

COVID-19 Visitor Policy

Policy:

Beginning October 13, 2020, Retirement Homes will continue a gradual resumption of resident visits during the COVID-19 pandemic. All visitors will be instructed to adhere to the requirements set out in this policy to ensure the safety of all residents, staff and visitors, and allow for the continuity of visits that support the mental, physical and spiritual needs of residents for their quality of life. This policy is guided by current ministry requirements per Directive #3 and the Ministry for Seniors and Accessibility (MSAA) *Reopening Retirement Homes (September 8, 2020)*, and includes revisions based on *Retirement Home Covid-19 Visiting Policy (MSAA) (October 5, 2020)*. Links to these documents can be found under References below. Any non-adherence to the rules set out in the visitor policy will be the basis for discontinuation of visits.

Informed by the ongoing COVID-19 situation in the community and the residence, our Retirement Home is taking a gradual, phased approach to the resumption of visits. As the pandemic situation continues to change, the residence's visitor policy will be reassessed and revised to allow for increased or decreased restrictions as necessary, as circumstances change in the community, within the residence and with new directives.

As the province moves into a second wave of COVID-19, in order to continue to balance retirement home resident and staff safety with well-being, Ontario has developed a risk-based response system that includes specific actions based on community transmission and infection spread within the sector.

As the COVID-19 outbreak evolves, direction on retirement home visits will be adjusted as necessary, keeping the safety and well-being of residents and staff at the forefront.

Guiding Principles

Safety: Any approach to visiting in the residence must consider balance and meet 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 and their families/friends, through reducing any potential negative impacts related to social isolation.

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

Flexibility: Any approach to visiting in the residence must consider the physical/infrastructure characteristics of the retirement home, its staffing availability, and the current status of the home with respect to Personal Protective Equipment (PPE) levels for staff and residents, and whether or not they are in a high risk location.

Autonomy: Residents have the right to choose their visitors, and residents and substitute decision makers have the right to designate caregivers.

This policy is based on the principles of safety, emotional well-being, equitable access, flexibility and autonomy. It is with compassion that we recognize the need for residents' connection with loved ones, and it is through in-person visits and the ability to provide caregivers that this can be best achieved. We will take all reasonable steps to help facilitate visits within the parameters of ministry directives within the restrictions that safeguard residents. Per ministry guidelines, the residence will follow the requirements for the minimum visit frequency and seek to accommodate more visits where possible.

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Revised October 9, 2020

Where it is not possible or advisable for visits to occur in person, the residence will continue to provide virtual visiting options.

Prior to Accepting Non-Essential Visitors

As per Ministry of Health (MOH) Directive #3 and MSAA guidelines, the following baseline requirements must be met prior to accepting visitors:

1. The residence must **not** be in an Alert or High Alert status as identified by RHRA (Retirement Home Regulatory Authority) in collaboration with the MSAA (Ministry for Seniors and Accessibility). These determinations will be made based on widespread transmission in the community or based on widespread transmission and infection spread within the sector in the community.
2. The residence must **not** be in an outbreak. When a local Public Health Unit declares an outbreak in a home, they may also advise further restrictions on visitors in part or all of the home, depending on the specific situation. Visits will not occur in instances where a symptomatic staff or resident is awaiting COVID-19 test results, until those tests results are known.
 - a) In the event the residence begins accepting visitors and enters into an outbreak, all *non-essential* visitations will end, and the residence will establish compliance with all Chief Medical Office of Health (CMOH) directives for residences in outbreak and follow directions from the local public health unit (PHU).
3. The residence has developed procedures for the resumption of visits and associated procedures, and a process for communicating procedures with residents, families and staff, including but not limited to infection prevention and control (IPAC), scheduling and any setting-specific policies.
 - a) This process must include sharing an information package with visitors on IPAC, masking and other operational procedures such as limiting movement around the residence, if applicable, and ensuring visitors' agreement to comply. Residence materials must include an approach to dealing with non-adherence to residence policies and procedures, including the discontinuation of visits. **(See Appendix A)**
 - b) Dedicated areas for both indoor and outdoor visits.
 - c) Protocols to maintain the highest of IPAC standards prior to, during and after visits.
 - d) Each residence will create and maintain a list of visitors. The list will be available for relevant/appropriate staff members to access.
 - e) Protocols for record keeping of visitations for contact tracing purposes
4. Additional factors that will inform decisions about visitations in the residence include:
 - **Access to adequate testing:** The residence must have a testing plan in place, based on contingencies informed by local and provincial health officials, for testing in the event of a suspected outbreak.
 - **Adequate staffing:** The home currently does not have staffing shortages that would affect resident or staff safety and is not under a contingency staffing plan. There must be sufficient staff to implement the protocols related to visitors. *Additionally, staffing levels are sufficient to ensure safe visiting as determined by the home's leadership.*
 - **Access to adequate Personal Protective Equipment (PPE):** The residence must have adequate supplies of relevant PPE.
 - **Infection Prevention and Control (IPAC) standards:** The residence must have essential cleaning and disinfection supplies and adhere to IPAC standards, including enhanced cleaning.
 - **Physical Distancing:** The residence must be able to facilitate visits in a manner aligned

with physical distancing protocols

Procedures:

Indoor/Outdoor Visits

These requirements are necessary for both indoor and outdoor visits, regardless of a home's previous outdoor visitation policy prior to the implementation of the MSAA guidelines and update to Directive #3.

