 Crown Ridge Health Care Services Inc.			Policy No.	
	Visitor Policy during COVID-19 Pandemic		Effective:	July 16, 2020
			Revised:	March 15, 2021
	Divisions:	10, 30	Approved By:	Leslie Morrow

Policy

As of June 18th, 2020, Crown Ridge Place and Westgate Lodge and Crown Ridge Retirement Home began a careful, phased approach to the 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 (Dec 9, 2020) and the Ministry of Long Term Care COVID -19 Visiting Policy (Nov. 23, 2020). Any non-adherence to the rules set out in the visitor policy could be the basis for discontinuation of visits.

Informed by the ongoing COVID-19 situation in the community and the residence, Crown Ridge Place, Westgate Lodge and Crown Ridge Retirement Home are 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.

Guiding Principles

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

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

Flexibility: The physical/infrastructure characteristics of the home, its staffing availability, whether the home is in an outbreak and the current status of the home with respect to personal protective equipment (PPE) are all variables to take into account when setting home-specific policies.

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


Autonomy: Residents have the right to choose their visitors. In addition, residents 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 and infection control 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 or the visitor policy of the home.

This policy is based on the principles of safety, emotional well-being, equitable access, flexibility, equality, autonomy and visitor responsibility.

It is with compassion that we recognize the need for residents’ connection with loved ones, and it is through in-person visits that this can be best achieved. We will take all reasonable steps to help facilitate visits within the parameters of ministry directives. Per ministry guidelines, the residence will follow the

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requirements for the minimum visit frequency and seek to accommodate more visits where possible. Where it is not possible or advisable for visits to occur in person, the residence will continue to provide virtual visiting options.

The homes also recognize the concepts of non-maleficence (i.e. not doing harm), proportionality (i.e., to the level of risk), transparency and reciprocity (i.e., providing resources to those who are disadvantaged by the policy). These concepts will inform the residence’s decision making with regards to the scheduling and/or refusal of visits as appropriate.

Prior to Accepting Visitors

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


1. The residence must not be in a COVID-19 outbreak.
 - a) In the event the residence has begun accepting visitors and enters into an outbreak, all non-essential visitations will be discontinued, and the residence will establish compliance with all Chief Medical Officer of Health (CMOH) directives for residences 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.

2. The home will develop:
 - a) Procedures for the resumption of visits and a process for communicating these procedures with residents, families and staff, including but not limited to infection prevention and control (IPAC), scheduling and any setting-specific policies.
 - i. This process must include sharing an information package with visitors on IPAC, face covering/masking, physical distancing 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.
 - b) Dedicated areas for both indoor and outdoor visits to support physical distancing between residents and visitors.
 - c) Protocols to maintain the highest of IPAC standards prior to, during and after visits.
 - d) A list of visitors available for relevant staff to access.

Additional factors that will inform decisions about visitations in the residence include:

- Adequate Staffing: The home must currently not have staffing shortages that would affect resident or staff safety and not be under a contingency staffing plan. There must be sufficient staff to implement the protocols related to visitors. Additionally, staffing levels must be sufficient to ensure safe visiting as determined by the home’s leadership.
- Access to adequate testing: The residence must have a testing 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 must have adequate

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supplies of relevant PPE.

- Infection Prevention and Control (IPAC) standards: The residence must have appropriate 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.

Definitions

Staff – those employed by long-term care homes, including volunteers and placement students.

Essential Visitors – as defined in Ministry of Long Term Care – include a person performing essential support services (e.g., food delivery, inspector, maintenance, or health care services (e.g., phlebotomy)) or a person visiting a very ill or palliative resident. Government inspectors are essential visitors under Directive #3.

Support workers and caregivers are also considered **Essential Visitors**.

Support worker – is a type of essential visitor who is visiting to perform essential support services for the home or for a resident at the home.(ex. include physicians, nurse practitioners, maintenance persons or a person delivering food)

Caregiver – is a type of essential visitor who is designated by the resident and /or the substitute decision maker and is visiting to provide direct care to the resident (supporting feeding, mobility, personal hygiene, cognitive stimulation, communication, meaningful connection, relational continuity and assistance in decision making).


A caregivers must be at least 18 years of age, a maximum of 2 caregivers may be designated per resident. The designation should be made in writing. Changes to designated caregivers may be made in response to a change in the resident’s care needs reflected in their care plan, and the availability of the caregiver either temporarily or permanently due to illness.

Examples of caregivers include family members who provide meaningful connection, a privately hired caregiver, paid companion or translator.

General Visitors – is a person who is not an essential visitor and is visiting to provide non-essential services, visiting for social reasons.

