COVID-19 Visitor Policy- This is a generic version, please contact the community your loved one resides in for specific information related to their home.

Note: The province is currently under a stay-at-home order/Shutdown.

Policy:

Retirement Homes have a responsibility to ensure residents receive visitors safely to help protect against the risk of COVID-19. This policy balances mitigating measures to protect the health and safety of residents, staff and visitors, with the physical, mental, emotional, and spiritual needs of residents for their quality of life and in consideration of the mental health and emotional well-being of residents and their loved ones. All visitors must comply with the requirements set out in this policy.

This policy complies with current ministry requirements per <u>Directive #3</u> (May 4, 2021), applicable legislation and regulations including the <u>Provincial Framework</u> and is guided by the policies of the Ministry for Seniors and Accessibility (MSAA) and the Retirement Homes Regulatory Authority (RHRA), including the <u>Retirement Homes Policy to Implement Directive #3</u> (May 4, 2021). If anything in the policy conflicts with guidance, recommendations or advice from the Chief Medical Officer of Health (CMOH), the CMOH guidance prevails, and the residence will take all reasonable steps to follow them. Additionally, if anything conflicts with application legislation, regulations or requirements under the Provincial Framework, the residence will follow those requirements. This policy will continue to be reassessed and revised based on provincial requirements.

For the purposes of this policy, an individual is considered "fully immunized" when they have received the total number of required doses of a vaccine approved by Health Canada and it has been at least 14 days since they received their final dose.

Guiding Principles

In addition to the requirements established in the Retirement Homes Act, 2010 and O. Reg 166/11, the Provincial Framework, and Directive #3, this policy is guided by the following principles:

- **Safety:** Any approach to visiting, absences, and activities must balance the health and safety needs of residents, staff, and visitors, and ensure risks of infection are mitigated.
- Mental Health and Emotional Well-being: Allowing visitors, absences, and activities is intended to support the overall physical, mental and emotional wellbeing of residents by reducing any potential negative impacts related to social isolation.
- Equitable Access: All residents must be given equitable access to receive visitors and participate in activities consistent with their preferences and within restrictions that safeguard residents, staff and visitors.
- Flexibility: The physical characteristics /infrastructure of the home, its staffing availability, whether the home is in outbreak or in an area of widespread community transmission, and the current status of the home with respect to infection prevention and control (IPAC) including personal protective equipment (PPE) are all variables to take into account when administering home-specific policies for visiting, absences, and activities.
- Autonomy: Residents have the right to choose their visitors. Residents also have the right to designate their caregivers. If a resident is unable do so, substitute decision-maker(s) may designate caregivers.

policies and directives as of May 9, 2021. Please refer to guidance from the Ministry of Health, MSAA, RHRA and your local PHU.

- Visitor Responsibility: Visitors have a crucial role to play in reducing risk of infection for the safety of residents and staff by adhering to visitor policy requirements related to screening, IPAC and PPE and any precautions described in this policy.
- Immunization: Flexibilities for absences and activities reflect both the high rates of COVID-19 immunization as well as the protective effect that immunizations have had on the number of COVID-19 cases and outbreaks in retirement homes. This update reflects the evidence available so far across Canada and abroad and is subject to change as the knowledge of COVID-19 vaccines evolves.

Requirements for Visits

Our Home will adhere to the requirements in any applicable directives issued by the CMOH and directions from the local PHU. This may include direction to take additional measures to restrict access and duration of visits during an outbreak or when the PHU deems necessary under the Provincial Framework. The following baseline requirements will be maintained to continue to accept any visitors:

- 1. Procedures for visits including but not limited to IPAC, scheduling and any setting-specific policies.
- Communication of clear visiting procedures with residents, families, visitors and staff, including sharing an information package with visitors on IPAC, masking, physical distancing and other health and safety procedures such as limiting movement around the residence, if applicable, and ensuring visitors' agreement to comply. Residence materials will include an expectation that visitors comply with visiting policies (See Appendix A)
- 3. A process for any person to make complaints to the residence about the administration of visiting policies and a timely process for resolution. The information package for visitors will include the Retirement Home Policy to Implement Directive #3 (digital link, copy upon request) and information about how to escalate concerns about the residence to the RHRA by email and/or phone.
- 4. The residence policies/procedures include an expectation that visitors comply with the visiting policy, with a process to notify residents and visitors that failure to comply with the visiting policy may result in discontinuation of visit(s) when risk of harm from continual non-compliance is considered too high, including a way to assess refusal of entry on a case-by-case basis.
- 5. Protocols for record keeping of visitations for contact tracing purposes (to be kept for at least 30 days in accordance with Directive #3) with the minimum requirements of: name, contact information, date and time of visit, resident visited (See Appendix D)
- 6. Dedicated areas for both indoor and outdoor visits to support physical distancing between residents and visitors.
- 7. Protocols to maintain best practices for IPAC measures prior to, during and after visits.
- 8. A list of visitors available for relevant staff to access, including Essential Visitors, to support contact tracing.

Factors that will inform decisions about visits in the residence include:

- Adequate Staffing: The residence has sufficient staff to implement the policies related to visitors and to ensure safe visiting as determined by the home's leadership.
- Access to adequate testing: The residence has a testing policy and plan in place, based on contingencies and informed by local and provincial health officials, for testing in the event of a suspected outbreak.
- Access to adequate Personal Protective Equipment (PPE): The residence has adequate supplies of relevant PPE required to support visits.
- Infection Prevention and Control (IPAC) standards: The residence has appropriate cleaning and disinfection supplies and adhere to IPAC standards, including enhanced cleaning.

• **Physical Distancing:** The residence can facilitate visits in a manner aligned with physical distancing protocols.

If the residence restricts visits based on any of the above factors, the decision will be communicated to residents, including the reasons for the decision.

Types of Visitors

There are 3 categories of visitors: Essential Visitors, General Visitors, and Personal Care Service Providers. Retirement home staff and volunteers as defined in the *Retirement Homes Act, 2010* are <u>not</u> considered visitors.