1. As of October 13, 2020, the residence will continue the gradual resumption of general visits, with outdoor visits and indoor visits in *common areas* of the building if appropriate physical distancing can be maintained. *In-suite* visits with non-essential visitors will only be allowed for those residents who are critically ill or palliative. Management will review this policy and revise as appropriate based on circumstances in the community, within the residence, and based upon situational Public Health directives.
2. Designated indoor and outdoor visiting spaces have been established and will be identified at the time of scheduling the visit. For outdoor visits, the visitor may bring an outdoor/lawn chair, or one may be provided by the residence. Staff will clean and disinfect the visiting area after each visit. In the event of inclement weather for an outdoor visit, if space and staffing are available an indoor visit may be offered, or a virtual visit can be facilitated.

As identified throughout this policy, should the residence go into an outbreak or be identified as being in an Alert or High Alert status, or the resident is self-isolating or symptomatic, both indoor and outdoors visits will be discontinued, except for essential visits (see section below)

Visit Parameters (Number/Types of Visitors Allowed)

1. Provided the residence is not in outbreak and has not been identified as being in an Alert or High Alert area, and all other requirements are met under Directive #3 and the MSAA Reopening Retirement Homes, the residence will carry out a staggered approach to the number of visits during the COVID-19 pandemic. The number of visitors per resident, per day, will be determined by the residence in review of community and residence circumstances. More details are provided in the section "Scheduling of Visits". ***Please note that local Public Health Units may impose further restrictions on visitors based on community transmission.***
2. Provided that current CMOH guidance on physical distancing can be accommodated, the residence will now allow up to general **2 visitors at a time** for a resident. Additionally, **at a minimum**, the residence will allow a sufficient block of time **for at least 1 meaningful weekly visit per resident**. This policy will be reviewed and revised when appropriate.
3. If the residence is in outbreak or identified as being in an Alert or High Alert status, or the resident is self-isolating or symptomatic, **non-essential visits are not allowed**; only essential visitors will be permitted. (See visitor definitions for further details).
4. **Visitors must only visit the one resident they are intending to visit, and no other resident. If a**

visitor wishes to visit more than one resident, a separate visit must be scheduled.

Visitor Definitions (Types of Visitors and When they are Permitted)

All visitors are responsible for adhering to applicable directives, including Directive #3 (attached), this policy, as well as the home's visitor policy. Visitors should consider their personal health and susceptibility to the virus in determining whether visiting a retirement home is appropriate. Retirement home staff and volunteers are not considered visitors.

Under the MSAA's revised Reopening Retirement Homes, there are now 3 types of visitors, and the designation of the visitor type will determine both visitor access and visitor requirements when the home is not in outbreak as well as if it does go into outbreak.

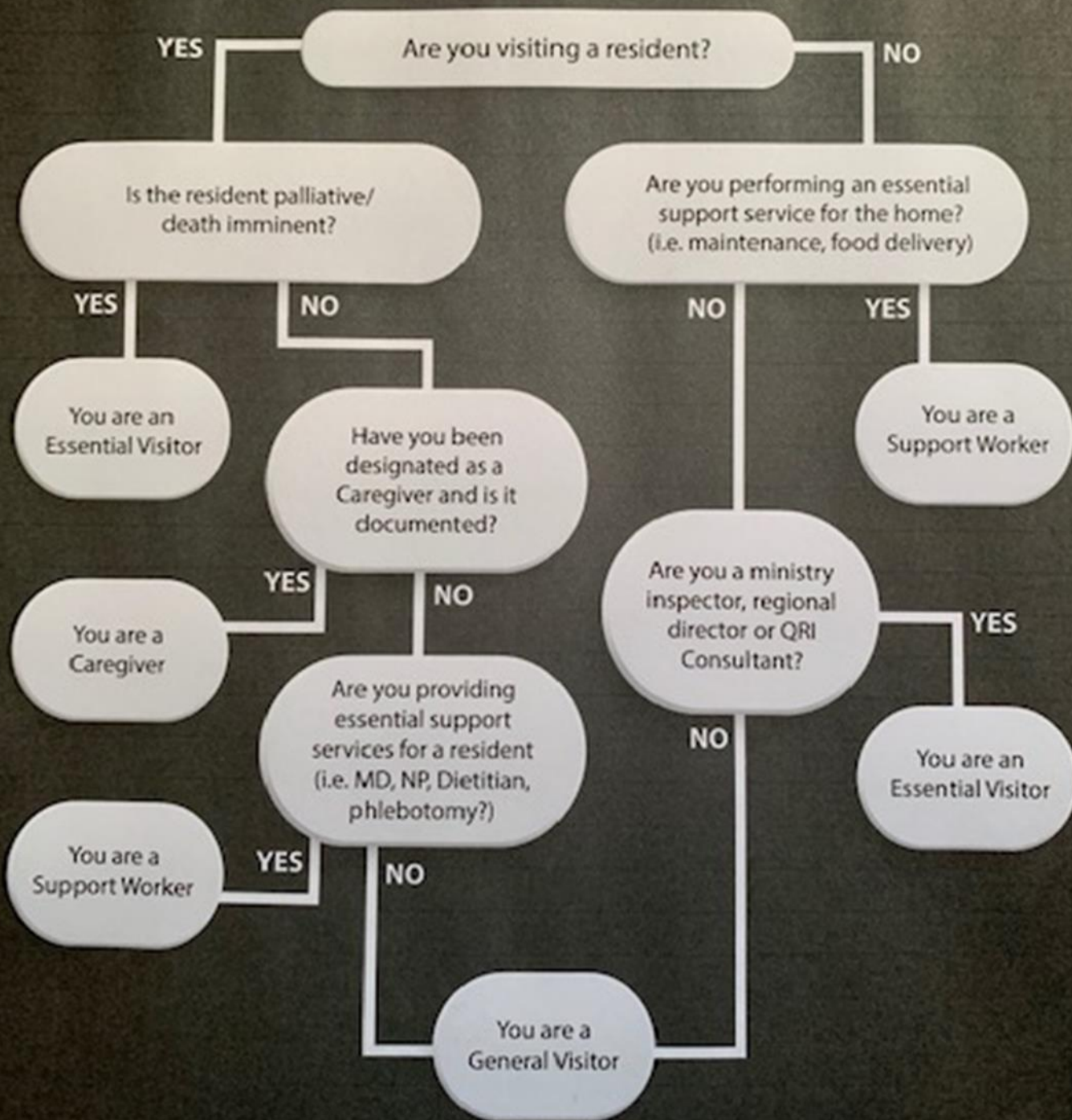
1. **Essential Visitors:** Essential visitors are defined as including a person performing essential support services (eg food delivery, inspector maintenance, or health care services such as phlebotomy, or a person visiting a very ill or palliative resident. Within the definition of essential visitors, there are two categories;
 - a. **Support Worker:** A support worker is someone who is brought into the home when there are gaps in service to perform essential services for the home, or for a resident in the home, such as physicians, LHIN workers, physiotherapy, occupational therapy, social workers, maintenance worker, private housekeeper and food delivery.
 - b. **Caregiver:** A caregiver is someone who is designated by the resident and/or their substitute decision maker who visits to provide **direct care** to the resident. Example of this direct care would be feeding, mobility, personal hygiene, cognitive stimulation, communication, meaningful connection, relational continuity and assistance in decision-making. A maximum of 2 caregivers may be designated per resident, in writing to the home, and this designation will be added to the resident's care plan. A caregiver designation may be changed in response to a change in the resident's care needs or the availability of the designated caregiver but there may be only 2 designated caregivers at any given time for each resident. It is the responsibility of the caregiver to notify the home of any change in a timely fashion in order to make alternate arrangements, and to update visitor designation lists and the resident's care plan accordingly. Caregivers can include family members providing direct care, a privately hired caregiver, paid companions or translators.

