 <b>Crown Ridge Health Care Services Inc.</b>	<b>Administration Manual</b>		<b>Policy No.</b>	ADM 2.17
	<b>Visitor Policy LTC Homes</b>		<b>Effective:</b>	July 16, 2020
			<b>Revised:</b>	December 2024
	<b>Divisions:</b>	<b>10, 30</b>	<b>Approved By:</b>	Sandra Honey

**Policy**

Crown Ridge Health Care Services has a responsibility to ensure residents receive visitors safely. This visitor policy will be in compliance with the Fixing Long Term Care Act & Regulations, respects the Residents Bill of Rights, and ensures essential visitors, including caregivers, continue to have access to residents in long-term care homes during communicable and infectious disease/illness outbreaks and pandemics/epidemics.

All visitors must comply with the requirements set out in this policy and the homes policies and procedures including health and safety, emergency procedures, workplace violence and harassment.

Aggressive, disruptive, violent and/or harassing behaviour will not be tolerated in our home. The homes policies and procedures will be implemented should this occur, which may include contacting police.

The home will have a reasonable approach that is as flexible as possible to support health and safety during visits and will ensure equitable access to visits for all residents.

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

This policy will continue to be reviewed and revised based on provincial requirements and the home will ensure that the current version of the Visitor Policy is provided to the Residents Council and Family Council (if any).

**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 IPAC prevention and containment.


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

1. The home will have procedures for visits including but not limited to IPAC, scheduling and any setting-specific policies.

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2. Communication of clear visiting procedures with residents, families, visitors and staff, students, volunteers including sharing an information package on Infection Prevention And Control (IPAC) and other health and safety procedures such as limiting movement around the home, if applicable, and ensuring visitors' agreement to comply. Home materials will include an expectation that visitors comply with visiting policies.
3. Visitors will receive information about required IPAC practices that are appropriate to the level of risk that visitors present to themselves and to others in the home. The home will provide education to visitors which includes but is not limited to visitor policies, physical distancing, respiratory etiquette, hand hygiene, applicable IPAC practices and proper use of PPE.
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 MLTC electronically and/or phone.
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 visits for contact tracing purposes (to be kept for at least 30 days) with the minimum requirements of: name, contact information, date and time of visit, purpose of visit ie/resident visited.
7. Protocols to maintain best practices for IPAC and health and safety 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 if needed.
9. Any changes to the homes visitor policy and/or visiting procedures/requirements will be posted and communicated.

**Factors that will/may 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 testing:** The home 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 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 adheres to IPAC standards, including enhanced cleaning. An IPAC situation in the home that requires a change in the visitor policy/procedure/requirements ie/outbreak or other event with potential to affect visiting in the home.

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- **Physical Distancing:** The home can facilitate visits in a manner aligned with physical distancing protocols, if distancing protocols are required.


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

### Types of Visitors

There are 3 categories of visitors: Essential Visitors, General Visitors, and Personal Care Service Providers. Long term care home staff, students and volunteers as defined in the *Fixing Long Term Care Act, 2021* are not considered visitors.

<p><b>Essential Visitors</b> <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>Support Workers</b> 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 Food delivery</li> </ul>
	<p><b>B. Essential Caregivers</b> An Essential Caregiver is an individual designated by a resident or the residents' substitute decision maker with authority to give that designation, who provides one or more forms of support or assistance, including direct physical support or provides social, spiritual or emotional support whether paid or unpaid. This can be family members, friends, or a person of importance to a resident. If an individual is under the age of 16 years of age, approval from a parent or legal guardian is required prior to the individual being designated as an Essential Caregiver. Residents may designate caregivers. 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> <b>Essential Caregivers</b> must be designated per resident. 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>

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	<p>Essential Caregivers will be identified in the resident’s plan of care. Designated Essential Caregivers and any subsequent changes will be documented through the Essential Caregiver Consideration Form.</p> <p>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.</p>
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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>
<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 services 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).</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, practicing hand hygiene and conducting environmental cleaning after each appointment.</li> <li>• Document all residents served and maintain the list for at least 30 days to support contact tracing.</li> </ul> <p>The hairdresser is encouraged to be vaccinated against COVID 19, Influenza and the publicly funded vaccination program.</p>

**Access to Home- General Visitation**

In accordance with the current Ministry of Long-Term Care COVID-19 Guidance document and IPAC Standards, **masks are recommended for visitors and caregivers, but not required.**

1. Visitors may access the Long-Term Care Home through the designated visitor entrance(s) on their own between 5:30am and 9:00pm. For security reasons the doors will be locked between 9:00pm-5:30am and access gained by pressing the doorbell/button and awaiting a response from staff.  
 \*\*Please note that staff may not be able to respond immediately to after-hour requests to access the home as they are engaged in resident care. We kindly ask for your patience and understanding. \*\*
2. Unnecessary entry into the home by visitors will be minimized.

