 <b>Crown Ridge Health Care Services Inc.</b>			<b>Policy No.</b>	IC 12.1a
	<b>Visitor Policy during COVID-19 Pandemic RH</b>		<b>Effective:</b>	July 16, 2020
			<b>Revised:</b>	July 5 2022
	<b>Divisions:</b>	20, 40	<b>Approved By:</b>	Leslie Morrow

## Policy

Crown Ridge Health Care Services has 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 our 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 which complies with the current ministry requirements per MSSA COVID-19 Guidance Document for Retirement Homes in Ontario issued by the Chief Medical Officer of Health (CMOH) and the Ministry of Health's COVID-19 Guidance: Long Term Care Homes and Retirement Homes for Public Health Units will prevail, and homes will take all reasonable steps to follow them. Additionally, if anything conflicts with application of provincial requirements, the home will follow those requirements. This policy will continue to be reviewed and revised based on provincial requirements. Homes are also required to follow the policy directions issued by the Ministry of the Ministry for Seniors and Accessibility (MSAA) and the Retirement Homes Regulatory Authority (RHRA).

All retirement homes and staff also required to comply with the applicable provisions of the Occupational Health and Safety Act and its regulations.


Essential Caregivers, General Visitors and Support Workers are not required to be vaccinated to enter the home- see the homes COVID vaccination policy however are required to comply with screening and IPAC requirements to help minimize risk to our residents, staff and all those who enter our home.

## **Guiding Principles**

In addition to the requirements established in the Retirement Homes Act, 2010 and O. Reg 166/11 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.


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- **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.
- **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.
- **COVID-19 Vaccination:** The goal of the provincial COVID-19 vaccination program is to protect Ontarians from COVID-19. Homes are highly encouraged to continue to promote vaccinations and boosters to all eligible residents, staff and visitors. Staying up to date with COVID 19 vaccines help to reduce the number of new cases and most importantly, severe outcomes including hospitalizations and death due to COVID 19. All individuals, whether or not they have receive a COVID-19 vaccine, must continue to practice the recommended public health measures, and comply with all applicable laws for the ongoing prevention and control of COVID-19 infection and transmission. Visitors will not be denied entry to the home based on their COVID-19 vaccination status.

**Co-Located Home (If applicable)**

In a co-located long-term care and retirement home that is not physically and operationally independent (*i.e. there are separate entrances and no mixing of residents or staff between the retirement home and the LTC home*), the policies for the long-term care home and the retirement home shall align where possible or follow the more restrictive requirements, unless otherwise instructed by the local public health unit (PHU) based on COVID-19 prevention and containment. The exceptions to this requirement are the policies regarding absences, and vaccinations, retirement homes should follow the guidance as outlined in the MSSA COVID-19 Guidance Document for Retirement Homes in Ontario issued by the

		
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Ministry of Health’s COVID-19 Guidance: Long Term Care Homes and Retirement Homes for Public Health Units.


In cases of spouses or immediate family members living in separate ‘homes’ of a co-located home (e.g., one spouse lives in a retirement home, while the other lives in a long-term care home that is on the same property), the visiting member must follow the requirements of the home they are visiting, based on whether the visitor is a General Visitor or a designated Essential Caregiver (see section Types of Visitors). Wherever possible, it is recommended that spouses or immediate family members be designated as an Essential Caregiver to facilitate visits with partners and immediate family.

**Requirements for Visits**

The 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.

**The following baseline requirements will be met to continue to accept any visitors:**

1. The home will not unreasonably deny visitors based on the frequency of visits and their vaccination status.
2. The home will have procedures for visits including but not limited to IPAC, scheduling and any setting-specific policies.
3. Communication of clear visiting procedures with residents, families, visitors and staff, students, volunteers including sharing an information package that contains this policy, outlining that a copy of the the Retirement Homes Policy to Iplmenment Directive #3 may be requested at any time, details on any visitor o visiting restrictions, details on IPAC, masking, physical distancing and other health and safety procedures such as limiting movement around the home, if applicable, and ensuring visitors’ agreement to comply. Home materials which includes an expectation that visitors comply with visiting policies.
4. A process for any person to make complaints to the home about the administration of visiting policies and a timely process for resolution. The information package for visitors will include information about how to escalate concerns about the home to the RHRA electronically and/or phone.


