

TAB: INFECTION PREVENTION AND CONTROL
SECTION: OUTBREAK MANAGEMENT
SUBJECT: COVID-19 PANDEMIC – MANAGING VISITORS

A. PURPOSE:

To ensure a safe environment to protect Residents and staff during the COVID-19 Pandemic and to follow Provincial Directives and Ministry guidance/policy documents for visitors in Long-Term Care (LTC) by following principles of:

- **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 Centre, its staffing availability, whether the Centre is in an outbreak and the current status of the Centre with respect to personal protective equipment (PPE) are all variables to take into account when setting Centre-specific policies.
- **Equality:** Residents have the right to choose their visitors. In addition, Residents and/or their Substitute Decision-Makers (SDM) have the right to designate caregivers.

Note: Visitors should consider their personal health and susceptibility to the virus in determining whether visiting a LTC Centre is appropriate.

B. SCOPE:

This policy applies to all Peel Long-Term Care Residents, staff, essential visitors, caregivers, support workers and general visitors.

C. MANDATE:

This policy is in accordance with Chief Medical Officer of Health, Chief Medical Officer of Health (CMOH) [Directive #3](#), July 16, 2021, [Minister's Directive, COVID-19 LTCH Surveillance Testing and Access to Homes, September 13, 2021](#), [MLTC COVID-19 Guidance Document for LTC, August 20, 2021](#), the [Accessibility for Ontarians with Disabilities Act, 2005](#), [Health Care Consent Act, 1996](#), and the Centre's operational practices.

Definitions:

PCR Test means a validated real-time polymerase chain reaction (PCR) assay laboratory test for the novel coronavirus known as COVID-19.

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Rapid Antigen Test (RAT) means a point-of-care rapid antigen test for the novel coronavirus known as COVID-19.

Epidemiologically link: when cases are epidemiologically linked, it means one case has either been exposed to a confirmed case or has had the same high-risk exposure as a confirmed case (e.g., both were exposed to a known cluster or outbreak). Local public health units will determine this as part of their investigation, which would inform their decision as to whether or not they will declare an outbreak.

D. POLICY:

COVID-19 Immunization:

- The goal of the provincial COVID-19 immunization program is to protect Ontarians from COVID-19. Vaccines help reduce the number of new cases, and, most importantly, severe outcomes including hospitalizations and death due to COVID-19. All visitors are encouraged to be immunized against COVID-19.
- Where applicable, a person is **fully immunized** against COVID-19 if:
 - They have received the full series of a COVID-19 vaccine or combination of COVID-19 vaccines approved by the World Health Organization (e.g., both doses of a two-dose vaccine series, or one dose of a single-dose vaccine series); **and**
 - They received their final dose of the COVID-19 vaccine at least 14 days ago.
- All individuals, whether or not they have received a COVID-19 vaccine, must continue to practice the recommended public health measures for the prevention and control of COVID-19 infection and transmission. For example, active screening, physical distancing, hand hygiene, masking for source control for the duration of their visit in the Centre.
- **Note:** Region of Peel Long-Term Care Homes require hired private caregivers to be fully immunized against COVID-19. Proof of COVID-19 vaccination(s) must be provided.

COVID-19 Surveillance Testing Requirements:

- Surveillance testing refers to routine COVID-19 testing of individuals entering the Centre to help provide a safe environment for Residents, staff and visitors.
- Individuals who are fully immunized are exempt from surveillance testing. This includes staff, caregivers, students, volunteers support workers and general visitors. Individuals can prove they are fully immunized by showing the physical or emailed receipt that was provided to them at the time of vaccination.

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- Vaccination receipts can be downloaded or printed through the [provincial portal](#).
- Antigen testing is generally not recommended for individuals who are fully vaccinated as the likelihood of COVID-19 is low for this group and could result in an increase of false positive results.
- Surveillance testing is required for any individual visiting indoors and over the age of two years, who is not fully immunized and those who do not wish to provide proof of immunization status. Due to the challenges associated with testing children, particularly those under the age of 12, children are encouraged to visit outdoors only. The Home reserves the right to deny indoor visits for children where testing is not possible or refused by the parent.
- COVID-19 surveillance testing in the Home will be done using a point-of-care rapid antigen screening test in accordance with the protocols and frequency contained in the [COVID-19 Guidance - Considerations for Antigen Point of Care Testing, v. 7, August 25, 2021](#).
- Rapid antigen testing is used for screening purposes only and should NOT be used for diagnosis of acute COVID-19 infection.
- Rapid antigen screening does not replace public health measures such as symptom screening, physical distancing, masking and hand hygiene.
- Exceptions to providing proof or attesting to a negative COVID-19 test or having a rapid antigen test are:
 - A person who is visiting a very ill or palliative Resident or a support worker visiting the Home for an emergency service is not required to undergo a rapid antigen test or provide proof of or attest to receiving a negative COVID-19 PCR or antigen test result.
 - **Inspectors:** As per the [Director Memo, New Inspector Testing Protocol, December 8, 2020](#), MLTC and Ministry of Labour, Training and Skills Development (MLTSD) inspectors are exempt from testing requirements. Inspectors are not required to provide proof of immunization in order to enter the Centre.
- **Consent:** Is required for COVID-19 testing before rapid antigen testing can be administered (Refer to [IDF-103](#) – Essential Caregivers and General Visitors Consent for COVID-19 Testing and Authorization for Disclosure of Personal Health Information). The consent form will be reviewed the first time the individual undergoes testing, be signed and witnessed. A signed consent form will be kept on file for subsequent testing and a verbal or implied consent provided each and every time a test is completed as per the Health Care Consent Act, 1996. A person who refuses to participate in rapid antigen testing will not be allowed entry into the Home. Parental consent is required for minors (children under the age of 18 years) that undergo testing.