1. Essential Visitors	A. Support Workers
Essential Visitors are	A Support Worker is a type of Essential Visitor who is brought into the home to perform essential
persons performing	services for the home or for a resident in the home, including the following individuals:
essential support	• Regulated health care professionals under the Regulated Health Professions Act, 1991 (e.g.,
services (e.g., food	physicians, nurses);
delivery, inspectors,	Unregulated health care workers (e.g., PSWs, personal/support aides, nursing/personal care
maintenance, or	attendants), including external care providers and Home and Community Care Support Service
health care services	Providers (formerly LHIN providers);
(e.g., phlebotomy) or	 Authorized third parties who accommodate the needs of a resident with a disability;
a person visiting a	 Health and safety workers, including IPAC specialists;
very ill or palliative	Maintenance workers;
resident).	Private housekeepers;
	Inspectors; and
In addition to a person	Food delivery.
visiting a very ill or	B. Essential Caregivers
palliative resident, there are two	An Essential Caregiver is a type of Essential Visitor who is designated by the resident or, if the
categories of Essential	resident if unable to do so, their substitute decision-maker.
Visitors: Support	Essential caregivers visit to provide care to a resident (e.g., supporting feeding, mobility, personal
Workers and Essential	hygiene, cognitive stimulation, communication, meaningful connection, relational continuity and
Caregivers.	assistance in decision-making).
caregiverer	
	A maximum of 2 Essential Caregivers may be designated per resident (designation should be made
	in writing to home & home should have procedure for documenting Essential Caregiver
	designations and any subsequent changes)
	Residents or an SDM are able to designate the Essential Caregiver and the necessity of an Essential
	Caregiver is determined by the resident or SDM.
	In order to limit the spread of infection spread, a resident and/or their SDM should be encouraged
	to change the designation of their Essential Caregiver in limited circumstances, including in
	response to:
	 A change in the resident's care needs that is reflected in the plan of care; and/or
	 A change in the resident state needs that is reflected in the plan of eac, and of A change in the availability of a designated Essential Caregiver, either temporary (e.g., illness) or
	permanent.
	Examples of Essential Caregivers include: family members who provide care, a privately hired
	caregiver, paid companions and translators.
	A resident may designate an external care provider as an Essential Caregiver even though that
	individual would also be considered a Support Worker.
	[Clarification from MSAA: designating an external care provider as an Essential Caregiver per above
	counts as 1 of the resident's 2 designated Essential caregivers.]

2. General Visitors	 A General Visitor is a person who is not an Essential Visitor and visits: To provide non-essential services (may or may not be hired by the home or the resident and/or their SDM); For social reasons (e.g., family members or friends); and/or As a prospective resident taking a tour of the home.
3. Personal Care Service Providers	 A Personal Care Service Provider is a person who is not an Essential Visitor and visits to provide non-essential personal services to residents. Personal Care Services include those outlined under the Reopening Ontario Act, 2020 regulations O. Reg. 82/20, O. Reg. 263/20 and O. Reg. 364/20, such as hair salons and barbershops, manicure and pedicure salons, aesthetician services, and spas, that are not being provided for medical or essential reasons (e.g., foot care to support mobility or reduce infections).

- Designated Essential Caregivers and any subsequent changes will be documented through [include procedure for how Essential Caregiver designations will be documented, including any subsequent changes]. (See Appendix E)
- 2. Residents/SDMs will be encouraged to change the designation of their Essential Caregiver in limited circumstances, as noted in the above chart, in order to limit the spread of infection.

Access to Residence

- 1. Directive #3 requires that all visitors follow public health measures (e.g., active screening, physical distancing, hand hygiene, masking for source control) for the duration of their visit in the residence.
- 2. Only Essential Visitors are permitted when: (General visitors **NOT** permitted in these circumstances)
 - a. A resident is symptomatic or isolating on Droplet and Contact Precautions,
 - b. The residence is in an outbreak, or
 - c. The residence is located in a PHU region where there is evidence of increasing/significant community transmission i.e., Orange (Restrict), Red (Control) or Grey (Lockdown) zones or during Shutdown in the Provincial Framework, as well as during times of local/provincial restrictions (e.g., stay-at-home orders).
- 3. As noted above, residents who are self-isolating under Droplet and Contact Precautions may only receive Essential Visitors (e.g., residents may not receive General Visitors or Personal Care Service Providers). The residence may permit other residents who are not self-isolating to receive General Visitors and Personal Care Service Providers, provided it is in alignment with this policy, the Provincial Framework and directions from the local PHU.
- 4. The number of visitors permitted as outlined in the Retirement Homes Policy to Implement Directive #3 is noted below, however local PHU may advise further restrictions on visitors in part or all of the residence, depending on the specific situation. The residence and visitors must abide by any restrictions imposed by a PHU.

1. Essential Visitors Visits by Essential Visitors are permitted as follows, subject to	A. Support Workers Any number of Support Workers are permitted into the home, while maintaining the principles of minimizing the number of workers per resident per day and maintaining physical distancing within the home as much as possible.
direction as outlined in the RHs Policy:	B. Essential Caregivers A maximum of 2 Essential Caregivers per resident may visit at a time, with physical distancing, appropriate PPE, and other public health measures.
2. General Visitors	 A maximum of 2 General Visitors per resident may visit at a time provided: The home is <u>NOT</u> in a PHU region under Orange, Red, Grey or Shutdown zone; The home is <u>NOT</u> in an outbreak; and The resident is <u>NOT</u> self-isolating or symptomatic.

	The residency should ensure that residents are able to maintain contact with their loved ones (e.g., phone and virtual visits) when in a PHU region in the Orange, Red, Grey or Shutdown zone, during an outbreak or when the resident is self-isolating.				
3. Personal Care	Personal Care Service Providers who are visiting or work on site are permitted to provide services				
Service Providers	in alignment with the Provincial Framework.				
	Personal Care Service Providers must:				
	 Follow required public health and IPAC measures for Personal Care Service Providers and those of the home, including wearing a medical mask and eye protection for the duration of their visit to the home, practicing hand hygiene and conducting environmental cleaning after each appointment. Require residents to wear a medical mask during their services. 				
	 Document all residents served and maintain the list for at least 30 days to support contact tracing. 				
	 Not perform any services which require the removal of face coverings 				

Not perform any services which require the removal of face coverings.
 Clarification from MSAA: The <u>number of visitors</u> attending to a **palliative resident** should be decided
 on a case-by-case basis; homes should be communicating with families to come to a safe and
 supportive decision together.

- 5. Unnecessary entry into our home by visitors will be minimized (e.g., the residence will encourage food or package delivery to the foyer for resident pick up or staff delivery).
- 6. All residents, families, visitors and staff will be provided with this policy and information package, including education on all required protocols (including visitor complaints process). All visitors must review the contents of the information package prior to their visit and comply with the policy. Additional applicable policies and procedures will also be communicated as needed.
- 7. To support physical distancing between residents and visitors, designated indoor and outdoor visiting areas have been established and are identified.
- 8. Best practices for IPAC measures with be maintained prior to, during and after visits. *[Identify protocols].*
- 9. [Include any scheduling procedures] [E.g. Visits should be staggered, allowing sufficient time between visits for cleaning/disinfecting, using a booking system, etc.]
- 10. Our Home will ensure a list of visitors, including Essential Visitors, is available for relevant staff to access to support contact tracing.
- 11. All visits to our Home will be documented, including at minimum: the visitors' name, contact information, date and time of visit, and purpose of visit (e.g. name of resident visited). These records will be kept for a minimum of 30 days and will be readily available to the local PHU for contact tracing. (See Appendix D)
- 12. Physical distancing (a minimum of 2 metres or 6 feet) must be practiced at all times by every individual in the residence to reduce the transmission of COVID-19, with the following exceptions relevant to visits:
 - a) For the purposes of providing direct care to the resident;
 - b) For a fully immunized resident to have physical contact with their fully immunized essential caregiver(s) (e.g., holding hands, hugs).
 - c) For the purposes of a compassionate/palliative visit
- 13. If our home is *above* the overall home immunization threshold as outlined in the residence's policies and Retirement Homes Policy to Implement Directive #3, fully immunized Essential Caregivers may join a fully immunized resident during a mealtime.

