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| TITLE: | Managing Visitors – COVID-19 | |
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POLICY:

To ensure a safe environment that follows provincially mandated protocols regarding physical distancing, this policy and procedure provides guidance on how visiting can be scheduled and facilitated at Huron Lodge in accordance with Provincial guidance. The role that families, friends, and visitors play in providing caregiving and emotional supports is important to the quality of life for long term care residents.

Visitors should consider their personal health and susceptibility to the virus in determining whether visiting a long-term care home is appropriate. Where it is not possible or advisable for in-person visits, the home will continue to provide virtual visiting options.

This policy is guided by the following principles as outlined by Ontario Health and the Ministry of Long-Term Care:

Safety: any approach to visiting in a Long-Term Care (LTC) home must consider, balance, and meet the health and safety needs of residents, staff, and visitors to ensure risks are mitigated.

Emotional Wellbeing: allowing visitors is intended to support the emotional wellbeing of residents and their families/friends, through reducing any potential negative impacts related to social isolation.

Equitable Access: all individuals seeking to visit a resident must be given equitable visitation access, consistent with resident preference and within reasonable restrictions that safeguard residents.

Flexibility: the physical/infrastructure characteristics of the LTC home, and its current status with respect to availability of Personal Protective Equipment, staffing availability, and any other key factors must be considered.

Equality: residents have the right to choose their visitors. In addition, resident and/or their substitute decision makers have the right to designate caregivers.

DEFINITIONS

Team Member: for the purpose of this policy, except where otherwise indicated, any permanent and contract, full-time, part-time, and casual: employee, agency staff, contracted healthcare professional, paid trainee, student under clinical placement providing care to residents of the care community.

The definition does not imply or create an employer/employee relationship where none exists, and it is used solely in the context of this policy to differentiate care community team members from Private Caregivers/Companions.

Essential visitors:

Support Worker: a person visiting to perform essential support services for the home or for a resident at Huron Lodge. This may be direct (i.e. phlebotomy, physician, nurse practitioner, hair dressing) or indirect (e.g., food delivery, inspector, maintenance, or health care services)

Caregiver: a visitor designated by the resident and/or their substitute decision-maker that is visiting to provide direct care to the resident (e.g. supporting feeding, mobility, personal hygiene, cognitive stimulation, communication, meaningful connection, emotional support, relational continuity and assistance in decision making).

Palliative Resident Visitor: a person visiting a very ill or palliative resident at end of life.

General visitors: family member, friend or any other individual coming to the home to provide non-essential services or for social reasons and who does not fall into another category.

PROTOCOLS AND PRACTICE STANDARDS:

As the pandemic situation evolves in Ontario, direction regarding visits to Huron Lodge (HL) will be adjusted as necessary keeping the safety and emotional wellbeing of residents and team members at the forefront. Visitor protocols may change as per the Chief Medical Officer of Health's direction or at the direction of the Ministry of Health, Ministry of Long-Term Care or Local Public Health Unit and will supersede this policy requirement.

The following baseline requirements must be in place for the home to accept any visitors. The home has established:

- A process for communicating with visitors about the resumption of visits and the associated procedures, including but not limited to, infection prevention and control (IPAC), scheduling and any home-specific policies.
- Protocols to maintain the highest of IPAC standards prior, during and after visits.
- A space designated to greet and screen visitors prior to their visit.
- **For outdoor visits**: an area for screening; an outdoor visiting area that does not require the visitor to travel through the home;
- **For indoor visits**: an area for screening, designated visiting locations as directed at different times through health authorities or Huron Lodge team based on environmental constraints (providing enough space for physical distancing) that ensure privacy, seating as required.

Regarding all Visitation (Caregivers and General Visitors):

1. Visitation programs and testing requirements will be restricted or enhanced based on local and Provincial Guidelines.
2. Visitors must comply with HL IPAC protocols including;
 - a. participate in COVID-19 active screening,
 - b. undergo surveillance testing prior to the visit at a frequency determined by the vaccination status as per Ministry of Long Term Care guidelines (not required for outdoor visits),
 - c. don the appropriate PPE as determined by the home based on the current provincial/local guidance .
 - d. review mandatory education on physical distancing, respiratory etiquette, hand hygiene, IPAC practices and proper PPE use.
3. Visitor(s) must only visit the 1 resident they are attending, and no other resident (certain exceptions may apply, e.g. visiting parents that both reside at the home or support workers providing service to more than one resident).
4. The number of visitors and/or caregivers allowed is a total of 4 for indoor visits. There is no limit on outdoor visits using other spaces.

5. If a resident is symptomatic/isolating or the home is in outbreak, only one caregiver may visit at a time.
 - a. General visitors are not allowed in these scenarios.
6. Visitors should attempt to limit movement throughout the home if possible.
7. Physical distancing (2m) is not required between visitor(s) and the resident however, the visitor must maintain 2m physical distance from all others (residents, team members, etc.). Please take this into consideration when determining where to visit with the resident.
8. Alternative locations for visits:
 - a. Visiting outdoors with the resident can occur anywhere on the HL property and adjacent areas.
 - b. Visits may take place in the home area lounges as long as physical distancing from other residents and team members is maintained
9. Visitors are able to accompany a resident to an activity as long as they maintain mask placement and continue to distance from others.
10. Visitors can assist the resident with meal or beverages in the room only and with PPE on at all times or as per new direction from health authorities.
11. All visitors must abide by the home's visitation policy and visitor code of conduct. Non-compliance may result in an administrative and progressive follow up as well as enhanced measures that will protect all stakeholders as needed.