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The following testing requirements apply when the Centre is not in outbreak and when visitors are NOT vaccinated or PARTIALLY vaccinated against COVID-19 or DO NOT DISCLOSE their immunization status.

Rapid Antigen Testing Requirements:

The rapid antigen test is used as the COVID-19 screening test for all visitors to the Centre as per the [Minister's Directive, COVID-19 LTCH Surveillance Testing and Access to Homes, September 13, 2021](#).

Individuals who have received three "false positives" (preliminary positive rapid antigen test followed by a negative confirmatory PCR test) within a 30-day period, starting from the day of the initial preliminary positive rapid antigen test, are exempt from rapid antigen testing. Instead, these individuals must have a PCR once a week. All individuals who fall under this exemption must provide proof of a negative PCR test taken within the last 7 days before being granted entry into the Home.

Frequency of rapid testing:

- Support workers:
 - Must demonstrate that they have received a negative COVID-19 Antigen Test on the day of the visit or demonstrate proof that they received a negative Antigen Test that was taken on the previous day before entry into the Home.
 - If attending more than one home in a day, testing is only required at the first home visited either on the same day or the previous day (test result is valid for two days) and proof of the negative antigen test result must be provided. (Refer to [IDF-106](#) – Antigen Test Result Confirmation).
 - When a Centre is in outbreak, support workers will require weekly PCR testing. Antigen testing will be suspended.

Note: Support Workers who are regulated health professionals (RHPs) must be tested before entry but may have contact with Residents if wearing appropriate PPE and following IPAC guidelines while awaiting results. Decisions regarding allowing specific RHP entry prior to receiving antigen results will be made on a case-by-case basis at the Centre level.

- General Visitors:
 - Rapid antigen testing is not required if a visit with a Resident takes place solely outdoors.
 - Must demonstrate that they have received a negative Antigen Test on the day of the visit or demonstrate proof that they received a negative Antigen Test taken on the previous day before entry into the Home.

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- Caregivers:
 - Will have 3 antigen tests in a 7-day period when the Centre is NOT in outbreak.
 - When in outbreak, caregivers will require one PCR test a week. Additional antigen testing during outbreak may be required by the Centre in consultation with public health and the medical director. PCR testing for caregivers will be done at a community testing centre. See list below.
 - Caregivers who visit the Centre and have received a rapid antigen test at another location must provide proof of the negative antigen test result in order to gain entry to the Home (Refer to [IDF-106](#) – Antigen Test Result Confirmation) or take a new antigen test.
 - When entering the Home on fewer than three times within a seven-day period, Caregivers will be tested on each day they enter the home, with the exemption of two consecutive days as per the bullet below.
 - When entering the Home on two consecutive days within a seven-day period, Caregivers must demonstrate that they have received a negative COVID-19 Antigen Test on the day of the visit or demonstrate proof that they received a negative Antigen Test that was taken on the previous day.
 - The test must be completed before gaining entry to the Centre. Visitors who refuse to take the test or who have a positive test result will not be allowed entry into the Centre.
- **Testing and Results:**
 - A specimen for rapid antigen testing can be one of the following (listed in descending order of preference), a nasopharyngeal swab, a combined swab of throat and both nares, a deep nasal swab (both sides) or an anterior nasal swab (both nares).
 - A positive rapid antigen test result is considered a preliminary positive and must be followed with a molecular point-of-care test (POCT) or a laboratory (PCR test) within 48 hours to act as a confirmatory test. Note: if the molecular POCT is negative, a PCR test must be completed. Molecular POCT may not be available at all testing locations. The following actions will be taken when there is a positive rapid antigen test result:
 - The individual will be counselled that the result is preliminary and molecular POCT, or PCR confirmation is required.
 - The individual will be advised that they must attend an assessment centre to have a molecular POCT or PCR test performed within 48 hours.
 - The individual will be asked to leave the Centre and return home to self-isolate until receipt of the PCR test result.
 - A negative rapid antigen test result is a screening test result and only applies if the individual tested has no symptoms and no known exposure to COVID-19. If the result is negative, individuals should be counselled that a false negative result is

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possible, and they therefore must continue to follow infection prevention and control measures.