Screening Visitors for COVID-19

1. Testing

Staff and Essential Visitors must follow testing requirements outlined in the <u>COVID-19 Testing in</u> <u>Retirement Homes</u>. These requirements also apply to Home and Community Care Support Service Providers and Personal Care Service Providers.

Our Home is also utilizing the additional testing utilizing Rapid Antigen testing. This will be conducted on ALL staff and visitors to the home on each visit. If anyone refuses to participate in Rapid Antigen testing, or if their Rapid Antigen testing result indicates a positive identification of Covid-19, entry into our Home will not be permitted.

2. Active Screening

- a) All visitors will be actively screened for symptoms and exposure history for COVID-19 at the beginning of their visit before being allowed to enter the residence per Directive #3 (See Appendix D).
- b) Visitors who do not pass screening will not be permitted access, unless:
 - a. It cannot be assured that resident care can be maintained if the visitor's entry were refused, assessed on a case-by-case basis by the residence [Identify protocol e.g., who assesses; how is the determination made, etc.]
 - b. They are exempt from passing screening per below:
 - 1. First responders must be permitted entry without screening in emergency situations
 - 2. Visitors for imminently palliative residents must be screened prior to entry, but if they fail screening, they must be permitted entry but the residence will ensure that they wear a medical (surgical/procedural) mask and maintain physical distance from other residents and staff.
- c) Visitor entry and their screening results will be documented and retained for at least 30 days to support contact tracing. (See Appendix D).

3. Safety Review - Essential Visitors

- a) If the residence is **declared in outbreak**, prior to visiting any resident for the first time, the residence may provide training to Essential Caregivers, and Support Workers who are not trained as part of their service provision or through their employment. Training will address how to safely provide direct care, including putting on (donning) and taking off (doffing) required PPE, and hand hygiene. Alternatively, if the residence does not provide the training, Essential Caregivers and Support Workers will be directed to appropriate resources from <u>Public Health Ontario</u> to acquire this training.
- b) For homes not in outbreak, prior to visiting any resident for the first time, and at least once every month thereafter, the residence will ask Essential Caregivers and Support Workers to verbally attest that they have:
 - i. Read/Re-Read the following documents:
 - The residence's visitor policy; and
 - Public Health Ontario's document entitled <u>Recommended Steps: Putting on Personal</u> <u>Protective Equipment (PPE).</u>
 - ii. Watched/Re-watched the following Public Health Ontario videos:
 - Putting on Full Personal Protective Equipment;
 - <u>Taking off Full Personal Protective Equipment;</u> and
 - How to Hand Wash.

c) Safety review screening will be documented and retained for at least 30 days (See Appendix D).

4. Safety Review - General Visitors and Personal Care Service Providers

- a) Prior to visiting any resident for the first time, and at least once every month thereafter, the residence may ask General Visitors and Personal Care Service Providers to verbally attest that they have:
 - i. Read/Re-Read the following documents:
 - The residence's visitor policy; and
 - Public Health Ontario's document entitled <u>Recommended Steps: Putting on Personal</u> <u>Protective Equipment (PPE).</u>
 - ii. Watched/Re-watched the following Public Health Ontario videos:
 - Putting on Full Personal Protective Equipment;
 - Taking off Full Personal Protective Equipment; and
 - How to Hand Wash.
- b) Safety review screening may be documented and retained for at least 30 days (See Appendix D).

Personal Protective Equipment

Visitors must wear PPE as required in Directive #3, which requires our Home to follow Directive #5 for Hospitals and Long-Term Care Homes:

1. Essential Visitors

- a) Support Workers are responsible for bringing their own PPE to comply with requirements for Essential Visitors as outlined in Directive #3. The residence may provide access to PPE to Essential Caregivers if they are unable to acquire PPE independently. This may include providing access to medical masks (surgical/procedure), face shields or eye goggles and any additional PPE required to maintain Contact and Droplet Precautions when providing care to residents who are isolating on Droplet and Contact Precautions.
- b) Per Directive #3, Essential Visitors:
 - i. Must use a medical mask (surgical/procedure) while in the residence, including while visiting a resident who does not have, or is not suspected to have COVID-19 in their room (the resident should also wear a mask, if tolerated).
 - ii. Must wear appropriate eye protection (e.g., goggles or face shield) when they are within 2 metres of a resident as part of the provision of direct care and/or their interaction with the resident in an indoor area.
 - That are health care workers providing direct care or in contact with a resident who is suspected or confirmed with COVID-19 must wear appropriate PPE in accordance with Directive #5.
- c) The residence may reinforce appropriate use of PPE for Essential Visitors as outlined in Directive #5.
- d) Essential Visitors must attest to having received training on proper use of PPE, as noted above.
- e) The residence will intervene and reinforce appropriate uses of PPE if improper practices are alleged or observed. Essential Visitors must follow staff reminders and coaching on proper use of PPE.

2. General Visitors and Personal Care Service Providers

- a) General Visitors and Personal Care Service Providers are responsible for bringing their own mask for visits as outlined in Directive #3.
- b) Visitors must wear either a medical or a non-medical if the visit is outdoors.
- c) If the visit is indoors, a medical mask (surgical/procedure) must be worn at all times.
- d) General Visitors and Personal Care Service Providers must attest to having read the documents and watched the videos on PPE, as noted above.

e) The residence will intervene and reinforce appropriate uses of PPE if improper practices are alleged or observed. General Visitors must follow staff reminders and coaching on proper use of PPE.

Retirement Home Tour Requirements (Note: The residence is currently under "Shutdown" zone)

- 1. Virtual tours will be implemented as much as possible.
- 2. In-person tours are allowed in PHU regions in the Green (Prevent), Yellow (Protect), Orange (Restrict) and Red (Control) zones, with strong adherence to IPAC and public health measures and the following precautions:
 - a) The tour group should be limited to the prospective resident or couple plus one other individual (e.g., accompanying family member or close friend).
 - b) All tour participants are subject to the General Visitor screening and PPE requirements outlined in this document (e.g., active screening, wearing a face covering/mask, IPAC, maintaining social distance).
 - c) The tour route will be restricted in a manner that avoids contact with residents.
 - d) The number and duration of tours may be kept to a minimum.
- 2. All in-person tours should be paused if the residence goes into outbreak or is in a PHU region under the Grey (Lockdown) or Shutdown zone.