Regarding Outdoor General Visitors (*as allowed based on Provincial and Local guidance*)

1. Outdoor visits may be cancelled due to inclement weather.
2. Outdoor visitors are not required to undergo surveillance testing but still require active screening
3. Outdoor visitors are also required to wear a surgical or cloth mask for the duration of the visits
4. There is no limit to the number of outside visitors unless local or provincial authorities enhance measures due to specific factors as determined by them.

Regarding Indoor General Visitors (*as allowed based on Provincial and Local guidance*)

1. The indoor visitor must wear a surgical/procedural mask provided by HL at all times while in the home.
2. Audits/ monitoring may be conducted during visits to ensure compliance with PPE and to support residents as required
3. Visits may be cancelled in the event the resident is not feeling well/is in isolation or in collaboration with local Public Health authorities due to health and safety reasons.
4. All visitors must disclose their vaccination status upon entry in the home.
5. Visitors that are fully vaccinated as defined by the Province (i.e. 2 doses of MRNA vaccine) and able and willing to show proof will be surveillance tested every other day at a minimum or as otherwise mandated by local or provincial authorities
6. Children under 1 are not considered visitors so they are exempt from surveillance testing.
7. Children under the age of 14 must be accompanied by a caregiver or a general visitor.
8. Children over 1 will be subject to and must pass both active screening and surveillance testing.
9. General visitors that are unable or unwilling to disclose the vaccination status will be surveillance tested prior to each visit after being actively screened.
10. Visitors are asked to wait the 15 minutes for the swab processing prior to attending to the resident.

Regarding Caregivers

1. A resident may have 4 designated caregivers. Any resident that previous to December 14, 2021 had a greater number of caregivers is allowed to maintain those caregivers.
2. All Caregivers have to disclose their vaccination status upon entry in the home.
3. Caregivers that are unable or unwilling to disclose the vaccination status will be surveillance tested prior to each visit after being actively screened.
4. Caregivers are asked to wait the 15 minutes for the swab processing prior to attending to the resident.
5. Caregivers that are fully vaccinated as defined by the Province (i.e. 2 doses of MRNA vaccine) and able and willing to show proof will be surveillance tested twice a week at a minimum or as otherwise mandated by local or provincial authorities
6. Essential caregivers must be 16 years of age or older.
7. Essential caregivers will be determined by the resident/POA and approved by a member of the management team or designate following a review of the submitted Essential Caregiver Request Form.
8. A resident and/or their substitute decision maker may change a designated caregiver in response to a change in the:
 - a. Resident’s care needs that is reflected in the plan of care
 - b. Availability of a designated caregiver, either temporary (for example illness) or permanent.
9. A resident and/or their substitute decision maker may not continuously change a designated caregiver in order to increase the number of people able to enter the home

Regarding Palliative Resident

1. Palliative visitors are not required to book visits or participate in surveillance testing but must participate in screening and wear provided PPE.
2. Visitation taking place for the purpose of compassion/palliation are allowed exceptions to the physical distancing rule.

PROCEDURES/RESPONSIBILITIES FOR ALL VISITS:

The administrator or designate will:

- 1) Communicate to family and residents as visitation directions are altered by the Ministry of Health or other government authorities.
- 2) Establish designated outdoor/indoor area(s) for visits to occur, while respecting the requirement of physical distancing and maintaining privacy.
- 3) Establish the flow of team member, resident, and family movement to and from visiting area(s), ensuring minimal traffic through the location/resident home areas.

The DOC or designate will:

- 1) Collaborate with resident/families/team members to determine and deem all essential caregivers.
- 2) Ensure visitors are educated about physical distancing, respiratory etiquette, hand hygiene, IPAC practices, and proper use of PPE.
- 3) Appoint team member(s) to conduct active screening and provide education to all visitors.

The Visitor Screener or designate will:

- 1) Ensure that the visitor/caregiver has:
 - a. passed the 2019 Novel Coronavirus (COVID-19) Active Screening Tool
 - b. reviewed the COVID-19 Visitor Information Package and the Managing Visitors Policy as appropriate
 - c. made the appropriate attestations related to their visit
 - d. undergone appropriate testing if required
 - e. have been given the required PPE for their visit
 - f. keep records as required on all persons entering the home and their information
 - g. forward the information to administration weekly for reporting and auditing purposes
 - h. Clean the resident/family screening and adjacent area between visits, including cleaning and disinfection of all chairs, tables and other surfaces

The Infection Control Lead or designate will:

- 1) Communicate if HL goes into outbreak and cancel certain visitation programs as required

All Team members will:

- 1) Participate in and support visiting of residents as needed
- 2) Guide any visitors with PPE utilization as needed
- 3) Seek support from the registered nurse and/or manager to address questions and concerns, including immediate advice to support individual resident and family needs

All Visitors/caregivers will:

- 1) Participate in the COVID-19 testing/screening process as directed by local or Provincial authorities (unless requiring immediate access in an emergency or palliative situation)
- 2) Perform hand hygiene and don the required PPE for the type of visit occurring
- 3) Practice physical distancing from team members, other residents and other visitors

References:

Directive #3 for Long-Term Care Homes under the Fixing Long- Term Care Act, 2021

Minister’s Directive: COVID-19: LONG-TERM CARE HOME SURVEILLANCE TESTING AND ACCESS TO HOMES (March 14th 2022)

MOLTC: COVID-19 guidance document for long-term care homes in Ontario:

<https://www.ontario.ca/page/covid-19-guidance-document-long-term-care-homesontario>