- **Antigen Test Eligibility:**
 - Asymptomatic individuals in a non-outbreak environment.
 - PCR testing must be performed when a Centre is in outbreak. During an outbreak, rapid antigen testing can be performed **ONLY** as an additional surveillance tool.
 - Individuals who have had a COVID-19 infection in the past 90 days should not be re-tested except:
 - a. With new onset of signs or symptoms of COVID-19, and
 - b. Can be considered:
 - i. If there is exposure to a confirmed case of COVID-19;
 - ii. If there is a COVID-19 outbreak in the Home; or
 - iii. At the direction of the local public health unit.
 - For individuals who have previously been diagnosed with COVID-19, rapid antigen testing **will resume** 90 days from the date of their positive COVID-19 PCR result.
 - **Note:**
 - Prior to entering the Centre, individuals who tested positive for COVID-19 in the past 90 days will be asked:
 - i. To demonstrate proof of their past laboratory confirmed positive COVID-19 test result.
 - ii. To ensure that more than 10 days have passed since the date the test was administered.
 - iii. To verbally attest that:
 - a. They have completed their isolation period as directed by a local public health unit; and,
 - b. Since completing their isolation period, they have not been identified as a COVID-19 case or a contact by the local public health unit.

PCR Testing:

- A weekly PCR test is required when a home is in outbreak. Proof of a negative COVID-19 PCR test result must be shown. The result (e.g. print out or on a mobile device) must clearly show the individual's name and test date.
- Caregivers and support workers will have 3-4 days after an outbreak is declared to acquire a PCR test and demonstrate a negative result. During that 3-4 day transition period, rapid testing will continue to be done.
- PCR testing is also used where individuals are symptomatic, have a positive antigen test result, individuals have been in contact with a confirmed COVID-19 case, or as otherwise directed by local public health.
- Testing can be done at any [Getting tested for COVID-19 - Region of Peel \(peelregion.ca\)](#) and [COVID-19 test and testing location information | COVID-19 \(coronavirus\) in Ontario.](#)

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Note: The Minister's Directive requires the Centre to collect, maintain and disclose statistical information as follows:

- a) The number of caregivers, staff, students, volunteers, support workers and general visitors tested; type of test performed (PCR or rapid antigen); the dates they were tested (either at the LTCH or another testing location); the number permitted entry under an emergency or palliative situation; the number that provided proof of a negative antigen test to gain entry; the number that provided proof of a negative PCR test to gain entry as a result of repeat false positive rapid antigen tests; and the number that provided proof of being fully immunized against COVID-19 to gain entry.
- b) Submit this statistical information to the Ministry of Long-Term Care (MLTC), the public health unit for the area in which the LTCH is located and to Ontario Health on a weekly basis and upon request.
- c) In complying with paragraphs, a) and b) above, the home shall ensure that no personal information or personal health information is disclosed.

SCREENING AND INFECTION PREVENTION AND CONTROL REQUIREMENTS:

- All individuals (for both indoor and outdoor visits) must be actively screened for symptoms and exposure history for COVID-19 prior to either entering the Centre (indoor visits) or visiting outdoors.
- Residents returning from an absence must also be screened. Residents will be screened by nursing staff on the Resident's Home area (RHA).
 - Exception: First responders must be permitted entry without screening in emergency situations.
- General visitors coming to the Centre for an **outdoor visit**:
 - After screening, will not proceed beyond the entry points or areas in the Centre.
 - Will notify screeners that they are at the Centre for an outdoor visit and wait in the area, as directed by the Screener, to meet with the Resident.
 - Must acknowledge they must be fully immunized against COVID-19 to sustain close physical contact (beyond brief hugs) during visits and must abide with the requirements for physical distancing during visits. Only fully immunized general visitors are allowed close physical contact. General visitors who are not fully immunized can give the Resident a brief hug.
 - If not fully immunized, must maintain physical distancing of 2 metres to the Resident. All individuals, regardless of immunization status, must remain physically distanced from other Residents, staff and visitors.
 - Must wear a medical or non-medical mask that covers the mouth, nose, and chin at all times during the visit.

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- Practice regular hand hygiene.
- Do not need to undergo rapid antigen testing.
- **Indoor Visitors (essential and general):**
 - Must wear a medical mask (surgical/procedural) when visiting indoors.
 - Must perform regular hand hygiene when entering and exiting the Centre.
 - Must discard mask when exiting the Centre.
- Visitors who fails active screening **will not** be allowed to visit outdoors or be allowed into the Centre, will be advised to go home immediately to self-isolate, and will be encouraged to be tested.
 - Exceptions: Visitors for imminently palliative Residents must be screened prior to entry. If they fail screening, they will be allowed entry but will be required to wear appropriate PPE and maintain physical distance from other Residents and staff.
 - Any Resident returning to the Centre following an absence who fails active screening upon arriving on their unit must be isolated on Droplet and Contact Precautions and tested for COVID-19.