Discontinuation of Visits/Refusal of Entry

1. All visitors to the residence are expected to comply with the visiting policy. Failure to comply with the residence's visiting policy may result in the discontinuation of visit(s) when risk of harm from continual non-compliance is considered too high. Refusal of entry will be assessed on a case-by-case basis by management/Designate.

The visitor and resident will be notified in writing and additional education provided; Continued non-compliance will result in the visitor being told to leave by management and the incident documented. The visitor will only be permitted back when they complete the education and attest that they will follow IPAC protocols. Repeat incidents of non-compliance may result in the visitor not being permitted back in the building as long as there is a risk of infection present.

Complaints Process

1. If a visitor has a compliant about the administration of the residence's visiting policies, they will be directed to share their complaint by phone or email with the Executive Director. Concerns may be escalated to the RHRA via email or phone. This process is documented in the Information Package for Visitors.

Accessibility Considerations

This residence is required to meet all applicable laws such as the Accessibility for Ontarians with Disabilities Act, 2005.

[Note: Refer to ORCA's **Sample COVID-19 Policy** for <u>Requirements for Social Activities</u> and ORCA's **Sample Protocols** for **Resident Absences** for <u>Requirements for Absences</u> per the MSAA Retirement Home COVID-19 Visiting Policy]

Appendix: Appendix A - Information Package for Visitors Appendix B - Sample Signage for Visitors

Appendix C - Sample Visiting Schedule

Appendix D - Visitor Screening

Appendix E – Sample COVID-19 Waiver of Liability, Declaration, & Indemnity Agreement Template

Appendix F – Essential Caregiver Designation Form

Appendix G – MSAA Visitor Signage

References:

Retirement Homes Policy to Implement Directive #3

https://www.rhra.ca/wp-content/uploads/2021/05/Retirement-Homes-Policy-to-Implement-Directive-3-May-5-2021-1.pdf

Ministry of Health (MOH) Directive #3 – May 4, 2021

http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/directives/LTCH_HPPA.p df

Retirement Homes Regulatory Authority (RHRA) Scenario Matrix: Retirement Home COVID-19 Visiting Policy – April 27, 2021

https://www.rhra.ca/wp-content/uploads/2021/04/Scenario-Matrix-updated-April-27-2021-FINAL.pdf

Appendix A – Information Package for Visitors

Note Visitor Requirements Identified Herein:

As part of the residence's policy on visits during COVID-19, all residents, families, visitors and staff will be provided with this information package, including education on all required protocols.

Visitor restrictions are based on <u>Directive #3</u> issued by the Chief Medical Officer of Health (CMOH), Ministry for Seniors and Accessibility (MSAA) and the Retirement Homes Regulatory Authority (RHRA) <u>Retirement Homes Policy to Implement Directive #3</u>, and requirements outlined in the provincial <u>COVID-19 Response Framework: Keeping Ontario Safe and Open</u> (Provincial Framework).

Compliance with Policy

All visitors must review the Information Package for Visitors prior to their visit and comply with the policy. Every single individual in the residence – staff, student, volunteer, visitor, or resident – has a responsibility in ensuring the ongoing health and safety of all by practicing IPAC measures as noted throughout this policy at all times, and these measures apply whether or not they have received a COVID-19 vaccine. Failure to comply with the residence's visiting policies may result in the discontinuation of visit(s) when risk of harm from continual non-compliance is considered too high. Refusal of entry will be assessed on a case-by-case basis by management/Designate.

Limiting Movement in the Residence

All visitors have a crucial role to play in reducing risk of infection for the safety of residents and staff by adhering to requirements outlined in this policy, including screening. All visitors will be actively screened at the beginning of their visit before they are allowed to enter the residence. Visitors will not be permitted access if they do not pass screening, unless an exception applies as noted in this policy (e.g. first responders, visitors for imminently palliative residents, if resident care cannot be maintained as assessed by the residence).

Residents who are self-isolating under Droplet and Contact Precautions may only receive Essential Visitors (e.g., residents may not receive General Visitors or Personal Care Service Providers).

The local public health unit (PHU) may advise further restrictions on visitors in part or all of the residence depending on the specific situation. Visitors must abide by any restrictions imposed by a PHU.

Complaints Process

Should a visitor have a complaint about the administration of the residence's visiting policy, they may contact the Executive Director and the complaint will be responded to in a timely manner. If your concern is not resolved to your satisfaction with the residence's management, visitors may contact the Retirement Homes Regulatory Authority (RHRA) by email (<u>info@rhra.ca</u>) and/or phone (1-855-275-7472).

A copy of the <u>Retirement Homes Policy to Implement Directive #3</u> is available upon request.

Physical Distancing

Physical distancing means keeping our distance from one another and limiting activities outside the home. When outside your home, it means **staying at least 2 metres (or 6 feet) away** from other people whenever possible. Physical distancing, when combined with proper hand hygiene and cough etiquette, has been shown to limit the spread of COVID-19.

Physical distancing also means making changes in your everyday routines to minimize close contact with others, including:

- Avoiding crowded places and non-essential gatherings
- Avoiding common greetings, such as handshakes or hugging
- Limiting contact with people at higher risk (e.g., older adults and those in poor health)

Dedicated areas for indoor and outdoor visits have been arranged to support physical distancing between residents and visitors. Physical distancing (a minimum of 2 metres or 6 feet) must be practiced at all times

by every individual in the residence to reduce the transmission of COVID-19, with the following exceptions relevant to visits:

- 1. For the purposes of providing direct care to the resident;
- 2. For a fully immunized resident to have physical contact with their fully immunized essential caregiver(s) (e.g., holding hands, hugs);
- 3. For the purposes of a compassionate/palliative visit

All visitors must comply with the residence's protocols on physical distancing as per the CMOH Directive #3.

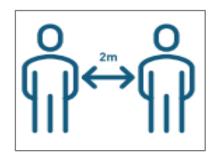


Read more about physical distancing <u>here</u> (Source: Public Health Ontario)

Respiratory Etiquette

It is important to help reduce the spread of illnesses by using proper respiratory etiquette. This means that instead of covering your mouth with your hands when coughing or sneezing, use your sleeve or a tissue. This reduces the number of germs on your hands, though it is still important to wash your hands after coughing or sneezing.

Respiratory etiquette <u>must</u> be practiced by all visitors during all visits on the residence property to reduce the risk of COVID-19 transmission.