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5. The home 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.
6. 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.
7. Protocols to maintain best practices for IPAC measures prior to, during and after visits including dedicated areas for both indoor and outdoor visits to support physical distancing (2 metres separation) between residents and visitors.
8. A list of visitors available for relevant staff to access, including Essential Visitors, to support contact tracing.
9. The home must not be in a COVID-19 outbreak.
  - a) In the event the home enters into an outbreak, all non-essential visitations will be discontinued, unless the resident resides in an area unaffected by the outbreak. The home will establish compliance with all Chief Medical Officer of Health (CMOH) directives for homes in outbreak and follow directions from the local public health unit (PHU).
  - b) Essential visits will still be allowed for homes in outbreak and any visitors must qualify under those rules.
  - c) The home will consult with the local PHU as to whether temporary cessation of visits is warranted if there is a steady increase in local community cases of COVID.

**Factors that will inform decisions about visits in the home include:**

- **Adequate Staffing:** The home 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 Personal Protective Equipment (PPE):** The home has adequate supplies of relevant PPE required to support visits.
- **Infection Prevention and Control (IPAC) standards:** The home has appropriate cleaning and disinfection supplies and adhere to IPAC standards, including enhanced cleaning.

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- **Physical Distancing:** The home can facilitate visits in a manner aligned with physical distancing protocols. (2 metres)

If the home 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, students and volunteers as defined in the *Retirement Homes Act, 2010* are not considered visitors.

<p><b>Essential Visitors</b></p> <p><i>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).</i></p> <p><i>In addition to a person visiting a very ill or palliative resident, there are two categories of Essential Visitors: Support Workers and Essential Caregivers.</i></p>	<p><b>1. Support Workers</b></p> <p>A Support Worker is a type of Essential Visitor who is <b>brought into the home to perform essential services for the home or for a resident in the home</b>, including the following individuals:</p> <ul style="list-style-type: none"> <li>• Regulated health care professionals under the <i>Regulated Health Professions Act, 1991</i> (e.g., physicians, nurses);</li> <li>• Unregulated health care workers (e.g., PSWs, personal/support aides, nursing/personal care attendants), including external care providers and Home and Community Care Support Service Providers (formerly LHIN providers);</li> <li>• Authorized third parties who accommodate the needs of a resident with a disability;</li> <li>• Health and safety workers, including IPAC specialists;</li> <li>• Maintenance workers;</li> <li>• Private housekeepers;</li> <li>• Inspectors; and</li> <li>• Food delivery.</li> </ul>
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	<p><b>B. Essential Caregivers</b></p> <p>An Essential Caregiver is a type of Essential Visitor who is designated by the resident or, if the resident is unable to do so, their substitute decision-maker.</p> <p>Essential caregivers visit to <b>provide care to a resident (e.g., supporting feeding, mobility, personal hygiene, cognitive stimulation, communication, meaningful connection, relational continuity and assistance in decision-making).</b></p> <p><b>Essential Caregivers</b> must be designated per resident (designation should be made in writing to home &amp; home should have procedure for documenting Essential Caregiver designations and any subsequent changes)</p> <p>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.</p> <p>Changes to Essential Caregiver designation should be limited to:</p> <ul style="list-style-type: none"> <li>• A change in the residents care needs that is reflected in the plan of care;</li> <li>• A change in the availability of a designated Essential Caregiver; and/or</li> <li>• Due to the vaccination status of the designated Essential Caregiver.</li> </ul>
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<b>2. General Visitors</b>	<p>A General Visitor is a person who is not an Essential Visitor and visits:</p> <ul style="list-style-type: none"> <li>• For social reasons (e.g., family members and friends of residents);</li> <li>• As a prospective resident taking a tour of the home.</li> <li>• To provide non-essential services (may or may not be hired by the home or the resident and/or their SDM); and/or</li> </ul>
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<b>3. Personal Care Service Providers</b>	<p>A Personal Care Service Provider is a person who is not an Essential Visitor and <b>visits to provide non-essential personal services to residents.</b></p> <p>Personal Care Services include those outlined under the Health and Protection and Promotion Act such as hair salons and barbershops, manicure and pedicure salons, aesthetician services, that are not being provided for medical or essential reasons (e.g., foot care to support mobility or reduce infections).</p>
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Designated Essential Caregivers and any subsequent changes will be documented through the Essential Caregiver Consideration Form.