As essential visitors, both support workers and caregivers are permitted to continue to visit the resident if the home goes into outbreak or if the resident is self-isolating or symptomatic, providing they pass screening each visit and complete the required education. There is not a limit to the number of support workers a resident may be permitted. Caregivers will be restricted to one caregiver at any given time if the resident is self isolating or symptomatic or if the home goes into outbreak. **Designated caregivers will be expected to have a negative Covid-19 test within the last 14 days and not to have tested positive subsequently, as is the expectation for Retirement Home staff.**

It is important to note that if a home is in outbreak or in a community identified under Alert or High Alert status, the local Public Health Unit may recommend additional outbreak management control measures which may include restriction of essential visitors.

2. **General Visitor:** A general visitor is a person who is not an essential visitor and who visits to provide non-essential services that may or may not be hired by the home or the resident, or for social reasons, or is a prospective resident taking a tour of the home. General visitors are allowed to visit a resident 2 at a time providing the resident is not self-isolating or symptomatic and the home is not in outbreak or in an Alert or High Alert status. If the resident is symptomatic, self-isolating or the home is in outbreak or in an Alert or High Alert status, general visitors are not permitted.
3. **Personal Care Service Providers:** A personal care service provider is a person who is not an essential visitor, and who visits to provide personal services to residents such as hair dressing and nail care. Personal Care Service Providers will be permitted 1 at a time, providing the resident is not self-isolating or symptomatic or the home is in outbreak or if the home is in an area identified as an Alert or High Alert status. If the resident is symptomatic, self-isolating or the home is in outbreak, Personal Care Service Providers are not permitted to visit.

Determining Type of Visitor Algorithm



Screening Protocols & Visitor Requirements

1. Prior to each visit, the visitor, must: **(See Appendix D attached)**
 - a. **Pass active screening**, including symptom screening, exposure for COVID-19, and temperature check **every time** they are on the premises of or enter the residence, and also **attest** that they are not experiencing any of the typical and atypical symptoms of COVID-19. Visitors will not be allowed to visit if they do not pass the screening. Designated caregivers will be expected to have a negative Covid-19 test within the last 14 days and not to have tested positive subsequently, as is the expectation for Retirement Home staff.
 - b. **Attest** to residence staff that, within the last 30 days, they have 1) read the following documents – The home’s visitor policy and the Public Health Ontario’s document entitled “Recommended Steps: Putting on Personal Protective Equipment (PPE)” and 2) Watched the following Public Health Ontario videos – “Putting on Full Personal Protective Equipment” , “Taking off Full Personal Protective Equipment”, and “How to Hand Wash”. The home will provide the visitor policy and the Public Health Ontario document, but is under no obligation to provide the videos for viewing at the time of screening. If the home goes into outbreak, the home will provide this video training to designated caregivers only. It is expected that the videos will be accessed and viewed before coming for your scheduled visit. (See Scheduling of Visits below).