Following these steps is important:



Read more about respiratory etiquette here (Source: Public Health Ontario)

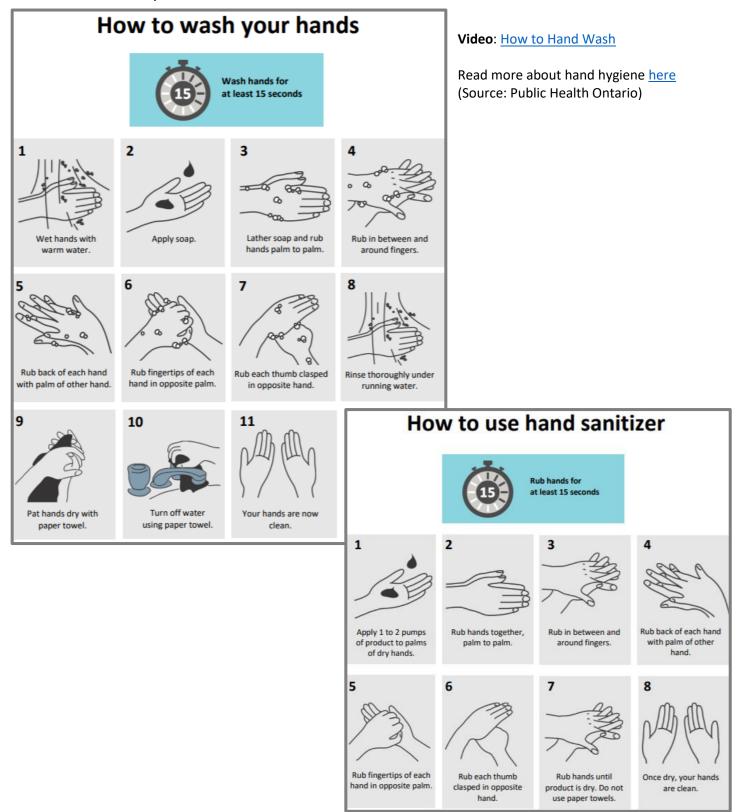
Hand Hygiene

Hand hygiene is a general term referring to any action of hand cleaning and is a fundamental component of infection prevention and control. Touching your eyes, nose or mouth without cleaning your hands or sneezing or coughing into your hands may provide an opportunity for germs to get into your body. Keeping your hands clean through good hygiene practice is one of the most important steps to avoid getting sick and spreading germs to others.

- Handwashing with soap and running water, as opposed to using hand sanitizer, must be done when hands are visibly soiled. Hand hygiene with soap and water done correctly removes organisms.
- **Hand sanitizers** with 70-90% alcohol may be used when your hands are not visibly dirty. Hand hygiene with alcohol-based hand sanitizer correctly applied kills organisms in seconds.

All visitors <u>must</u> perform hand hygiene prior to beginning each visit with a resident and if at any time their hands become soiled during the visit. Wash or sanitize your hands at the end of the visit as well.

Follow these steps:



Infection Prevention and Control (IPAC) Practices

Infection Prevention and Control (IPAC) refers to evidence-based practices and procedures that, when applied consistently in health care settings, can prevent or reduce the risk of transmission of microorganisms to residents, staff and visitors.

All visitors <u>must</u> follow the residence's infection and prevention control protocols (IPAC), including proper use of face coverings/masks.

IPAC practices include:

- 1. Hand hygiene program
- 2. Screening and surveillance of infections
- 3. Environmental cleaning procedures that reflect best infection control practices
- 4. Use of personal protective equipment
- 5. Outbreak detection and management
- 6. Additional precautions specified to prevent the spread of infection
- 7. Ongoing education on infection control

Read more about best practices for infection prevention and control <u>here</u> (Source: Public Health Ontario)

Use of Personal Protective Equipment (PPE)

Using, applying, and removing PPE correctly is critical to reducing the risk of transmission of COVID-19. All visitors <u>must</u> comply with the residence's protocols for PPE, include proper donning and doffing of PPE and following instructions on use provided by the residence.

Essential Visitors:

Support Workers are responsible for bringing their own PPE to comply with requirements for Essential Visitors as outlined in Directive #3. Retirement homes may provide access to PPE to Essential Caregivers if they are unable to acquire PPE independently (medical masks, face shields/googles, any additional PPE for Droplet Contact Precautions).

Essential Visitors:

- 1. Must use a medical mask (surgical/procedure) while in the residence, including while visiting a resident who does not have, or is not suspected to have COVID-19 in their room (the resident should also wear a mask, if tolerated).
- 2. Must wear appropriate eye protection (e.g., goggles or face shield) when they are within 2 metres of a resident as part of the provision of direct care and/or their interaction with the resident in an indoor area.
- 3. That are health care workers providing direct care or in contact with a resident who is suspected or confirmed with COVID-19 must wear appropriate PPE in accordance with Directive #5.

Our Home will reinforce appropriate use of PPE for Essential Visitors as outlined in Directive #5. Essential Visitors must attest to having received training on proper use of PPE.

The residence will intervene and reinforce appropriate uses of PPE if improper practices are alleged or observed. Essential Visitors **must** follow staff reminders and coaching on proper use of PPE.

General Visitors and Personal Care Service Providers:

- Are responsible for bringing their own mask for visits as outlined in Directive #3
- Must wear either a medical or a non-medical if the visit is outdoors. If the visit is indoors, a medical mask (surgical/procedure) must be worn at all times.

General Visitors and Personal Care Service Providers must attest to having read the documents and watched the videos on PPE required as part of the safety review.

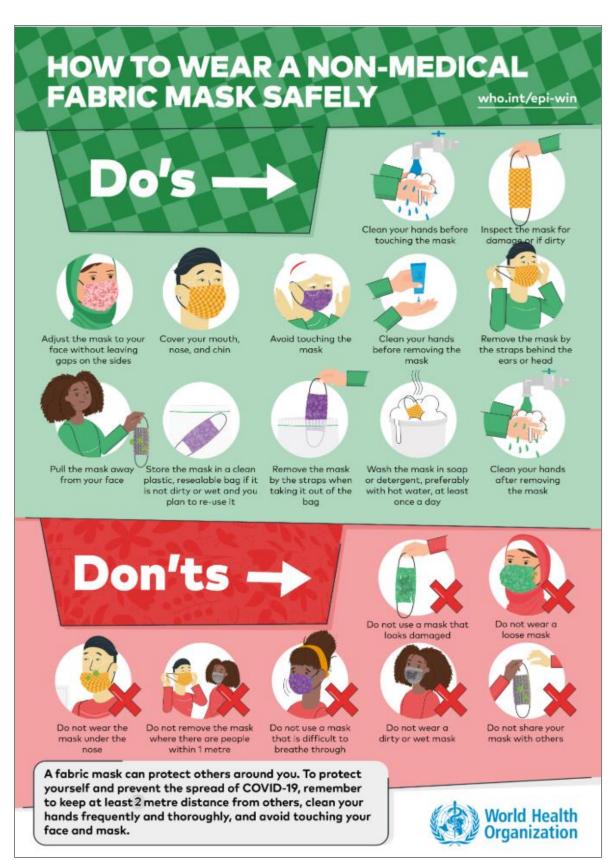
The residence will intervene and reinforce appropriate uses of PPE if improper practices are alleged or observed. General Visitors **must** follow staff reminders and coaching on proper use of PPE.

