

**Subject:** Visitors – COVID-19 Pandemic

**Date of Development:** June 2020

**Section Code:** TBA

**Date of Approval:** September 19, 2020

**Date of Review/Revision:** September 9, 2020  
December 10, 2020

**Approved By:** Senior Leadership

**Applicable To:** All visitors to Thrive Group locations

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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 Homes, Congregate and Residential settings.
2. This policy ensures compliance with 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 and will be amended from time to time as per the Ministry of Long Term Care (MLTC).
3. This policy ensures compliance with the local public health authorities and the provincial COVID-19 Response Framework: Keeping Ontario Safe and Open, which categorizes public health regions into five levels: Green-Prevent, Yellow-Protect, Orange-Restrict, Red-Control and Grey-Lockdown.
4. This policy supersedes all other visiting policies in place at any of the Thrive Group of organizations.
5. As per Directive #3 “the aim of managing visitors is to balance the need to mitigate risks to resident/clients, staff and visitors who have mental, physical and spiritual needs for their quality of life.”
6. To provide clear guidelines related to safe visiting procedures for residents and clients and to prevent exposure or spread of COVID-19 virus during the pandemic.
7. This policy will be regularly revised and updated to reflect the ongoing COVID-19 situation in the community and within each home/site and will be reassessed as circumstances change.
8. While Thrive Group community programs may not be obligated to adhere to the specifics of Directive #3, these programs will implement these best practices and protocols outlined in the policy.

COMMUNICATION:

9. The most current version of this policy will be posted on the Thrive Group website.
10. 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:

11. 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.
12. Visitors should consider their personal health and susceptibility to the virus in determining whether visiting is appropriate.

TYPES OF VISITORS:

**13. Essential Visitors**

- a. **Person visiting a very ill or palliative resident/client.** This visitor(s) is designated by the Home in consultation with the resident/client and/or their substitute decision maker (SDM).
  - b. **Support worker** (food delivery, inspector, maintenance or health care service). Support workers perform essential support for the Home or for a resident/client of the Home. May include physicians, nurse practitioners, contractors or others, provided they are not staff of the LTC home as defined in the LTCH Act.
  - c. **Essential caregiver** by the resident/client and/or their SDM to provide direct care. May include supportive feeding, mobility, personal hygiene, cognitive stimulation, communication, meaningful connection, relational continuity and assistance in decision making). The decision to designate a caregiver is entirely the responsibility of the resident/client and/or their SDM. The caregiver must be at least 18 years of age. Each resident/client can have a maximum of two essential caregivers at a time. A resident/client and/or their SDM may change a designation in response to a change in the resident/client's care needs that is reflected in the plan of care, or availability of the essential caregivers either temporary (i.e. illness) or permanent.
14. **General Visitors** -A person who is visiting for non-essential services who may be hired by the home or the resident/client and/or their SDM; and/or a person who visits for social reasons that the resident/client and/or their SDM assess as different from direct care, including cognitive stimulation,

meaningful connection and relational continuity. A maximum of 2 general visitors per resident/client may visit at a time and the visits will be prescheduled. General visitors younger than 14 years of age must be accompanied by an adult.

**ACCESS TO THE HOME AND SCREENING REQUIREMENTS:**

<b><u>STATUS</u></b>	<b><u>ESSENTIAL VISITORS</u></b>	<b><u>GENERAL VISITORS</u></b>
<p><b>If the home is in the Green-Prevent or Yellow-Protect level of the provincial framework</b> And the Home is <b>not</b> in outbreak</p>	<ul style="list-style-type: none"> <li>▷ Visiting hours for gravely ill or palliative resident/clients are unrestricted</li> <li>▷ Any number of support workers may visit</li> <li>▷ Essential caregivers may visit with no restrictions in terms of frequency and length of visit.</li> <li>▷ A maximum of 2 essential caregivers per resident/client may visit the home at a time.</li> <li>▷ If the resident/client is self-isolating or symptomatic, a maximum of 1 caregiver may visit at a time</li> <li>▷ Essential caregivers must complete active screening AND demonstrate (show proof) of a negative COVID 19 test in past two weeks with no subsequent positive test result.</li> <li>▷ Essential caregivers must attest that they have not visited another resident/client who is self-isolating or symptomatic; or visited any Home in outbreak in the preceding 14 days.</li> <li>▷ Essential caregivers must be provided with and wear a procedure mask for the duration of the visit in the Home.</li> <li>▷ Essential caregiver visits are best completed in resident/client room and should not take place in shared indoor spaces where physical distancing from</li> </ul>	<ul style="list-style-type: none"> <li>▷ Outdoor visiting will continue dependant upon weather conditions</li> <li>▷ General visits must be scheduled in advance by calling reception during business hours</li> <li>▷ A maximum of 2 general visitors per resident/client may visit the Home weekly.</li> <li>▷ Length of visit will be at least 30 minutes</li> <li>▷ General visitors who request to a visit inside of the Home must complete active screening AND attest to a negative COVID 19 swab in the preceding 14 days with no subsequent positive test result.</li> <li>▷ General visitors who visit inside the Home must be provided with and wear a procedure mask for the duration of the visit.</li> <li>▷ General visitors who have an outdoor visit must wear a personal mask and maintain physical distancing for the duration of the outdoor visit.</li> </ul>