Links to the Public Health Ontario videos are here and below in the Reference section:

<https://www.publichealthontario.ca/en/videos/ipac-fullppe-on>

<https://www.publichealthontario.ca/en/videos/ipac-maskeyes-off>

<https://www.publichealthontario.ca/en/health-topics/infection-prevention-control/hand-hygiene/jcyh-videos>

2. The visitor must comply with the home’s infection prevention control protocols (IPAC), including proper use of masks.
 - a. Visitors should use a mask at all times if the visit is outdoors. If the visit is indoors, a surgical/procedure mask is required. **Visitors are responsible for bringing their own masks.** If the visitor does not bring their own mask, and the home is not able to provide a surgical/procedure mask, the visitor will not be permitted inside the home. Essential visitors (as defined above) who are equipped with appropriate PPE may enter the home
 - b. Education on the home’s visitor policy and Public Health PPE directives will be provided by the home (See Appendix A). Viewing of Public Health Ontario videos identified above are the responsibility of the visitor with the exception of the Caregiver in the case of outbreak.
 - c. Any non-adherence to these rules could be the basis for discontinuation of visits.
3. The visitor must only visit the area they are intending to visit, and no other resident.
4. Essential visitors providing direct care to a resident must use a surgical/procedure mask while in the residence, including while visiting the resident that does not have COVID-19 in their room.
5. Essential visitors who are in contact with a resident who is suspect or confirmed with COVID-19, must wear appropriate PPE in accordance with Directive #5 and Directive #1. This includes contact

and droplet precautions.

Scheduling of Visits

1. All general visits must be pre-scheduled to allow for appropriate physical distancing and staffing coverage. The residence will create and maintain a list of visitors. The list will be available for relevant/appropriate staff members to access.

All general visits must be booked via the Calendly app; if we have your email address already, a link will be sent to you that will give you access to the scheduling tool. If we do not have your email on file, you will need to call the home to schedule your appointment manually. All general visits must be booked at minimum 48 hours in advance in order to allow for adequate staffing and oversight as required. To book a visit via telephone, you must speak directly with the home by calling their main telephone line; your call will be directed to the individual who will have access to the scheduling tool on your behalf. Arrival and exit times will need to be logged by staff for all visits so please be punctual as extensions cannot be granted due to the nature of scheduling and the necessity for disinfection.

At this time, the doors remain locked so please expect to wait for someone to allow you access into the building following the active screening procedure.

You should arrive 10 minutes in advance of your scheduled appointment time as you will need to complete active screening and complete a visitor attestation form. If you are late for your scheduled appointment, the visit time cannot be extended due to the need to accommodate other visits and the necessity to disinfect the area in between visits.

Support workers and designated caregivers will not be expected to have their visits pre-scheduled, but the expectation is that they will be pre-arranged and pre-approved.

2. Visits can now accommodate up to two visitors at a time, both general and caregivers. As indicated above, the visitors must only visit the one resident they are intending to visit, and no other resident. There will be no limit to the number of support workers a resident may have.
3. General visits will be time-limited to allow the residence to accommodate all residents. Available hours may differ depending on staff availability, and visits will be limited to 20 minutes in length. Caregivers will not be time-limited but it is the expectation that their visit be pre-arranged and pre-approved so the Retirement Home is aware of their presence and purpose.

Please note that the visitation schedule of available visit times may change due to staffing availability, a resident or staff awaiting the results of a Covid-19 test, or if visitor protocol direction from any regulatory agency changes. Of course, in the event there is an outbreak declared or the home is identified to be in an Alert or High Alert area, all non-essential visits must stop.

4. The highest of IPAC standards will be maintained prior to, during and after visits. General visits will be staggered, allowing sufficient time between visits for cleaning/disinfecting and other IPAC requirements as needed.

5. The needs and preferences of residents will be considered in prioritizing visits.
6. If visits occur in a resident room, scheduling will ensure that overcrowding does not occur especially for shared rooms. At this time, ins-suite visits will not be scheduled unless the resident is seriously ill or considered palliative. If this changes at some point in the future, please note that consent must be confirmed from the other resident if they reside in a shared room. Support workers and caregivers will be permitted to go to a resident's room but may need to be scheduled in the case of a shared room to ensure physical distancing is possible.
7. As noted above, non-essential visits are not permitted when a resident is self-isolating, under Droplet and Contact precautions, or symptomatic, or when the home is in an outbreak or in an Alert or High Alert area.

Additional Protocols

1. All residents and visitors will be provided with this policy and information package, including education on this policy and Public Health's "Recommended Steps: Putting on Personal Protective Equipment (PPE)". All visitors must review the contents of the information package prior to their visit, and view the Public Health Ontario videos identified above. Additional applicable policies and procedures will also be communicated to residents as appropriate.
2. All visitors must practice physical distancing, respiratory etiquette, hand hygiene, and follow the residence's infection prevention and control practices (IPAC) and proper use of PPE.
3. Staff will monitor general visits to ensure PPE and physical distancing protocols are followed. If not, the visitor will be asked to leave the premises per the community's policy on discontinuation of visits. Although visits for support workers and caregivers will not be specifically monitored, it is expected that physical distancing from other residents and staff will be maintained.
4. Visitors must identify any items brought for the resident to staff so they may be disinfected by staff, if appropriate.

Discontinuation of Visits

1. **Non-compliance with the home's policies could result in the discontinuation of visits for the non-compliant visitor.** See Appendix A for further details.

Requirements for Resident Absences

Retirement home residents are permitted to leave the home for an absence that does not include an overnight stay (absences with friends or family, shopping, medical appointments, etc), with the exception of single-night emergency room visits, providing they meet the following requirements:

- a) The retirement home must NOT be currently in an outbreak. In the event the home allows absences but enters into an outbreak, there will be a hold on new absences until the home is out of outbreak. Short

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absences may be continued but additional changes and/or restrictions may be imposed by Public Health when in outbreak or in an area identified as in an Alert or High Alert status.

- b) Upon return to the home, residents must be actively screened and monitored but are not required to be tested or to self-isolate
- c) Residents must wear a mask at ALL times when outside of the home (if tolerated) and reminded about the importance of public health measures including physical distancing. The resident is responsible for supplying a face covering/mask while they are on absences.
- d) Education on required protocols for short absences will be provided by the home.