Note: The Centre has the discretion to determine how many essential visitors may visit a very ill or palliative Resident. In exercising this discretion, the Centre should consider the physical/infrastructure characteristics of the Centre, its staffing availability, and the current status of the Centre with respect to personal protective equipment (PPE).

- A visitor log of all visitors to the Centre must be maintained with the name and contact information of the visitor, time and date of visit, purpose of the visit (e.g. name of Resident visited, etc.). These records will be kept for 30 days and be readily available to the local public health unit for contact tracing purposes upon request.
- For detailed screening information refer to the [Types of Visitor and Requirements Table Summary](#).

TYPES OF VISITORS:

During a suspect or confirmed outbreak and/or a suspected or confirmed case of COVID-19, and/or if the Centre is in an area of higher community spread of COVID-19, the local Public Health may provide further direction on the types and numbers of visitors to the Centre to ensure the health and safety of all Residents, staff and visitors depending on the specific situation.

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Visitors planning to visit the LTC Centre are advised to contact the Centre in advance to make sure the Centre is not in an outbreak, and to get information on the Centre's visitor policy and any other restrictions.

All visitors are required to comply with the Centre's Managing Visitors Policy and infection prevention and control (IPAC) measures, including all PPE requirements. The Centre is responsible for providing PPE such as surgical/procedural mask, gloves, gowns and eye protection (e.g. face shield or goggles), as appropriate.

If the Centre is not able to provide the appropriate PPE visitors may not be permitted inside the Centre.

Essential Visitors:

Are 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. Essential visitors also include "essential caregivers" as defined by MLTC. There is no limit on the number of essential visitors allowed to come into the Home at any given time.

Essential visitors are the only type of visitors allowed when there is an outbreak or when a Resident is in isolation

There are four types of essential visitors:

1. Persons visiting very ill or palliative Residents for compassionate reasons, hospice services, end of life care, etc.
2. Government inspectors (e.g., MLTC, MLTSD, etc.) are essential visitors but not subject to this policy.
3. **Support Worker:**

A support worker is defined as a type of essential visitor who is visiting to provide support to the critical operations of the Home to provide essential services for the Centre or for a Resident at the Centre. Essential services provide by support workers include but are not limited to:

- Assessment, diagnostic, intervention/rehabilitation, and counselling services for Residents by regulated health professionals such as physicians and nurse practitioners
- Moving a Resident in or out of a home
- Social work services
- Legal services
- Post-mortem services
- Emergency services (for example, such as those provided by first responders)

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- 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
- Food delivery
- Canada Post mail services and other courier services
- Any number of support workers may visit the Centre.
- Support Person who helps people with a disability perform daily tasks (e.g. help with communication, mobility or personal care):
 - A visitor may require a support person to help them visit the Centre. The support person for any visitor must adhere to the Centre’s Managing Visitors policy, follow the same screening and PPE requirements as visitors to the Centre.
 - A support person for any visitor does not count towards the maximum number of visitors.
 - A support person for a designated caregiver does not need to be designated.
 - Visitors who need a support person should inform the Centre in advance so that the Centre can prepare accordingly.

4. Caregiver:

A caregiver is defined as a type of essential visitor who is **designated by the Resident and/or SDM** and who:

- Provide direct care to the Resident including but not limited to the following:
 - Support activities of daily living such as bathing, dressing and feeding
 - Assist with mobility
 - Assist with personal hygiene
 - Providing cognitive stimulation
 - Fostering successful communication
 - Providing meaningful connection and emotional support
 - Offering relational continuity assistance in decision-making.
- Are family members or friends, privately hired caregivers, paid companions and/or translators.
- The designation should be made in writing to the Centre.

Criteria:

- Caregivers must be at least 18 years of age.

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- The decision to designate an individual as a caregiver is entirely the decision of the Resident and/or their SDM and not the Centre. The Centre will document caregiver designations on the Resident’s Electronic Health Record (EHR).
- A Resident and/or their SDM may change the designation in response to a change in the:
 - Resident’s care needs that are reflected in the plan of care.
 - Availability of a designated caregiver, either temporary (e.g., illness) or permanent.
- If the Resident is symptomatic or isolating, 1 caregiver per Resident may visit at a time.
- If the Resident is not symptomatic or isolating, the number of caregivers per Resident at a time will depend on the Home’s operational capacity and will be determined by the CLT but is currently held at 2 caregivers per Resident at a time.
- A caregiver may not visit any other Resident or LTC Home for 14 days after visiting another:
 - Resident who is self-isolating or symptomatic; and/or,
 - Home in an outbreak.
- **Note:** Self-isolation means that the Resident is staying in a room away from other people under Droplet and Contact Precautions and can only receive essential visitors. The visitor must be provided with and wear appropriate PPE.
- A person may be designated as a caregiver for multiple Residents in the same Centre, however the Residents should be of the same cohort in the Centre. It is not recommended for one person to be a designated caregiver for other Residents in different LTC Homes, however it is permitted.
- Resident and/or SDM must complete a [Caregiver Support Form](#) to communicate the designation of the caregiver and submit to the Administrator/DOC/designate.
- Additional forms, education and procedures, as outlined in Policy [LTC1-05.40](#) - External Service and/or Care Provider and Visiting Companions must be followed for Privately Hired Caregivers (hired and paid for by the Resident/SDM). Please see policy or speak to the Centre Administrator/DOC/designate for assistance.
- Caregivers must also verbally attest that they have read/re-read the Centre’s visitor policy and education/information package. Centres may restrict the length or frequency of visits by caregivers. However, it is both appreciated and recommended that caregivers contact the Centre in advance, to ensure the Centre can safely accommodate the appropriate spacing/capacity and personal protective equipment (PPE) required.