	<p>other resident/clients cannot be assured. Visits may occur in outdoor spaces with appropriate physical distancing from other resident/clients and staff.</p>	
<p>** During an outbreak, and/or suspected or confirmed case of COVID-19, the local Public Health Unit (PHU) will provide binding direction on visitors to the Home, depending on the specific situation. It is understood that direction from the PHU will direct visiting restrictions in order to safeguard the health and safety of resident/clients and staff in the Home</p>		
<u>STATUS</u>	<u>ESSENTIAL VISITORS</u>	<u>GENERAL VISITORS</u>
<p><b>If the home is in the Orange-Restrict, Red-Control or Grey-Lockdown level of the provincial framework</b></p> <p>or the Home is in an outbreak</p>	<ul style="list-style-type: none"> <li>▷ Visiting hours for gravely ill or palliative resident/clients are unrestricted</li> <li>▷ A maximum of 1 essential caregiver per resident/client may visit the Home at a time.</li> <li>▷ Essential caregiver must complete active screening AND demonstrate (show proof) of a negative COVID 19 test result in the past week and verbally attest to not subsequently having a positive test result.</li> <li>▷ Essential caregiver must not visit any other resident/client or home for the next 14 days.</li> <li>▷ Essential caregiver must wear all provided PPE in accordance with direction provided by Home staff for the duration of the visit</li> <li>▷ Essential caregiver visits are limited to resident/client room and may not be completed in shared spaces within the Home.</li> </ul>	<ul style="list-style-type: none"> <li>▷ Visitors are NOT permitted</li> </ul>

SCREENING AND ATTESTATIONS:

15. All visitors entering the Home (Essential Visitors, Support Workers, Essential Caregivers, General Visitors) will be actively screened on entry for typical and atypical symptoms and possible exposures for COVID-19. This will include temperature checks.
16. Visitors that do not pass active screening will not be admitted to the home.
17. Support workers, essential caregivers and general visitors visiting indoors must verbally attest to the Home that they have tested negative for COVID-19 within the timeframe based on the framework level of the home.
18. Essential caregivers and general visitors visiting indoors must verbally attest that they have read and or re-read this Visiting Policy at least monthly and reviewed infection control resources in this policy and on the Thrive Group website.
19. Essential caregivers and general visitors visiting indoors must verbally attest that they have not visited another home in outbreak OR visited a resident/client who is self-isolating or symptomatic.

EDUCATION FOR ESSENTIAL CAREGIVERS:

20. The Home will provide training to caregivers 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.
21. 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/i/2009/jcyh-handwash.pdf?la=en>
    - iii. Hand Rub - <https://www.publichealthontario.ca/-/media/documents/i/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):

22. Visitors are responsible to bring and use a face covering if the visit is outdoors.

23. If the visit is indoors the home will provide a surgical/procedure mask and face shield that must be worn at all times while in the Home.
24. 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 Directive #5 and Directive #1
25. If the home is not able to provide surgical/procedure masks, no visitors should be permitted inside the home. Essential visitors who are provided PPE from their employer may enter the home.

PROCEDURE:

26. All visitors must comply with the Home's infection prevention and control (IPAC) protocols, including donning and doffing of PPE.
27. Visitors must only visit the one resident/client they are intending to visit, and no other resident/client.
28. The Homes will maintain a list of visitors that is available for staff to access.
29. The homes will work with General Visitors to schedule visits in advance for indoor and/or outdoor visits. Indoor/outdoor visits will be no less than 30 minutes long and all interested resident/clients/families will have at least one visit per resident/client per week.
30. 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.
31. 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).
32. 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 under paragraph 14 of subsection 3(1) of the LTCHA.
33. Each site will communicate updates and changes with resident/clients and SDMs about policies and procedures related to visiting.
34. 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:

35. Homes 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 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 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.
36. The homes will document when a visit was ended due to non-adherence.
37. 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. Is within requirements that align with instruction in Directive #3 and guidance in this policy.
  - c. Negatively impacts the health and safety of resident/clients, staff and other visitors in the home.
  - d. Is demonstrated continuously by the visitor over multiple visits.
  - e. Is by a visitor whose previous visits have been ended by the home.
38. 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.
39. 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:**

Directive #1 – (as amended)

[http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/directives/health\\_care\\_providers\\_HPPA.pdf](http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/directives/health_care_providers_HPPA.pdf)

Directive #3 – (as amended)

[http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/directives/LTCH\\_HPPA.pdf](http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/directives/LTCH_HPPA.pdf)

Directive #5 – (as amended)

[http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/directives/public\\_hospitals\\_act.pdf](http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/directives/public_hospitals_act.pdf)

Ministry of Long-Term Care: COVID-19 Visiting Policy (November 23, 2020)