Public Health Ontario:

Recommended Steps: Putting on Personal Protective Equipment (PPE)

Videos:

Putting on Full Personal Protective Equipment Taking off Full Personal Protective Equipment



Source: World Health Organization (Non-Medical Fabric Mask) *Poster modified to 2 metres

HOW TO WEAR A MEDICAL MASK SAFELY

who.int/epi-win



Source: World Health Organization (Medical Mask) *Poster modified to 2 metres

Visits with Your Loved Ones

During COVID-19

Expectations for Visits

Staying connected with others and the outdoors is important for everyone's wellbeing. To ensure the safety of residents and the whole retirement home community, all general visitors, and essential visitors as applicable, must adhere to the following restrictions as per Ontario's Chief Medical Officer of Health (<u>May</u> <u>4, 2021</u>) (CMOH, Directive #3). The residence has established visiting procedures to meet the health and safety needs of residents, staff, and visitors. Please refer to the ministry's <u>Retirement Homes Policy to Implement Directive #3</u> for more information (May 4, 2021).

The following requirements must be met for visits to happen, they include:

- Visits can only be arranged if there is adequate staffing to implement the visitor policy and ensure safe visiting
- Visits can only be arranged if there is adequate testing in the event of a suspected outbreak
- Visits can only be arranged if there is enough personal protective equipment (PPE) required to support visits
- Visits can only be arranged if our Home can facilitate visits with physical distancing as applicable
- Visitors must pass the screening process every time they visit and will not be permitted entry, unless an exception applies per the residence's policy
- Visitors must comply with the retirement home's infection and prevention control protocols (IPAC) which includes:
 - Visitors must wash/sanitize hands before and after each visit

- Visitors must practice physical distancing (2 metres/6 feet apart) as applicable
- Only Essential Visitors are allowed to visit when:
 - A resident is symptomatic or isolating on Droplet and Contact Precautions,
 - o The residence is in an outbreak, or
 - The residence is located in a PHU region where there is evidence of increasing/significant community transmission i.e., Orange (Restrict), Red (Control) or Grey (Lockdown) zones or during Shutdown in the Provincial Framework, as well as during times of local/provincial restrictions (e.g., stay-at-home orders).

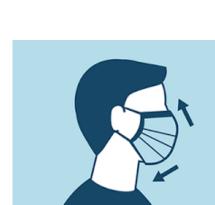
Guidelines for Outdoor Visits During COVID-19

- Practice physical distancing
- Keep at least 2 metres or 6 feet apart
- Wearing a mask (medical or nonmedical) at all times is a MUST
- Don't touch your face or others

 Wash or sanitize your hands before and after your visit



20



Appendix C - Visiting Schedule

Name of Residence:	:				Date:		
Visiting Hours:		From:		To:	To:		
Time	Resident Suite #	Name	Name of Visitor Phone Number Relationship to Resident	Name of Visitor Phone Number t Relationship to Resident		Name of Visitor Phone Number Relationship to Resident	
9:00 – 9:45 am							
Clean and Disinfect			1	1			
10:00-10:45 am							
Clean and Disinfect	1			1			
11:00 – 11:45 am							
Clean and Disinfect	1			1			
12:00-12:45 pm							
Clean and Disinfect	1		1	1			
1:00 – 1:45 pm							
Clean and Disinfect	1			1			
2:00 – 2:45 pm							
Clean and Disinfect							
3:00 – 3:45 pm							
Clean and Disinfect							
4:00 – 4:45 pm							
Clean and Disinfect							
5:00-5:45 pm							
Clean and Disinfect				·			
6:00 – 6:45 pm							
Clean and Disinfect	•					· ·	

Appendix D – Visitor Screening

SAMPLE COVID-19 ACTIVE SCREENING TOOL – VISITORS

This tool may be used for all visitors: Essential Visitors (Support Workers and Essential Caregivers), General Visitors and Personal Care Service Providers.

Active screening once at the beginning of visit is required, however, first responders must be permitted entry without screening in emergency situations.

Please have the visitor answer the following questions:

1.	Do you have any of the following new or worsening signs or symptoms?		
	Symptoms should not be chronic or related to other known causes or conditions.		
	Fever and/or chills	Yes	No
	Temperature of 37.8° Celsius/100° Fahrenheit or higher		
	Cough or barking cough (croup)	Yes	No
	Continuous, more than usual, making a whistling noise when breathing, not related to		
	other known causes or conditions (e.g., COPD, post-infectious reactive airways		
	Shortness of breath	Yes	No
	Out of breath, unable to breathe deeply, not related to other known causes or conditions		
	(e.g., asthma)		
	Decrease or loss of taste or smell	Yes	No
	Not related to other known causes or conditions (e.g., allergies, neurological disorders)		
	Sore throat	Yes	No
	Not related to other known causes or conditions (e.g., seasonal allergies, acid reflux)		
	Difficulty swallowing	Yes	No
	Painful swallowing, not related to other known causes or conditions		
	Runny or stuffy/congested nose	Yes	No
	Not related to other known causes or conditions (e.g., seasonal allergies, being outside in		
	cold weather)		
	Pink eye	Yes	No
	Conjunctivitis, not related to other known causes or conditions (e.g., reoccurring styes)		
	Headache	Yes	No
	Unusual, long-lasting, not related to other known causes or conditions (e.g., tension-type		
	headaches, chronic migraines)		
	Digestive issues like nausea/vomiting, diarrhea, stomach pain	Yes	No
	Not related to other known causes or conditions (e.g., irritable bowel syndrome, anxiety in		
	children, menstrual cramps)		
	Muscle aches/joint pain	Yes	No
	Unusual, long-lasting, not related to other known causes or conditions (e.g., a sudden		
	injury, fibromyalgia)		
	Extreme tiredness	Yes	No
	Unusual, fatigue, lack of energy, not related to other known causes or conditions (e.g.,		
	depression, insomnia, thyroid disfunction)		
	Falling down often	Yes	No
	For older people		
2.	Has a doctor, health care provider, or public health unit told you that you should	Yes	No
	currently be isolating (staying at home)?		