Retirement home residents may leave for an absence that includes at least one overnight stay if the home meets the following requirements:

- a) The home must not be currently in an outbreak. In the event that a home allows absences but enters into an outbreak, there should be a hold on starting new absences until the home is no longer in outbreak. Homes must be compliant with all CMOH directives for homes in outbreak and follow directions from the local Public Health Unit.
- b) The home is in a community that has NOT been identified under Alert or High Alert status.
- c) Residents must wear a face covering / mask at all times when outside of the home (if tolerated) and reminded about the importance of public health measures including physical distancing. The resident is responsible for supplying a face covering / mask while they are on absences.
- d) Education on all required protocols for short absences, such as IPAC and PPE, will be provided by the home to the resident prior to their absence.
- e) A resident returning from an absence that includes an overnight stay, must self-isolate for 14 days under Droplet and Contact Precautions, but are not required to be tested upon re-entry to the home.
- f) Residents who are self-isolating for 14 days following an overnight stay may not receive general visitors, or leave the home for either short absences or for overnight stays.

For all absences, both short and longer-term, an absence planning questionnaire will be provided. This tool will be requested upon the return from the absence for the purposes of contact tracing and will be maintained by the Retirement Home should the resident or the residence itself become Covid positive within the period of time where active transmission may have occurred. It is an expectation that Retirement Home residents will wear a face covering at all times when outside of the home (if tolerated).

Requirements for Retirement Home Tours

In person tours should be reduced as much as possible and replaced with virtual tours. If an in person tour of the home's facilities is deemed necessary, this can only occur if the home is NOT in outbreak and the home is in a community that has not been identified under Alert or High Alert status.

For tours of retirement homes:

- a) The tour group should be limited to the prospective resident or couple plus one other individual (eg accompanying family member or close friend)
- b) All tour participants are subject to the general visitor requirements outlined in this document (eg active screening, wearing a face covering/mask, IPAC)
- c) The tour route must be restricted in a manner that avoids contact with residents
- d) Homes should keep the number of tours in the home to a minimum.

References:

Ministry for Seniors and Accessibility (MSAA) Retirement Home Covid-19 Visiting Policy – October 13, 2020
https://www.orcaretirement.com/wp-content/uploads/Retirement-Home-COVID-19-Visiting-Policy.pdf?utm_source=COVID-19+Communication+List+-+March+16%2C+2020&utm_campaign=67594b95a2-Bulletin-Jan4-2019_COPY_01&utm_medium=email&utm_term=0_141f4ae2c9-67594b95a2-710439837

Ministry for Seniors and Accessibility (MSAA) Reopening Retirement Homes – September 8, 2020
http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/2019_guidance_reopening_retirement_homes.pdf

Ministry of Health (MOH) Directive #3 – September 9, 2020
http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/directives/LTCH_HPPA.pdf

Public Health Ontario

Recommended Steps: Putting on Personal Protective Equipment (PPE)
<https://www.publichealthontario.ca/-/media/documents/ncov/ipac/ppe-recommended-steps.pdf?la=en>

Video: Putting on Full Personal Protective Equipment
<https://www.publichealthontario.ca/en/videos/ipac-fullppe-on>

Video: Taking off Full Personal Protective Equipment
<https://www.publichealthontario.ca/en/videos/ipac-maskeyes-off>

Video: How to Hand Wash
<https://www.publichealthontario.ca/en/health-topics/infection-prevention-control/hand-hygiene/icyh-videos>

Appendix A – Information Package for Visitors

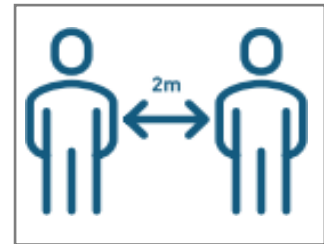
Note Visitor Requirements Identified Herein:

As part of the residence's policy on visits during COVID-19, all visitors will be provided with the information package, including education on the home's visitor policy, Public Health's instructions on PPE, and links to Public Health Ontario's videos required for viewing prior to visiting. All visitors must review the contents of the information package prior to their visit. Any non-adherence to the rules set out in the visitor policy will be the basis for discontinuation of visits.

The visitor policy and information package will also be shared with residents to communicate the residence's visitor policy, including the gradual resumption of family visits and the associated procedures.

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 means making changes in your everyday routines in order 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)

Physical distancing of 2 metres must be practiced during all visits on the residence property to reduce the risk of COVID-19 transmission.

Things to avoid

An infographic titled 'Things to avoid' featuring eight icons, each crossed out with a red diagonal line to indicate prohibition. The icons represent: a shopping mall, two hands shaking, a group of people, people sitting on a bench, a hand holding a spoon over a bowl, people running or playing sports, a location pin on a map, and people at a party or sleepover.

Non-essential trips outside your home

Hugging or shaking hands

Crowds or gatherings

Visiting friends

Sharing food or utensils

Engaging in group activities or sports

Visiting popular destinations

Play dates, parties or sleepovers

Read more about physical distancing [here](#) (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 and sneezing.

Respiratory etiquette must be practiced during all visits on the residence property to reduce the risk of COVID-19 transmission.



Following these steps is important:

1. Cover your mouth and nose when you cough, sneeze or blow your nose.
2. Put used tissue in the garbage.
3. If you don't have a tissue, cough or sneeze into your sleeve, not in your hand.
4. Clean your hands with soap and water or hand sanitizer.