Procedures:

The home will follow the policy below regarding visitors. The COVID-19 Response Framework: Keeping Ontario safe and Open categorizes public health regions into five levels; Green -Prevent, Yellow-Protect, Orange- Restrict, Red- Control, and Grey-Lockdown. Rules for visitors will vary based on the level of the local public health unit and the area in which the home is located. Additional direction may also be provided by the local public health unit.

		
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Visit Parameters

Essential Visitors

Visits for essential visitors are permitted as follows, subject to direction from the local public health unit:

- Any number of support workers may visit a home.
- If the local public health unit is in the Green-Prevent or Yellow-Protect level and the home is not in an outbreak, a maximum of 2 caregivers per resident may visit at a time.
- If the local public health unit is in the Orange-Restrict, Red-Control or Grey Lockdown level, or the home is in an outbreak, a maximum of 1 caregiver per resident may visit at a time.
- If a resident is self-isolating or symptomatic, a maximum of 1 caregiver may visit that resident at a time.

A caregiver may not visit any other resident or home for 14 days after visiting another:

- Resident who is self-isolating or symptomatic; and/or,
- Home in an outbreak.

The number of visitors per resident, per day, will be determined by the residence in review of community and residence circumstances and staffing availability to complete visitation protocols.

Additionally, at a minimum, the residence is allowing a sufficient block of time for at least 1 meaningful weekly visit per resident. This policy will be reviewed and revised when appropriate.

If the residence is in outbreak or the resident is self-isolating or symptomatic, non-essential visits are not allowed, and only essential visitors are allowed.

General Visitors

A maximum of 2 general visitors per resident may visit at a time, subject to direction from the local public health unit, provided:

- The resident is not self-isolating or symptomatic; and,
- The home is not in an outbreak; and,
- The local public health unit is in the Green-Prevent or Yellow-Protect level. No general visitors are permitted to visit in any of the following situations:
 - The home has an outbreak.
 - The resident is self-isolating or symptomatic.
 - The local public health unit is in the Orange-Restrict, Red-Control or Grey-Lockdown level.

General visitors younger than 14 years of age must be accompanied by an adult and must follow all applicable public health measures that are in place at the home (e.g. active screening, physical distancing, hand hygiene, masking for source control).

Outdoor Visits (as per Directive 3)

As of June 18th, 2020, the homes began a careful phased approach to the gradual resumption of visits, beginning with outdoor visits.

Effective July 15, 2020


– outdoor visits of up to 2 visitors at a time will be permitted.

Effective July 22, 2020

Prior to each visit, the visitor must:

- a) Pass an active screening questionnaire administered by home staff. This includes a temperature check.

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- b) Comply with long-term care home infection prevention and control (IPAC) protocols, including proper use of face coverings or surgical/procedural masks.
- c) Visitors should use a face covering if the visit is outdoors.
- d) Visitors should follow safe physical and social distancing practices (2 metres or 6 foot distancing)
- e) For outdoor visits, the visitor may bring an outdoor/lawn chair, or one may be provided by the residence.
- f) Staff will clean and disinfect the visiting area after each visit.
- g) In the event of inclement weather for an outdoor visit the home will consider moving location of visit inside, rescheduling, notifying visitor.

As identified throughout this policy, should the residence go into an outbreak or the resident be self-isolating or symptomatic, both indoor and outdoor visits will be discontinued, except for essential visits

Indoor Visits occurring in designated areas:

**Effective Date: Nov 23, 2020 -
Essential Caregiver**

All essential caregivers will be asked to complete a Consideration for Essential Caregiver Program form with the home’s Administrator/Director of Nursing prior to admittance to the home as an Essential Visitor.

Visits for essential visitors are permitted as outlined in the COVID-19 Response Framework (five zones of public health measures as outlined by the province of Ontario).

General Visitors

General visitors will be permitted as outlined in the COVID-19 Response Framework (five zones of public health measures) as outlined by the province of Ontario.


General visitors under 18 years of age should be accompanied by an adult and must follow all applicable infection prevention and control practices that are in place at the home.

Effective March 15, 2021

All visitors (support workers, caregivers and general visitors) must:

- Be actively screened on entry for symptoms and exposures for COVID-19, including temperature checks and not be admitted if they do not pass screening.
- Visitors must verbally attest to not be experiencing any of the typical and atypical symptoms.
- Visitors must also verbally attest that in the past two weeks they have not visited another resident who is self- isolating or symptomatic or visited a home that is in outbreak.
- All **Essential Caregivers** must:
 - o complete 1-3 rapid Antigen rapid tests within the past seven (7) day period at the home and attain a negative result prior to visiting a resident. Essential visitors visiting more frequently than 3 times per week will not be required to test on consecutive days. Essential visitors visiting more than one time in the day will only be required to test once during that day and may return later in the day without requiring further testing.