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- Prior to visiting any Resident for the first time, verbally attest to Centre staff (screening staff) that they have read the Centre's Managing Visitors policy/Visitors information package. The policy and information package must also be reviewed when changes are made.
- Caregivers should maintain physical distancing (a minimum of 2 metres or 6 feet) at all times from Residents, staff and other visitors. The following are exceptions to physical distancing:
 - When providing direct care to a Resident;
 - Between a fully immunized Resident, essential caregiver(s) and/or general visitor(s)
 - For Residents to have brief physical contact with their essential caregiver(s) and/or general visitor(s) (e.g., hugs)
 - Between Residents in the same cohort;
 - For the purposes of a compassionate/palliative visit;
 - During the provision of personal care services (e.g., haircutting).
- Caregivers are encouraged to be vaccinated against COVID-19 and will be asked if and when they have received COVID-19 vaccination(s). This information is required to determine if surveillance testing and physical distancing exceptions apply as well as to determine if an essential caregiver may join a Resident during mealtime. A fully immunized caregiver may join a fully immunized Resident for meals (eat with) by joining the Resident's cohort.
- Review Public Health Ontario resources to support IPAC and PPE education and training as made available by the Centre:
 - Guidance documents: Recommended Steps: [Putting On Full PPE](#)
 - Video: [Putting On Full PPE](#)
 - Video: [Taking off Full PPE](#)
 - Video: [How to Handwash](#) and [How to Hand Rub](#).

General Visitors:

A general visitor is a person who is not an essential visitor and is visiting to provide non-essential services (including sales representative) related to the operations of the Home or a particular Resident or group of Residents.

- There are two broad categories of general visitors:
 1. Visitors providing non-essential services which include but not limited to:
 - Personal care service providers (e.g., hairdressers, barbers, manicurists, etc.)
 - Entertainers (e.g., singers, musicians, etc.)

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- Recreational service providers
 - Animal handlers (for example, as part of therapy animal program)
 - Individuals who are touring the home to inform decisions regarding application for admission.
2. Persons visiting 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.
- Are not permitted to visit Residents indoors if the entire Home is in outbreak or the Resident is symptomatic or isolating under Droplet and Contact precautions. If only a portion of the Home is in outbreak, Residents who are in an area of the Home that is not part of the outbreak area may receive a maximum of two general visitors, in addition to 2 caregivers.
 - The number of general visitors who are permitted to visit a Resident at a time for indoor and outdoor visits will be based on the Home's operational capacity and will be determined by CLT. Currently a maximum of 10 visitors per Resident may visit outdoors at a time based on scheduling with the Centre provided:
 - The Resident is not self-isolating or symptomatic; and,
 - The Centre is not in a full facility outbreak.
- Note:** the Home will consult with their local public health unit where the Home believe that there is valid health and safety reason for imposing additional restrictions on general visitors beyond what is set out in Directive #3.
- 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 Centre (e.g., active screening, testing for indoor visits, physical distancing, hand hygiene, masking for source control).
 - General visitors will have access to the Home's Managing Visitor policy and must understand the rules regarding physical distance and masking at the outset of their visits.
 - The Centre has the discretion to require general visitors to:
 - Schedule their visits in advance.
 - Limit the length of the visit, however, visits can be at least 60 minutes long
 - Limit the frequency of visits, however, the Centre should allow at least two visits per Resident per week.
 - Visit during specific hours.
 - **Note:** The Centre will prioritize the mental and emotional well-being of Residents and strive to be as accommodating as possible when scheduling visits with

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consideration to maximizing physical space and human resources to assist Residents (where needed). In addition, where the Centre does not have sufficient outdoor space to accommodate visits, outdoor visits can also take place in the general vicinity.

