age of 16) that are required to have an indoor visit will be provided with a KN95 or N95 mask for the visit. Eye protection may be required in certain situations as indicated by the site/home.
32. Children under two are exempt from mask requirements. Medical masks for children will be provided by the site.
33. Visitors who are in contact with a resident/client who is suspected or confirmed with COVID-19, must wear appropriate PPE as provided by the home in accordance with infection control requirements.

PROCEDURE:

34. All visitors must comply with the Home's infection prevention and control (IPAC) protocols, including donning and doffing of PPE.
35. Visitors must only visit the one resident/client they are intending to visit, and no other resident/client.
36. 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
37. General Visitors visits may be scheduled in advance (depending on home/site requirements). Visits will not be limited to less than 60 minutes long and all interested resident/clients/families will have at least two visits per resident/client per week.
38. When scheduling visits, the Homes will consider the:
 - a. Needs of resident/clients, including their clinical and emotional well-being.
 - b. The total number of visitors in the home. This is to ensure physical distancing can be maintained.
39. In order to ensure physical distancing can be maintained, the Homes will designate the areas in which visits from general visitors may be held (e.g. dedicated outdoor area, and/or a specified indoor area where available).
40. The Homes will use discretion in relation to the supervision of visits in order to manage health and safety requirements (e.g., monitoring the flow of visitors to ensure sufficient physical distancing can be maintained, supporting resident/clients during the visit, etc.). Where the Home needs to supervise visits, the supervision will be implemented in a manner that respects the resident/client's right to communicate in confidence, receive visitors of their choice and consult in private with any person without interference subsection 3(1) of the FLTCA.
41. Education will be provided to visitors and resident/clients about physical distancing, respiratory etiquette, hand hygiene, infection prevention and control practices (IPAC) and proper use of PPE.

RESPONDING TO VISITOR NON-ADHERENCE:

42. 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.
43. The homes will document when a visit was ended due to non-adherence.
44. 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.
45. 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.
46. 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:

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>