3.	In the last 14 days, have you been identified as a "close contact" of someone who currently has COVID-19?	Yes	No
4.	In the last 14 days, have you received a COVID Alert exposure notification on your cell phone? If you already went for a test and got a negative result, select "No".	Yes	No
5.	In the last 14 days, have you or anyone you live with travelled outside of Canada? If you or anyone you live with are exempted from federal quarantine as per <u>Group Exemptions</u> , <u>Quarantine Requirements</u> under the Quarantine Act, select "No"	Yes	No
6.	Is anyone you live with currently experiencing any new COVID-19 symptoms and/or waiting for test results after experiencing symptoms?	Yes	No
7.	Is your Rapid Antigen test negative for Covid-19?	Yes	No

Screening Passed (P):

If the individual answers **NO** to all questions, they have passed the screening and can enter the home*. They must use hand sanitizer and need to wear a mask to enter the home and should be told to self-monitor for symptoms while in the home and report any symptoms immediately. Additional PPE may be required based on the resident interaction per this policy.

*A Safety Review must also be completed as applicable: (See " COVID-19 SAFETY REVIEW – VISITORS")

- 1. For Essential Visitors:
 - If the residence is declared in outbreak, prior to visiting any resident for the first time: Verbal attestation of having receiving PPE training
 - For homes not in outbreak, prior to visiting any resident for the first time, and at least once every month thereafter:

Verbal attestation of having read/re-read and watched/re-watched the required materials as applicable

- 2. For General Visitors & Personal Care Service Providers:
 - **Prior to visiting any resident for the first time, and at least once every month thereafter:** Verbal attestation of having read/re-read and watched/re-watched the required materials as applicable

Screening Failed (F):

- A. If the individual answers <u>YES</u> to ANY question, they have not passed the screening and should not be permitted entry. They should be told to go or stay at home to self-isolate immediately and contact their health care provider or Telehealth Ontario (1-866-797-0000) to get medical advice or an assessment, including if they need a COVID-19 test.
- **B.** If the individual answers <u>YES</u> to question 6 and/or question 7, they must be advised to stay home until the sick individual gets a negative COVID-19 test result, is cleared by their local PHU, or is diagnosed with another illness.

C. Exceptions to not passing screening:

- First responders must be permitted entry without screening in emergency situations
- Visitors for imminently palliative residents must be screened prior to entry, but if they fail screening, they must be permitted entry but the residence will ensure that they wear a medical (surgical/procedural) mask and maintain physical distance from other residents and staff
- Entry to be assessed on a case-by-case basis which includes the assurance that resident care can be maintained if entry is refused. This assessment must be conducted in conjunction with the Director of Wellness in our Home.

Please refer to <u>May 5, 2021 Ministry of Health COVID-19 Screening Tool for Long-Term Care Homes and Retirement</u> <u>Homes.</u> Refer to the Ministry of Health <u>COVID-19 Reference Document for Symptoms</u> (September 21, 2020) in adapting your screening tool and keeping it up to date with the latest signs/symptoms.

COVID-19 SAFETY REVIEW – VISITORS

Essential Visitors

A. Residence declared in outbreak:

Prior to visiting any resident for the first time, the Essential Caregiver/Support Worker verbally attests that they have:

Received training* on proper use of PPE (i.e., how to safely provide direct care, including	Yes	No	l
putting on (donning) and taking off (doffing) required PPE, and hand hygiene)			

*training provided by residence, or directed to Public Health Ontario resources

B. Residence not in outbreak:

Prior to visiting any resident for the first time, and at least once every month thereafter, the Essential Caregiver/Support Worker verbally attests that they have:

1.	Read/Re-Read the following documents:					
	I. The home's visitor policy Yes No					
	II. Public Health Ontario's document entitled <u>Recommended Steps: Putting on</u> Yes No					
		Personal Protective Equipment (PPE)				
2.	Watch	ned/Re-watched the following Public Health Ontario videos:				
	١.	Putting on Full Personal Protective Equipment	Yes	No		
	١١.	Taking off Full Personal Protective Equipment	Yes	No		
	111.	How to Hand Wash	Yes	No		

General Visitors and Personal Care Service Providers

Prior to	o visitin	g any resident for the first time, and at least once every month thereafter,	, the Gene	eral		
Visitor	/Person	al Care Service Provider verbally attests that they have:				
1.	Read/	Re-Read the following documents:				
	III.	The home's visitor policy	Yes	No		
	IV. Public Health Ontario's document entitled <u>Recommended Steps: Putting</u> Yes No					
		on Personal Protective Equipment (PPE)				
2.	Watch	ned/Re-watched the following Public Health Ontario videos:				
	IV.	Putting on Full Personal Protective Equipment	Yes	No		
	٧.	Taking off Full Personal Protective Equipment	Yes	No		
	VI.	How to Hand Wash	Yes	No		

Visitor Screening Tracker

Date	Screening Time (Time In)	Visitor Name Printed	Contact Information (Phone/Email)	Reason for Visit (e.g. Name of Resident Being Visited)	Visitor Type (Essential – i) Support Worker, ii) Essential Caregiver; General Visitor; Personal Care Service Provider)	Visiting Location	Screening Result – Pass or Fail	Safety Review Completed (if applicable	Time Out
3/8/21	8:45am	Jane Doe	XXX-XXX-XXXX Jane.doe@outlook.com	Tom Doe	Designated Caregiver	Indoor; Private Dining Room	Pass		10:00am

Appendix E - COVID-19 Waiver of Liability, Declaration, & Indemnity Agreement Template COVID-19 WAIVER OF LIABILITY, DECLARATION, & INDEMNITY AGREEMENT Generic Version, see home for specific version

You are choosing to visit, perform contracted services at, or return to your residence at a senior living and retirement community. You acknowledge and agree that <u>YOU DO SO AT YOUR OWN RISK</u>, including the increased risk of <u>contracting or transmitting the COVID-19 virus</u>, or a variant thereof. You understand and acknowledge that COVID-19 may be present. *(Name of residence)* is taking prudent steps to implement and enforce appropriate protocols to keep residents and visitors safe, but we cannot assure you that you will not contract or transmit the COVID-19 virus.

By executing this Agreement, you agree that you will conform to any and all directives, recommendations, and protocols implemented by *(Name of residence)*, for the entire duration of your attendance, whether you are a visitor, contractor, or a resident. Visitors and contractors agree that you will not enter *(Name of residence)* <u>under any circumstances</u> if you feel unwell, have a fever, exhibit a cough, are experiencing any other symptoms associated with COVID-19, or have any reason to believe you have been exposed to same. Residents agree that you will notify *(Name of residence)* staff prior to your return if you are experiencing any symptoms of COVID-19, if you have not adhered to COVID-19 safety protocols established by local Government and health authorities in the place you are returning from, and you will adhere to any self-isolation or testing/tracing protocols implemented by *(Name of residence)* staff.