E. PROCEDURE:

MANAGING SAFE VISITS:

- Supervising Visits:
 - The Centre is not required to supervise visitors.
 - The Centre has 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 supervised visits are needed, 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.
- Access to Home Areas:
 - The Home will create safe opportunities for caregivers to spend time with Residents in areas outside the Resident's room including lounges, walks in hallways (without going outdoors) and outdoor gardens and patios (if available).
- Use of Centre's Washroom:

Only indoor essential/general visitors are allowed to use the Centre's washroom provided they have met the required active screening and testing requirements. They must follow the Centre's infection prevention and control practices and direction on which washroom to use. Visitors are required to clean the space before and after each use.

 - **Note:** General Visitors for outdoor visits are not permitted to use the Centre's washroom.

Non-compliance with the Home's Managing Visitor Policy:

Non-compliance with this policy could result in discontinuation of visits for the non-compliant visitor. Considerations and response for non-adherence:

- Consult with the Residents' and Family Councils on procedures for addressing non-compliance by visitors.
- Provide strategies for supporting visitors in understanding and adhering to the Centre's Managing Visitor policy.
- Recognize visits are critical to supporting Resident's care needs and emotional well-being.

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- Consider the impact of discontinuing visits on the Resident’s clinical and emotional well-being.
- Implement training/education to support visitors in understanding and adhering to the Centre’s Managing Visitor policy.
- Ensure the response to discontinue visits is reasonable in comparison to the severity of the non-adherence to the policy and IPAC measures.
Note: Homes will consult with Residents’ and Family Councils on the procedures for addressing non-compliance by visitors.

Ending a Visit – the Centre has the discretion to end a visit by any visitor who repeatedly fails to adhere to the Centre’s Managing Visitor policy, provided that:

- The Centre 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 Centre 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).
- The steps taken are documented in the Resident’s electronic health record (EHR).

Temporarily Prohibiting a Visitor – the Centre has the discretion to temporarily prohibit a visitor in response to repeated and flagrant non-adherence with the Centre’s Managing Visitor policy. In exercising this discretion, the Centre 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 Centre.
- Is demonstrated continuously by the visitor over multiple visits.
- Is by a visitor whose previous visits have been ended by the Centre.

Any decision to temporarily prohibit a visitor should:

- Be made only after all other reasonable efforts to maintain safety during visits have been exhausted and the following steps have been followed:
 - The Centre Administrator/designate have had multiple conversations (i.e., three times) with visitors regarding non-compliance.
 - Visitor was provided with and is aware of the Managing Visitor policy, training materials, and General Visitor Information Package.
 - Visitor has been reminded of the risk of transmission of the virus to Centre Residents and staff.

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- Visitor continues to be in non-compliance after reminders were provided from the Centre Leadership Team (minimum 3 times) and [IDF-108](#) – Non-Compliance Letter is provided to the visitor.
- Stipulate a reasonable length of the prohibition.
- Clearly identify what requirements the visitor should meet before visits may be resumed (e.g. reviewing the Centre’s visitor policy, reviewing specific Public Health Ontario resources, etc.); and,
- Be documented and retained by the Centre.

Note: Where the Centre has temporarily prohibited a caregiver, the Resident and/or their SDM may need to designate an alternate individual as caregiver to help meet the Resident’s care needs.

FOR STAFF ROLES & RESPONSIBILITIES REFER TO APPENDIX A

References:

- Chief Medical Officer of Health (CMOH), [Directive #3](#), July 16, 2021.
- [Minister's Directive - COVID-19 LTCH Surveillance Testing and Access to Homes, September 13, 2021.](#)
- [Minister's Directive, COVID-19 Immunization Policy, September 2, 2021.](#)
- [LTC Immunization Policy Resource Guide V5, September 2, 2021.](#)
- [Directive #3, COVID-19 Guidance Document for LTCHs and RAT Merged FAQs, September 2, 2021.](#)
- [ADM Memo - Updates to Minister Directives on LTC Immunization Policy and Surveillance Testing, September 2, 2021.](#)
- [MLTC COVID-19 Guidance Document for LTC, August 20, 2021.](#)
- [COVID-19 Guidance - Considerations for Antigen Point of Care Testing, v. 7, August 25, 2021.](#)
- [ADM Memo, Amendments to the Minister's Directive, COVID-19 LTC Surveillance Testing and Access to Homes and additional updates, July 14, 2021.](#)
- [LTC Visitor, Absences and Social Gatherings Snapshot, July 16, 2021.](#)
- [MOH, COVID-19 Screening Tool for Long-Term Care Homes and Retirement Homes, July 14, 2021v.5.](#)
- [MLTC Rapid Antigen Testing Frequently Asked Questions, dated June 4, 2021.](#)
- [MLTC COVID-19 Visiting Policy, effective June 9, 2021.](#)
- [ADM Memo, Upcoming Changes Related to Absences and Visitors Policy, June 3, 2021.](#)
- [Updated FAQ's Enhancing Protection In Long Term Care, May 21, 2021.](#)
- [CMOH Directive #3 QAs, Temporary Waiving Resident Copayment and Removing Single Work Site Limitation for Fully Immunized Staff, April 27, 2021.](#)