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 Home**

1. The home will facilitate visits for residents and will not unreasonably deny visitors based on frequency of visits or vaccination status.
2. All caregivers, visitors and support workers must abide by any restrictions imposed by the PHU, which override any requirements or permissions in this policy if there is a conflict as a condition of entry into the home. All visitors, caregivers and support workers must also follow all public health measures for the duration of their visit in the home, including masking, hand hygiene and physical distancing. Masks are not required to be worn when visiting outdoors. If an area in a home is in an outbreak, eye protection is required when providing direct care to residents.
3. All caregivers, visitors and support workers will be actively screened for symptoms and exposure history for COVID-19 before they are permitted to enter the home and for outdoor visits.
4. All caregivers, visitors and support workers will follow the current Directive 3 and public health measures for the duration of their visit.
5. Essential Visitors are permitted to visit a resident who:
  - is in isolation on Droplet and Contact Precautions;
  - Resides in an outbreak area of the home.



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General Visitors are not permitted to visit if a resident is in isolation on droplet and contact precautions and are not permitted if the home is in outbreak unless the resident is in an area unaffected by the outbreak.

9. 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 home may permit other residents who are not self-isolating to receive General Visitors and Personal Care Service Providers, provided it is in alignment with provincial requirements, and they are not living in the outbreak area of a home.


10. **There is no limit on the number of visitors at a time** as long as the space permits 2 metre physical distancing. The number of caregivers and visitors may be further restricted however by the local Public Health depending on the specific situation. The home and visitors must abide by any restrictions imposed by a Public Health.

<b>1. Essential Visitors</b>  <b>Support Workers and Essential Caregivers</b>	<p style="text-align: center;"><b>A. Support Workers</b></p> <p>Must pass surveillance screening.</p> <p>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.</p>
	<p style="text-align: center;"><b>B. Essential Caregivers</b></p> <p>Must pass surveillance screening.</p> <p>May have physical contact including for non-care related reasons Able to join activities to support a resident where space capacity permits.</p> <p>A caregiver may not visit any other resident or home for 10 days after visiting another resident who is self-isolating or symptomatic or a home or area of a home in an outbreak.</p> <p>Must properly wear masks for the duration of the visit unless visit is outdoors (masking for residents is required if tolerated).</p> <p>Essential visitors are required to follow CMOH guidance when visiting, including physical distancing and the use of a face covering/mask at all times in a manner aligned with COVID-19 guidance.</p>



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	<p>Essential visitors who are in contact with a resident who is suspect or confirmed with COVID-19 must wear appropriate PPE in accordance with COVID-19 guidance. This includes contact and droplet precautions (gloves, face shield or goggles, gown, and surgical/procedure mask).</p>
<b>2. General Visitors</b>	<p>General Visitors who have symptoms of COVID-19, have tested positive for it or who are close contacts of someone with COVID-19, including those with a household member who are symptomatic, should avoid visiting homes for 10 days from the onset of symptoms or from receiving a positive test result or from the date of their last exposure.</p> <p>Must pass surveillance screening prior to visits.</p> <p>Outdoor visits are permitted.</p> <p>All general visitors must wear masks for the duration of the visit unless visit occurs outdoors (masking for residents is required if tolerated).</p> <p>Visits may include contact with residents.</p> <p>Will be reminded to follow applicable public health measures while visiting.</p> <p>A general visitor may not visit any other resident or home for 10 days after visiting another resident who is self-isolating or symptomatic or a home or area of a home in an outbreak.</p> <p>General Visitors may not visit a resident who is self-isolation and on Droplet and Contact Precautions, in a home in outbreak unless resident is in an area not affected by the outbreak, or as directed by the local PHU.</p> <p>As identified throughout this policy, should the home go into an outbreak or the resident be self-isolating or symptomatic, both indoor and outdoor visits will be discontinued, except for essential visits and for general visits if the residents resides in an area of the home not affected by the outbreak. The home will ensure equitable access to visits for all residents.</p>