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- Examples:
 - if you visit once every 7 days you will be tested day of visit
 - If you visit twice in 7 days (not consecutive days) you will be tested twice. If consecutive days you will not be tested the second day.
 - If you visit three times in 7 days (not consecutive) you will be tested three times. If any of the 3 visits are consecutive days you will only be tested twice.
 - If you visit four times in 7 days you will only be tested three times as one visit would be consecutive.
- All **Support Workers and General Visitors** will be rapid Antigen tested at the home and attain a negative result prior to visiting a resident at **every** visit regardless of frequency.

Antigen Testing Process


- The home will provide all visitors with information regarding Antigen testing, consent for testing, analysis and recording of results prior to the visit.
- Staff will be trained to complete the testing process and will be available to provide Antigen testing to visitors at posted visitation times. The home may need to restrict visitation times due to trained staffing availability for Antigen testing and accommodation of visits consistent with IPAC practices of the home.
- Results of Antigen testing will be communicated to all Visitors prior to entry being approved or denied in a confidential manner.
- Any visitors attaining a positive Antigen rapid test result will be asked to begin immediate self-isolation protocols and contact the local PHU (Public Health Unit). The home will notify the PHU of the name and contact information of the individual testing positive.
- Support workers that require immediate access to the home in an emergency situation, need not be asked for a verbal attestation for a negative COVID-19 result.
- All caregivers/visitors will receive training to address how to safely provide direct care, donning and doffing of PPE and hand hygiene. Retraining will occur every month and as needed.
- All visitors (support, caregiver and general) must read the home’s visitor policy prior to their first visit and then monthly thereafter.
- Essential (support and caregiver) and General visitors will be provided with surgical/procedural masks, gloves, gowns and eye protection by the home for indoor visits as required.
- General visitors are responsible for providing their own cloth mask or face covering for outdoor visits.

The screening will take place at the home’s main entrance regardless if the visit is indoors or outdoors;

Visitors are asked to arrive 10-15 minutes before their scheduled visit start time to check in, complete screening and attestation, review protocols.

The visitor must comply with the home’s infection prevention control protocols (IPAC), including proper use of face covering/masks and physical distancing as outlined in Directive #3.

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

The visitor must only visit the designated indoor or outdoor area they are intending to visit, and meet only the resident who has invited them.

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

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 Directive #3.

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 #3, Directive #5 and Directive #1. This includes contact and droplet precautions (gloves, face shield or goggles, gown, and surgical/procedure mask).


All visitors must only visit the designated indoor or outdoor area they are intending to visit.

Scheduling of Visits

1. All general visitor visits must be pre-arranged to allow for appropriate physical distancing and staffing coverage. The home may not require scheduling or restrict the length or frequency of visits by caregivers. The residence will maintain a list of visitors including date, time of visit, name, contact information. General Visits will be pre-booked with the designated home staff (Life Enrichment, Administrator or designate)
2. Visit should be booked in advance. – e.g. no less than 24/48 hours in advance
3. Visits may be time-limited to allow the residence to accommodate all residents. The number of visitors in the home may be restricted to ensure staff monitoring and compliance with IPAC guidelines.
4. The highest of IPAC standards will be maintained prior to, during and after visits. 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. As noted above, general visitors (non-essential) visits are not permitted when a resident is self-isolating or symptomatic, or when the home is in an outbreak or in Orange, Red, Grey or Lockdown alert.
7. Visits will be scheduled in areas designated by the home. Visitors arriving from areas of orange, red or grey alert will be permitted to visit following discussion with a supervisor or manager and visits will be conducted in an area designated by the home.

Additional Protocols

1. All residents and visitors will be provided with this policy and information package, including education on all required protocols. All visitors must review the contents of the information package prior to their visit. Additional applicable policies and procedures will also be communicated to residents as appropriate.

		
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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.

Staff will monitor 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.

Discontinuation of Visits

Non-compliance with the residence’s policies could result in the discontinuation of visits for the non-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.

Home Care and Personal Care Service Providers

Home Care Service Providers (services provided by Local Health Integration Networks 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 (phased reopening of services in Ontario). This will be coordinated by the home.

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

Reference:

Minister’s Directive: COVID-19 Long Term Care Home Surveillance Testing and Access to Homes, January 8, 2021.

Ministry of Long Term Care COVID-19 Visiting Policy – November 23, 2020

Directive #3 – Issued December 7, Implemented December 9, 2020

Ministry of Long Term Care Frequently Asked Questions, Staff, Students, Volunteer COVID-19 testing in LTC Homes effective Nov 23, 2020/

Frequently Asked Questions COVID-19 Visiting Policy Effective Nov. 23, 2020