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- [MLTC QA - CMOH Directive Update, Supporting Long-Term Placements, April 23, 2021.](#)
- [ADM Memo Supporting Long-Term Care Placements, April 23, 2021.](#)
- [Public Health, Management of Cases and Contacts of COVID-19 in Ontario, January 12, 2021.](#)
- [ADM Memo, Path to Recovery, April 1, 2021.](#)
- [MLTC Updated FAQ's Enhancing Protection for Long Term Care Homes, March 15, 2021.](#)
- [ADM Memo - Updated Direction on the Rapid Antigen Screening Program, March 15, 2021.](#)
- [MLTC Surveillance Testing in Long-Term Care Homes Fact Sheet, March 15, 2021.](#)
- [ADM Memo, Updates on Vaccines, Antigen Testing and IPAC PPE, March 8, 2021.](#)
- [Ontario Health, Panbio COVID-19 Antigen Rapid Testing, Onboarding Guide v.2 - March 5, 2021.](#)
- [Ontario Health, Overview of the Provincial Antigen Screening Program, March 5, 2021.](#)
- [MOH, Appendix 9 - Management of Individuals with Point-of-Care Testing Results v.3, March 5, 2021.](#)
- [COVID-19 Rapid Antigen Test - How to Nasal Swab.](#)
- [Director Memo, New Inspector Testing Protocol, December 8, 2020.](#)
- [Ministry of Long-Term Care, Visiting And Testing Fact Sheet, December 15, 2020 v.7](#)
- [Ministry of Long-Term Care Memo, Physical Distancing During Congregate Events, December 22, 2020.](#)

APPROVAL SOURCE:	Long-Term Care Divisional Leadership Team
ORIGINAL DATE:	June 15, 2020
LAST REVIEW DATE:	September 16, 2021
LAST UPDATE:	September 16, 2021
EFFECTIVE DATE:	September 16, 2021
RESPONSIBILITY:	Divisional Leadership Team

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APPENDIX A – Roles and Responsibilities for LTC Staff

The Centre Leadership Team will ensure the following:

- a. Visits should be pre-arranged where required. When scheduling visits, consider the needs of the Residents, including their clinical and emotional well-being, as well as the total number of visitors in the Centre at any given time.
- b. Maintain a list of visitors that are available to staff to access and refer to for screening or other purposes.
- c. Must only visit the one Resident they are intending to visit, and no other Resident.
- d. Ensure proper PPE is worn.
- e. Ensure oversight and auditing of the screening and testing procedures and requirements.
- f. General Visitors are not permitted when:
 - A Resident is self-isolating or symptomatic, or
 - A Centre is in a full facility outbreak.
- g. During an outbreak, visits for essential visitors are permitted, subject to direction from the local Public Health Unit. Refer to Essential Visitors for further detail.

Business Services staff/designate will:

- Create and maintain a list of different type of visitors in collaboration with the interdisciplinary team. The list will be available for relevant/appropriate staff members to access.
- Record the visiting details to ensure reservations do not exceed the number of permitted visiting spaces in the visiting location(s).
- Inform the support worker(s), caregiver(s) and/or general visitors (if indoor visit), of the rapid antigen testing requirements upon visiting or, if the Centre is in an Outbreak that they must verbally attest to a negative COVID-19 PCR test within the previous week and subsequently not tested positive. They can attend any [Getting tested for COVID-19 - Region of Peel \(peelregion.ca\)](#) and [COVID-19 test and testing location information | COVID-19 \(coronavirus\) in Ontario](#) for testing, if needed.
- Prior to each visit:
 - Communicate expectations to the visitors related to the day of the visit. which includes:
 - The visitor will be actively screened at the entrance of the Centre.
 - The visitor must wear medical or non-medical mask for outdoor visits which fits snugly (no gaps between mask and face) to cover the nose and mouth and chin .
 - If the visit is indoors then the visitor must wear a surgical/procedural mask, which will be provided by the Centre.
 - Prior to visiting any Resident for the first time, the Centre should provide training to caregivers and general visitors that addresses how to safely provide

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direct care, including putting on and taking off required PPE, and hand hygiene. The retraining of caregivers and general visitors is required once every month thereafter.

- Inform the visitor that they must have no symptoms of COVID-19.
- The visitor must comply with the Centre’s Managing Visitor policy and IPAC measures implemented by the Centre during their visit, or their visit could be discontinued.

Supervisor, Resident Support Services, will:

- Provide oversight of the visiting coordination and administrative processes.
- Monitor scheduling and implementation of the indoor and outdoor visiting procedures.
- Collaborate with the interdisciplinary team to determine when visiting restrictions will be implemented for indoor or outdoor visits.

PSN/designate will:

- Support training/education about physical distancing, respiratory etiquette, hand hygiene, infection prevention and control practices (IPAC) and proper use of Personal Protective Equipment (PPE) to the visitors through a training/educational package.
- Provide education to staff and visitors on the IPAC requirements during visits.
- Act as a resource to staff observing visits to ensure IPAC measures are in compliance and assist with any education a visitor(s) may require.