Visitors and contractors further agree that, throughout the duration of your attendance at (*Name of residence*), you will:

- Participate in active screening (including a Safety Review as applicable);
- Practice hand hygiene;
- Wear a mask at all times, as applicable;
- Practice physical distancing;
- Refrain from any close contact with others;
- Remain in designated visiting areas, as applicable;
- Inform staff immediately upon experiencing any symptoms related to COVID-19.

In consideration of being allowed to enter, or return to (*Name of residence*) (subject to the guidelines or requirements of the Ontario Ministry of Health and the Ministry for Seniors and Accessibility), you ACKNOWLEDGE and AGREE that (*Name of residence*) <u>WILL NOT BE LIABLE TO YOU IN ANY WAY</u> if you contract or transmit COVID-19 as a result of your visit or stay at (*Name of residence*), including any subsequent physical or psychological symptoms that you may experience. Further, if you, your child, another visitor, a resident, or anyone on behalf of same, make(s) a claim against (*Name of residence*) as a result of your contraction or your transmission of COVID-19, <u>YOU WILL INDEMNIFY</u>, <u>SAVE AND HOLD (*NAME OF RESIDENCE*) HARMLESS</u> from any liability, damage, cost, litigation expense, loss, or fees which (*Name of residence*) may incur as a result of such claim.

By completing and submitting this Agreement, you confirm that you have read and understand it, and that you are aware that you are waiving legal rights against (*Name of residence*), INCLUDING THE RIGHT TO SUE:

Name / Signature of Visitor or Contractor (circle which one):	/
Name / Signature of Resident(s)://	_
Name of Visiting Child/Children (if applicable)://	/
Date:	

AGREEMENT IN FULL FORCE AND EFFECT FOR ENTIRE DURATION OF ATTENDANCE AT OUR HOME Appendix F– Essential Caregiver Designation Form

Designation of Essential Caregiver(s) Under COVID-19 Visitor Policy

Essential Visitors are persons performing essential support services (e.g., food delivery, inspectors, maintenance, or health care services (e.g., phlebotomy) or a person visiting a very ill or palliative resident). In addition to a person visiting a very ill or palliative resident, there are two categories of Essential Visitors: Support Workers and Essential Caregivers.

An Essential Caregiver is a type of Essential Visitor who is **designated by the resident** or, if the resident if unable to do so, **their substitute decision-maker (SDM)**. Essential Caregivers visit to provide care to a resident. This includes supporting feeding, mobility, personal hygiene, cognitive stimulation, communication, meaningful connection, relational continuity and assistance in decision-making. Examples of Essential Caregivers include family members who provide care, a privately hired caregiver, paid companions, and translators.

A resident may designate an external care provider as an Essential Caregiver even though that individual would also be considered a Support Worker.

A maximum of two (2) Essential Caregivers may be designated per resident **in writing using this form**. Any subsequent changes will also be documented using this form.

Note: In order to limit infection spread, a resident and/or their SDM may be encouraged to change the designation of their Essential Caregiver in limited circumstances, including in response to:

- A change in the resident's care needs that is reflected in the plan of care; and/or
- A change in the availability of a designated Essential Caregiver, either temporary (e.g., illness) or permanent.

Caregiver Responsibilities:

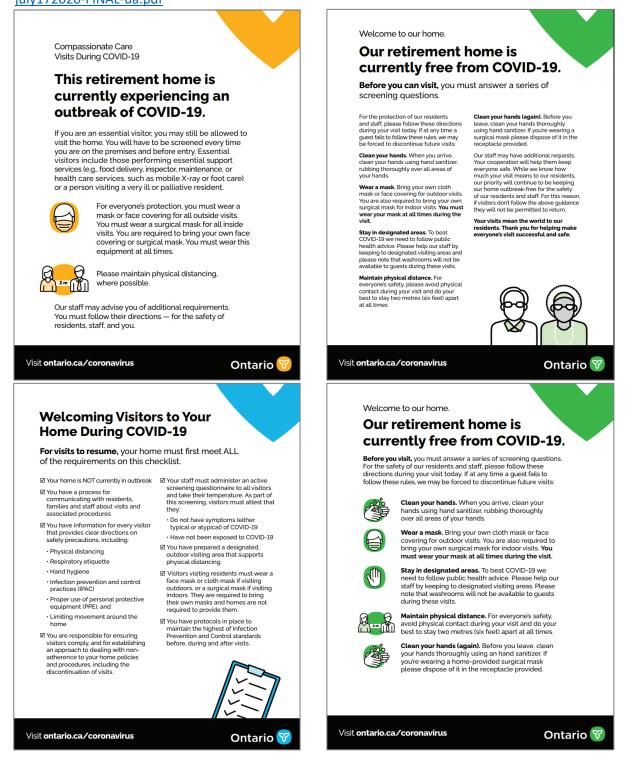
- All visitors must comply with the residence's visiting policy and procedures. Failure to comply with the visiting policy may result in the discontinuation of visit(s) when risk of harm from continual non-compliance is considered too high.
- A maximum of 2 Essential Caregivers per resident may visit at a time with physical distancing, appropriate PPE, and other public health measures.
- Prior to visiting any resident, visitors must follow screening requirements, including active screening, and safety review as applicable.
- If improper PPE practices are alleged or observed, the Essential Visitor must follow staff reminders and coaching on proper use of PPE. If the Essential Visitor is non-compliant with PPE practices, they may be asked to leave our Home.

Resident's Name:	
Essential Caregiver #1:	Relationship to Resident:
	Email:
Essential Caregiver #2:	_ Relationship to Resident:
Phone #:	Email:
Designated By: [] Resident / [] SDM	
Resident's Signature (if applicable):	
SDM's Signature (if applicable):	
Date Signed:	
<u>CHANGE OF DESIGNATED CAREGIVER(S)</u> : (if applicable)	
Essential Caregiver #1:	_ Relationship to Resident:
	Email:
Essential Caregiver #2:	Relationship to Resident:
	Email:
Designated By: [] Resident / [] SDM	
Resident's Signature (if applicable):	
SDM's Signature (if applicable):	
Date Signed/Changes Take Effect:	

Appendix G - MSAA Visitor Signage

All signs can be downloaded and printed here:

https://www.orcaretirement.com/wp-content/uploads/RetirementHomes-Visitors_Posters-EN-FINALjuly172020-FINAL-ua.pdf



Welcome to our home.

Our retirement home is currently free from COVID-19.

Our staff may have additional requests. Your cooperation will help them keep everyone safe. While we know how much your visit means to our residents, our priority will continue to be keeping our home outbreak-free for the safety of our residents and staff. For this reason, if visitors don't follow the above guidance they will not be permitted to return.

Your visits mean the world to our residents. Thank you for helping make everyone's visit successful and safe.



Ontario 😽

Visit ontario.ca/coronavirus