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. Hand hygiene relates to the removal of visible soil and removal or killing of transient microorganisms from the hands. Hand hygiene may be accomplished using an alcohol-based hand rub or soap and running water.

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.

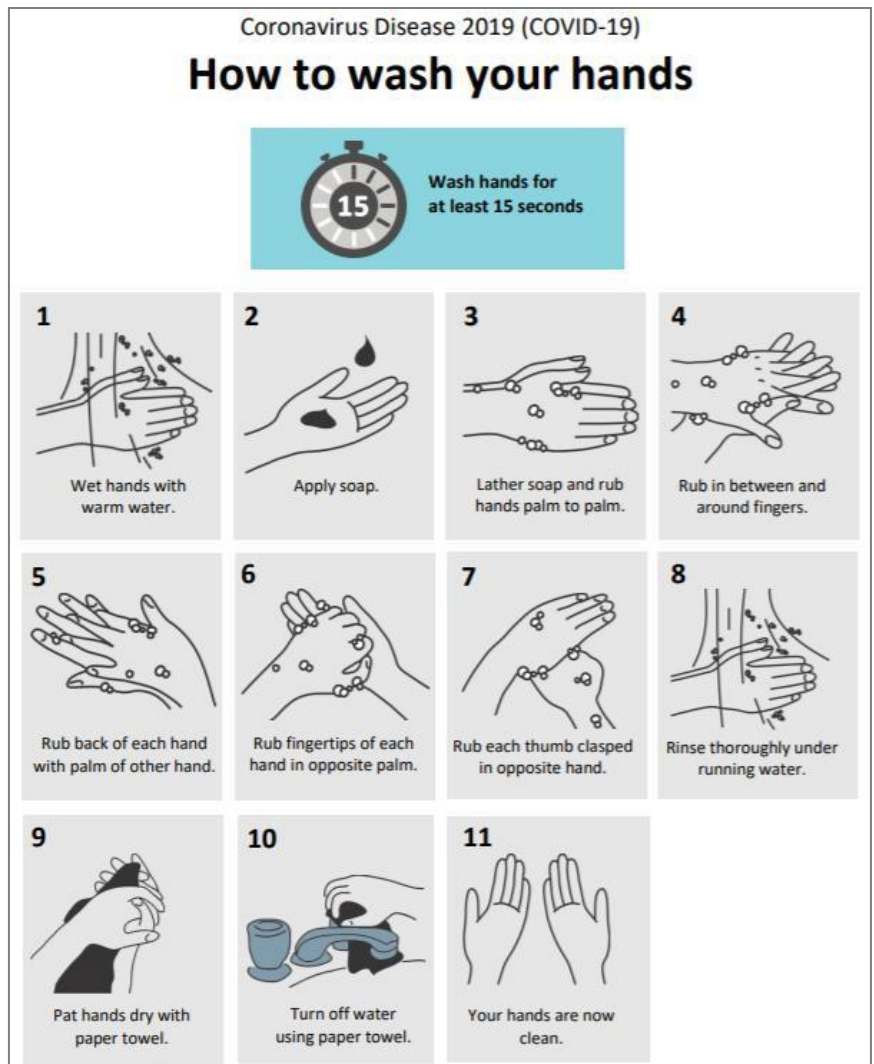
Prior to beginning each visit with a resident, visitors must perform hand hygiene. Additionally, any time your hands become soiled for any reason during the visit, you must perform hand hygiene. Wash or sanitize your hands at the end of the visit as well.

A. Handwashing

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.

Follow these steps for hand washing: (hand wash for at least 15 seconds)

1. Wet hands with warm water.
2. Apply soap.
3. Lather soap and rub between fingers, back of hands, fingertips, under nails.
4. Rinse thoroughly under running water.
5. Dry hands well with paper towel.
6. Turn taps off with paper towel.



B. Hand Sanitizing

Hand sanitizers are very useful when soap and water are not available. When your hands are not visibly dirty, then a 70-90% alcohol-based hand sanitizer/rub should be used. It has been shown to be more effective than washing with soap (even using an antimicrobial soap) and water when hands are *not* visibly soiled.

Hand hygiene with alcohol-based hand sanitizer – correctly applied – kills organisms in seconds.

It is important when using an alcohol-based hand sanitizer to apply sufficient product such that it will remain in contact with the hands for a minimum of 15 seconds before the product becomes dry.

Follow these steps for sanitizing your hands: (rub hands for at least 15 seconds)

1. Apply 1-2 pumps of product to palms of dry hands.
2. Rub hands together, palm to palm, between and around fingers, back of hands, fingertips, under nails.
3. Rub hands until product is dry. Do not use paper towels.
4. Once dry, your hands are clean.



Read more about hand hygiene [here](#) (Source: Public Health Ontario)

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 must follow the residence's infection and prevention control protocols (IPAC), including proper use of 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 [here](#) (Source: Public Health Ontario)

Proper Use of Personal Protective Equipment (PPE)

PPE is clothing or equipment worn for protection against hazards. Examples of PPE include gloves, gowns, facial protection and/or eye protection. Using, applying and removing personal protective equipment correctly is critical to reducing the risk of transmission of COVID-19.

All visitors must comply with the residence's IPAC protocols, including donning and doffing of PPE and following instructions on use provided by the residence.

Family visitors **must** where a **face covering if the visit is indoors**.
If the **visit is indoors**, a **surgical/procedure mask is required**.

Visitors are responsible for bringing their own mask. If the residence is not able to provide surgical/procedure masks, family visitors will not be permitted inside the residence. Essential visitors who are provided with appropriate PPE from their employer, may enter the residence.