RN/RPN will:

- Engage in ‘teachable moments’ when visitor non-compliance is observed (e.g., improper use of PPE, breach in physical distancing, visiting more than one Resident, roaming the Centre).
- Escalate visitor non-compliance to their PSN for determination of corrective action.
- Escalate to CLT if needed based on each situation of non-compliance that occurs and the risk to Residents and Staff safety.
- Support the Resident and/or SDM in the process of the designating up to 2 caregivers.
- Confirm the Resident is asymptomatic and can tolerate indoor and/or (consider clinical status, weather conditions, etc.) outdoor visits.
- If the Resident is symptomatic and/or unable to tolerate a visit, notify the visitors to cancel the visit and reschedule. Essential visitors are permitted when a Resident is symptomatic or isolating.
- Continue to monitor the Resident’s clinical status post indoor and/or outdoor visit to determine if participation in indoor or outdoor visits are highly unlikely or impossible for the Resident and communicate to the interdisciplinary team, family members, and general visitors as needed.

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- Monitor indoor visitors to ensure IPAC measures are being followed (for example, surgical/procedural masks are worn at all times during the visit). If visitors are non-compliance to the Centre’s Managing Visitor policy or IPAC measures, inform the Centre’s Leadership Team.

Administrator/Director of Care/designate will:

- Review the [Caregiver Support Form](#) in consultation with CLT and/or interdisciplinary team.
- Determine whether there are any considerations for additional measures that would need to be in place for the caregiver visits.
- Ensure visitors’ packages/policy for visits are communicated to all visitors prior to their visits in the Centre.
- Ensure training is available as required to all caregivers, visitors to the Centre.
- Ensure the appropriate PPE is available to essential visitors (such as surgical/procedure masks, gloves, gowns, etc.).

PSW/designate will:

For indoor Visits:

- Ensure Resident is dressed and ready for scheduled visit.
- Inform the Resident Home Area RN/RPN if Resident is not feeling well and may not be able to receive visitors.
- Escort Residents from their rooms to the designated visiting location and section.
- Provide Resident with a mask (if tolerated)
- Ensure Resident and visitor perform hand hygiene and that the visitor is wearing surgical/procedure mask properly (if an indoor visit) and that it must remain in place for the duration of the visit. If it is an outdoor visit, non-medical mask to be worn which covers the nose, mouth and chin and fits snugly.
- Remind visitor and Resident to maintain physical distancing for the duration of the visit.

For Outdoor Visits:

- Escort Residents to/from their rooms to the designated visiting location and section.
- Apply sunscreen on the Resident, if applicable.
- Ensure the Resident is dressed appropriately for the weather.
- Provide Resident with a mask (if tolerated) and ensure Resident performs hand hygiene.
- Provide Resident with instructions for the visit, if capable (e.g., physical distancing, etc.).
- Report any concerns to the RPN/RN.

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Facility Services Staff/designate will:

For outdoor visits:

- Clean and disinfect tent railings (if applicable), barriers, chairs, tables, etc. between each visit, as per Environmental Cleaning and Disinfection Guidelines [COVID-19 FSS Guide](#).
- Ensure alcohol (>70%) hand sanitizer is available on each visiting table.
- Ensure visitation equipment (e.g., tent, table) is secure.
- Monitor air temperatures and humidity levels inside and outside of the Centre to know when to initiate actions and control measures at a minimum of three times throughout the day (when outdoor conditions exceed a humidex of 30). When the external temperature is 26°C and a humidity level of approximately 50% for comfort (when plotted on the humidex chart the value is 30). Visitation may need rescheduled.
- Help prepare for extreme heat/cold events, consult Environment and Climate Change Canada's (ECCC) weather website ([ECCC Weather Website](#)) regularly or your local weather station.

Screeners/designate will:

Indoor Visits:

- Refer to the Centre list of visitors to identify the appropriate screening process.
- Actively screen all types of visitors as they attend the home for either indoor or outdoor visits as per requirements.
- Ensure the caregivers and general visitors attest to having read/re-read the Centre's visitor policy and training/education package.
- Visitors who do not pass the screening, will not be permitted to visit or enter the Centre.
- If the visitor passes the screening:
 - Ensure they have a non-medical mask if visiting outside and if indoors, provide a surgical/procedural mask.
- When the visitor exits ensure hand hygiene performed and mask disposed.
- Accept Resident belongings, if the visitor brings them with them in a clear plastic bag with the Resident's name clearly identified (refer to the Handling of Resident Clothing Internal Process).
- Ask the visitor to wait for staff to escort them to the visiting location and section.
- Ask **all** Visitors to sign-in on the [Visitors' Sign In and Out Log](#).
- Provide the visitor with the information package - Caregiver Information Package or the General Visitor Indoor and Outdoor Visits Package.
- Pets are not permitted in the Centre unless previously approved by CLT.