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<b>3. Personal Care Service Providers</b>	<p>Personal Care Service Providers who are visiting or work on site as contractors are permitted to provide services in alignment with the Provincial requirements. However, if Personal Care service providers are employed by the home, these staff can continue to provide personal care services to residents.</p> <p>Surveillance screening required. The homes hairdresser must comply with the home COVID vaccination policy.</p> <p>When providing services, Personal Care Service Providers must:</p> <ul style="list-style-type: none"> <li>• Follow required public health and IPAC measures for Personal Care Service Providers and those of the home, including wearing a medical mask for the duration of their visit to the home, practicing hand hygiene and conducting environmental cleaning after each appointment.</li> <li>• Only provide services to residents who are wearing a medical mask, unless the resident can not tolerate a mask.</li> <li>• Document all residents served and maintain the list for at least 30 days to support contact tracing.</li> </ul>
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11. Unnecessary entry into the home by visitors will be minimized.

12. All residents, families and visitors will be provided with the opportunity to read this visitor policy and the homes information package, including education on all required protocols (including visitor complaints process). All visitors and Personal Care Service Providers must verbally attest that they have reviewed the contents of the information package and watched/rewatched the 3 required Public Health Ontario Videos as listed in the information package prior to their first visit, then at least every 30 days and comply with the policy. Visitors will be provided with a copy of the Retirement Homes policy to implement Directive #3 upon request. Additional applicable policies and procedures will also be communicated as needed. This policy and information package will also be posted for staff, student and volunteer review and communicated accordingly.

13. Prior to visiting, any resident in a home declared in outbreak for the first time, Essential Visitors and Support Workers will be provided with training if they are not already trained through their employment on how to safely provide direct care including donning and doffing of PPE and hand hygiene.

		
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14. The home will have a reasonable approach that is as flexible as possible to support health and safety during visits (ie/ ensuring sufficient physical distancing can be maintained, suggesting outdoor spaces for visits).

15. Best practices for IPAC measures will be maintained prior to, during and after visits.

**16. General visits:**

- Equitable visitor access to residents who are not isolating will be maintained  
May be booked in advance
- will continue to complete screening for visits.
- Opening windows should be considered for indoor and in-suite visits to allow for air circulation  
The visitor must meet only the resident who has invited them.  
If the visitor wishes to visit more than one resident, a separate visit must be scheduled.

Visitors who do not pass screening will not be permitted access, unless:

- 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 and testing per requirements. If they fail screening, they must be permitted entry but the home will ensure that they wear a medical (surgical/procedural) mask and maintain physical distance from other residents and staff. The number of visitors attending to a palliative resident should be decided on a case-by-case basis; the homes will communicate with families to come to a safe and supportive decision together.

**Tours**

Tours are permitted.

All tour participants are subject to the General Visitor screening.


The tour groups should not exceed the number of permitted indoor visitors.

All in-person tours should be paused if a home goes into outbreak.

**Discontinuation of Visits**

Non-compliance with the residence’s policies could result in the discontinuation of visits for thenon-compliant visitor. The home will provide more education; the visitor will be asked to leave by the charge nurse or management and the incident documented, when will the visitor be allowed back and under what parameters.

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**Home Care and Personal Care Service Providers**

Home Care Service Providers (services provided such as nursing care, physiotherapy, occupational therapy, social workers, etc.) are considered essential and can continue to provide care services to residents.

Personal Care Service Providers (PCSPs) who provide care services to residents (e.g., hair dressing) are permitted to resume operations if doing so is consistent with the resumption of personal care services elsewhere in the province. This will be coordinated by the home. The homes hairdresser must comply with the homes COVID vaccination policy.

Home Care and Personal Care Service Providers must follow the same active screening, IPAC, PPE, masking requirements that apply to retirement home staff as outlined in CMOH Directive #3.

**Filing a Complaint or Concern in regards to Visitor Policy**

Any person wishing to file a concern or a complaint in regard to the home’s visitation policy may contact the home’s Administrator or General Manager, Director of Infection Control (Sandra Honey - 613-392-1289 ext 154, Corporate Operations Officer (Leslie Morrow 613-392-1289- ext 130) or the RHRA.

Concerns may be escalated to the RHRA via email or phone.

Report by phone to the RHRA – **1-855-275-7472** or

In writing to:

Retirement Homes Regulatory Authority  
 Attention: Complaints Intake  
 160 Eglinton Ave East, 5<sup>th</sup> Floor  
 Toronto, Ontario  
 M4P 3B5

**Accessibility Considerations**

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