For Essential Visitors only:

Essential visitors providing direct care to a resident must use a surgical/procedure mask while in the residence, including while visiting the resident that does not have COVID-19 in their room. Essential visitors who are in contact with a resident who is suspect or confirmed with COVID-19, must wear appropriate PPE in accordance with Directive #5 and Directive #1. This includes contact and droplet precautions (gloves, face shield or goggles, gown, and surgical/procedure mask).

Putting On (Donning) and Taking Off (Doffing) PPE

HOW TO WEAR A NON-MEDICAL FABRIC MASK SAFELY

[who.int/epi-win](https://www.who.int/epi-win)

Do's →



Clean your hands before touching the mask



Inspect the mask for damage or if dirty



Adjust the mask to your face without leaving gaps on the sides



Cover your mouth, nose, and chin



Avoid touching the mask



Clean your hands before removing the mask



Remove the mask by the straps behind the ears or head



Pull the mask away from your face



Store the mask in a clean plastic, resealable bag if it is not dirty or wet and you plan to re-use it



Remove the mask by the straps when taking it out of the bag



Wash the mask in soap or detergent, preferably with hot water, at least once a day



Clean your hands after removing the mask

Don'ts →



Do not use a mask that looks damaged



Do not wear a loose mask



Do not wear the mask under the nose



Do not remove the mask where there are people within 1 metre



Do not use a mask that is difficult to breathe through



Do not wear a dirty or wet mask



Do not share your mask with others

A fabric mask can protect others around you. To protect yourself and prevent the spread of COVID-19, remember to keep at least 1 metre distance from others, clean your hands frequently and thoroughly, and avoid touching your face and mask.

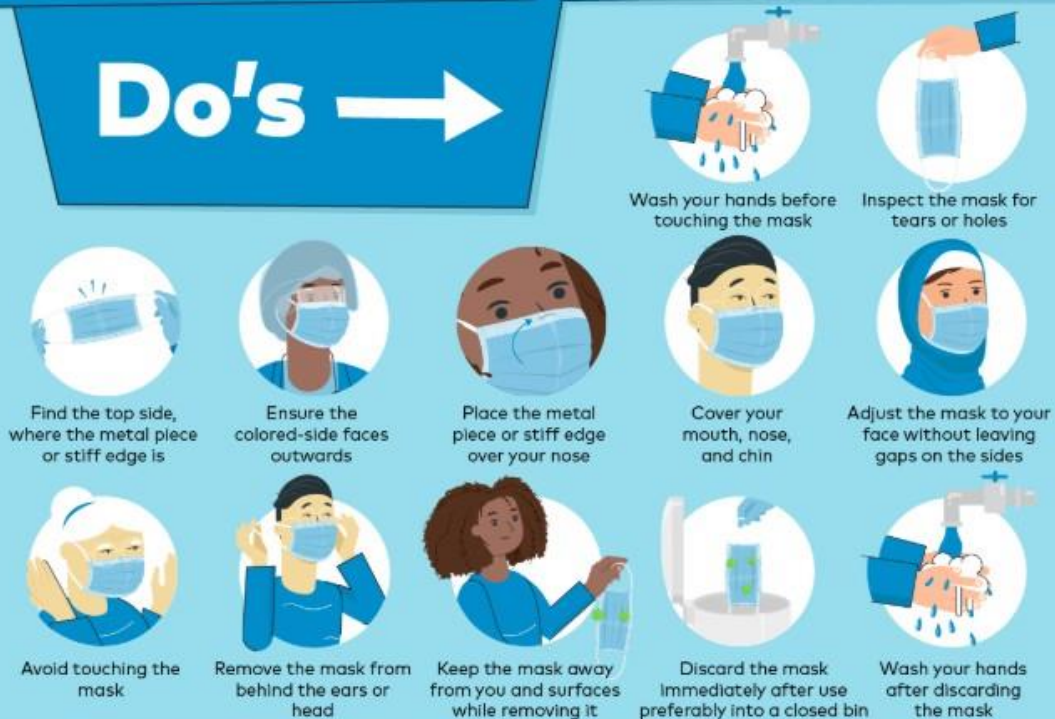


Source: World Health Organization ([Non-Medical Fabric Mask](#))

HOW TO WEAR A MEDICAL MASK SAFELY

who.int/epi-win

Do's →



Don'ts →



Remember that masks alone cannot protect you from COVID-19. Maintain at least 1 metre distance from others and wash your hands frequently and thoroughly, even while wearing a mask.

EPI·WIN



Source: World Health Organization ([Medical Mask](#))

COVID-19 ACTIVE SCREENING TOOL – VISITORS

Type of Visitor (circle): a) Essential b) Support Worker c) Caregiver d) General

Please have the visitor answer the following questions:

