

Subject: Visitors – COVID-19 Pandemic

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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 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) and the MLTC Visiting Policy as outlined in the COVID-19 Guidance Document for long-term care homes in Ontario.
3. This policy ensures compliance with the local public health authorities and the provincial COVID-19 response and reopening frameworks.
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 the 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:
- Safety** – Any approach to visiting must balance the health and safety needs of resident/clients, staff, and visitors, and ensure risks are mitigated.
 - 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.
 - 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.
 - 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.
 - 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

- 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).
- 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.
- 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.
- General Visitors** –(Effective December 30, 2021 General Visiting has been paused by the Ministry of Health related to the Omicron variant) -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. Visits will be prescheduled. General visitors younger than 14 years of age must be accompanied by an adult.

VISITING POLICY:

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

	ESSENTIAL VISITORS	GENERAL VISITORS
15. Access to the home and	<p>▷ Any number of support workers may visit a home at a time</p> <p>▷ Essential caregivers may visit inside the home or outdoors in numbers that are set by the specific Thrive Group site.</p> <p>▷ One essential caregiver may visit when a resident/client is self-isolating, symptomatic or there is an outbreak</p> <p>▷ An essential caregiver may not visit any other resident or home for 14 days after visiting another:</p> <ul style="list-style-type: none"> - Resident/client who is self-isolating or symptomatic - A home in outbreak where the caregiver was in a portion of the site affected by the outbreak <p>▷ Essential caregivers must be provided with and wear a procedure mask for the duration of the visit in the Home.</p>	<p>▷ General visitors may visit indoors or outdoors in numbers that are set by the specific Thrive Group site.</p> <p>▷ General visitors who have an outdoor visit must wear a personal mask and maintain physical distancing for the duration of the outdoor visit.</p> <p>▷ General visitors who visit inside the Home must be provided with and wear a procedure mask for the duration of the visit.</p> <p>Effective December 30, 2021 General Visiting has been paused by the Ministry of Health related to the Omicron variant</p>
16. COVID-19 Vaccination	<p>▷ All essential caregivers are required to be fully vaccinated and obtain all recommended COVID-19 vaccines. Including a third dose once eligible.</p> <p>▷ Caregivers designated before December 14, 2021, must provide proof of their first dose of the COVID-19 vaccine to gain entry by December 20, 2021, by February 21, 2022 show proof of second dose.</p> <p>▷ All caregivers eligible for a third/booster dose as of December 31, 2021, must show proof of a booster/third dose by January 28, 2022. All remaining caregivers must provide proof a third dose by May 23, 2022 but are</p>	<p>▷ Booster/third doses of vaccine will be required for eligible fully vaccinated general visitors when general visiting resumes.</p>



	<p>encouraged to receive their vaccine as soon as they are eligible.</p> <p>▷Until fully vaccinated, caregivers will be limited to visiting their loved one in their room.</p>	
17. Physical distancing requirements	<p>▷Close contact between fully immunized caregivers and residents/clients is permitted beyond the requirements of personal care.</p>	<p>▷Short hugs are permitted at general visits regardless of resident or visitor vaccination status.</p> <p>▷When both visitor and resident/client are fully immunized, close contact and hand holding during visits is permitted.</p> <p>Effective December 30, 2021 General Visiting has been paused by the Ministry of Health related to the Omicron variant</p>
18. Scheduling Visits	<p>▷ Visiting hours for gravely ill or palliative resident/clients are unrestricted</p> <p>▷ Essential caregivers may visit with no restrictions in terms of frequency and length of visit.</p>	<p>▷General visits must be scheduled in advance</p> <p>▷Outdoor visiting will continue dependant upon weather conditions</p> <p>▷Length of visit will be at least 60 minutes</p> <p>▷Frequency of visits will be limited to at least two visits per resident/client per week</p> <p>Effective December 30, 2021 General Visiting has been paused by the Ministry of Health related to the Omicron variant</p>

SCREENING, SURVEILLANCE TESTING AND ATTESTATIONS:

19. 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.
20. Visitors that do not pass active screening will not be admitted to the home.
21. Support workers, essential caregivers and general visitors must participate in surveillance rapid testing except those that are under the age of one.
22. 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.
23. Essential caregivers 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.

EDUCATION FOR ESSENTIAL CAREGIVERS:

24. 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.
25. 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):

26. Outdoor visitors are responsible to bring and use a face covering.
27. Indoor general visitors will be provided a surgical mask by the home. Eye protection is not required for general visits.
28. Essential caregivers will be provided a surgical mask by the home. Eye protection is not required for essential caregivers.
29. 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.

PROCEDURE:

30. All visitors must comply with the Home's infection prevention and control (IPAC) protocols, including donning and doffing of PPE.
31. Visitors must only visit the one resident/client they are intending to visit, and no other resident/client.
32. The homes will maintain visitor logs that includes:
 - a. Name and contact information for each visitor
 - b. Date and time of visit
 - c. Name of the resident/client visited

33. The homes will work with General Visitors to schedule visits in advance. 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.
34. 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.
35. 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).
36. 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.
37. 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:

38. 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.
39. The homes will document when a visit was ended due to non-adherence.
40. 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.
41. 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.

42. 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

Directive #3 – (as amended)

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

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