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- All caregivers, visitors and support workers must passively screen for symptoms and exposure history for COVID-19/illness before entering the home. Screening is not required for outdoor visits. All individuals entering the home must be able to pass the passive screening questions in order to enter the home.

The following are exempt from passing screening per below: First responders – must be permitted entry without screening in emergency situations.

Visitors for imminently palliative residents – must be screened prior to entry 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.

- Visitors are expected to sign in at the sign in desk located at the entrance area regardless of the time of day, ensuring all information is completed on the sign in log.
- It is recommended but not required that visitors wear a medical mask for the duration of their visit to protect our residents, staff and themselves. Signage to assist with proper application and required IPAC information/signage will be posted. Medical masks will be available for all those who enter our homes as well as information on proper application.
- PPE will be available and accessible to essential visitors, appropriate to their purpose of visitation and level of risk in accordance with evidence-based practices.
- Visitors must also perform hand hygiene. Proper hand hygiene signage will be posted, as well as required IPAC signage/information.
- Visitors are encouraged to be vaccinated against COVID, Influenza, RSV and as per the provincially and publicly funded vaccination program.
- All residents, families and visitors, support workers are requested to read this visitor policy and the homes information package and will be offered education on all required protocols (including visitor complaints process) in accordance with legislated requirements. 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. A copy of the most current version of the Visitor Policy will be provided to the Resident’s Council and Family Council, if any.
- All caregivers, visitors and support workers must comply with this visitor policy and abide by the health and safety practices contained in IPAC Guidance for LTC Homes related to communicable and infectious diseases/illness as a condition of entry into the home and for the duration of their visit. Support Workers are permitted into the home, while maintaining the principles of minimizing the number of workers per resident per day.
- Essential Caregivers, provided that they pass the screening requirements will not be denied access to residents.

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12. There is no limit on the number of individuals (including caregivers) who may visit at a time for indoor visits. There are no limits on the number of visitors, however, the number of caregivers and visitors may be further restricted by the local Public Health depending on the specific situation. The home and visitors must abide by any restrictions imposed by Public Health.
13. Pets must be on a leash and be up to date with their vaccinations. Proof of vaccination may be requested.
14. Any Changes required to the Visitor policy, procedures, requirements will be posted and communicated.

**Access to Home - During Outbreaks**

**OUTBREAKS- Respiratory and Enteric:**

- General visitors should postpone all non-essential visits to residents within the outbreak area for the duration of the outbreak.
- Essential caregivers/visitors should be directed to the reception desk prior to visiting residents.
- Essential caregivers and visitors should be provided education on the potential risk of exposure when visiting a symptomatic resident and use demonstrated as appropriate.
- Visitors are required to comply with PPE requirements and posted signage for visits with a resident who is isolated and/or additional precautions.
- In some circumstances, the home along with the OMT will need to determine if the visitation is recommended when an essential caregiver/visitor is symptomatic.  
-exemptions exist on compassionate grounds to support visitation by essential caregivers/visitors of residents who are at end of life  
In the case above, appropriate PPE and hand hygiene should be performed by the visitor.
- Any changes to general visiting policy/procedures/requirements will be communicated including mandatory wearing of masks.


**OUTBREAKS-non respiratory/non-enteric-** communication will be provided regarding visitation and IPAC requirements.

**Other:**

**Tours**

1. Individuals who wish to tour the home are considered General Visitors and must comply with the general visitor requirements as set out in this policy and as set by Public Health.
2. To assist in minimizing any health and safety risk to residents and staff of the home and risk to the prospective resident touring the home, homes are encouraged to target tours to empty rooms and avoid contact with residents as much as possible.
3. All in-person tours should be paused if a home goes into outbreak.

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**Discontinuation of Visits**

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

**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 Corporate Clinical Services (Sandra Honey -613-392-1289 ext 154, Corporate Operations Officer (Leslie Morrow 613-392-1289- ext 130), the Ministry of LTC Action Line - 1-866-434-0144.

**Accessibility Considerations**

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