1.	Do you have any of the following new or worsening signs or symptoms?		
	I. New or worsening cough	Yes	No
	II. Shortness of breath	Yes	No
	III. Sore throat	Yes	No
	IV. Runny nose, sneezing or nasal congestion <i>(in absence of underlying reasons for symptoms such as seasonal allergies and post nasal drip)</i>	Yes	No
	V. Hoarse voice	Yes	No
	VI. Difficulty swallowing	Yes	No
	VII. New smell or taste disorder(s)	Yes	No
	VIII. Nausea/vomiting, diarrhea, abdominal pain	Yes	No
	IX. Unexplained fatigue/malaise	Yes	No
	X. Chills	Yes	No
XI. Headache	Yes	No	
2.	Have you travelled outside of Canada, or had close contact* with anyone who has travelled outside of Canada in the past 14 days?	Yes	No
3.	Do you have a fever?	Yes	No
4.	Have you had close contact* with anyone with respiratory illness or a confirmed or probable case of COVID-19?	Yes - Go to Question 5	No - Skip question 5
5.	Did you wear the required and/or recommended PPE according to the type of duties you were performing (e.g. goggles, gloves, mask and gown or N95 with aerosol generating medical procedures (AGMPs)) when you had close contact with a suspected or confirmed case of COVID-19?	Yes	No
<i>If individual passes screening questions 1 to 5:</i>			
	Take temperature (fever is a temp of 37.8°C or greater)	Yes	No
	The visitor attests to not be experiencing any of the typical and atypical symptoms.	Yes	No
	The visitor attests they have, within the last 30 days, reviewed the home's visitor policy, read the Public Health document "Recommended Steps: Putting on Personal Protective Equipment", and watched the following 3 Public Health Ontario videos; a) Putting on Full Personal Protective Equipment, b) Taking off Full Personal Protective Equipment, and c) How to Hand Wash .	Yes	No
	Designated Caregivers are expected to have a negative Covid-19 test within the last 14 days and not have tested positive subsequently. This is not a reason to deny entry based on failed screening but an expectation of the Retirement Home for the safety of all residents and staff		

*A close contact is defined as a person who provided care for the individual, including healthcare workers, family members or other caregivers, or who had other similar close physical contact (e.g. shaking hands, face-to-face contact within 2 metres and greater than 15 minutes, coughed on) or who lived with or otherwise had close prolonged contact (e.g. in a close environment such as a meeting room or hospital waiting room, in an aircraft sitting within two seats) with a probable or confirmed case of COVID-19 while the person was ill.

Screening Passed

- A. If the individual answers **NO to all of the questions from #1-4 above, they do not have a fever**, they have attested to not be experiencing any of the typical and atypical symptoms AND attested to have read and viewed the required identified education and policy, they have passed screening and can enter the home **OR**
- B. If the individual answers **NO to #1-3 and YES to #4 and #5, they do not have a fever**, they have attested to not be experiencing any of the typical and atypical symptoms AND attested to have read and viewed the required identified education and policy, they have passed screening and can enter the home.

The following steps should be taken by the home:

- The visitor should be told to self-monitor for symptoms
- Education on required protocols will be provided
- The visitor should be reminded about required re-screening when they leave the home

The following steps must be taken by the visitor:

- Use hand sanitizer upon entering
- If visiting a resident, they must only visit the one resident they are intending to visit and no other resident
- Must use a surgical/procedure mask at all times during the visit. Visitors are responsible for bringing their own masks.

Any non-adherence to these rules could be the basis for discontinuation of visits.

Screening Failed

- A. If the individual answers **YES to any question from #1-3**, or does not attest to not having typical or atypical symptoms or to have read and viewed the required identified education and policy, they have failed screening and cannot enter the home, **AND/OR**
- B. If the individual answers **YES to #4 and NO to #5** or does not attest to not having typical or atypical symptoms or to read and viewed the required identified education and policy, they have failed screening and cannot enter the home.

The following steps should be taken by the home:

- The visitor should be told to contact a primary care provider, local public health unit or Telehealth to discuss their symptoms and/or exposure and seek testing and/or
- The visitor should be given the required documents and given direction on how they can access the required videos and reschedule their visit

The following steps must be taken by the visitor:

- The visitor should go home to self-isolate immediately
- The visitor should read the required documents and view the required videos and reschedule their visit when they pass the screening criteria.

Please refer to the COVID-19 Provincial Testing Guidance Update V. 7.1 August 14, 2020

http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/2019_testing_guidance.pdf

Note:

- Screening must include twice daily (on entry and when leaving the home) symptom check including temperature check

SAMPLE - Visitor Attestation

Visitor Name: _____

Visit Date and Time: _____

Resident being visited: _____ Suite #: _____

Screening agent: _____ Visit end time: _____

Visitor Requirements

1. Prior to each visit, the visitor must:
 - a) Pass active screening every time they are on the premises of or enter the home, and also attest that they are not experiencing any of the typical and atypical symptoms of COVID-19. They should not be allowed to visit if they do not pass the screening
 - b) Attest to home staff that the visitor has, within the last 30 days, reviewed the home's visitor policy, read the Public Health document "Recommended Steps: Putting on Personal Protective Equipment", and watched the following 3 Public Health Ontario videos; a) Putting on Full Personal Protective Equipment, b) Taking off Full Personal Protective Equipment, and c) How to Hand Wash .
2. The visitor will comply with the home's infection and prevention control protocols (IPAC), including proper use of masks. Physical distancing requires a minimum distance of 2 metres (6 feet) of distance between individuals, and no physical contact, including embracing.
 - a) Visitors should use a surgical/procedural mask at all times if the visit is indoors. For outdoor visits, cloth masks are acceptable. **Visitors are responsible for bringing their own masks.**
 - b) Education on all required protocols will be provided by the home. The home is not required to provide access to the Public Health videos required, but may be able to do so.
 - c) Any non-adherence to these rules could be the basis for discontinuation of visits.
3. **The visitor must only visit the indoor/outdoor area or suite they are intending and scheduled to visit, and no other resident.**

I, _____, attest that I have received IPAC (Infection Prevention and Control) information from the retirement home, that I have read and viewed the required identified education and policy, viewed the required videos, and that I agree to abide by the rules and protocols identified above and in the information package, including those pertaining to appropriate physical distancing.

(Visitor Signature)

Note: It is expected that Designated Caregivers will have a negative Covid-19 test within the last 14 days and not have tested positive subsequently in respect of the health and safety of all residents and staff.