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Subject: Visits During COVID-19 Pandemic	Approved By: Assistant Director of Care Manager, IPAC
Supersedes date: May 9, 2022	Effective date: May 9, 2022

STANDARD:

There are processes in place to ensure the safety, emotional well-being, equitable access, and flexibility during Indoor Visits throughout the COVID-19 pandemic. Long Term Care Homes are responsible for supporting residents in receiving visitors while mitigating the risk of exposure to COVID-19.

The Home realizes the role that families, friends and visitors play in providing caregiving and emotional supports that adds to the quality of life of our residents. The gradual, staged resumption of visits is guided by the outlined principles from the Ministry of Long-Term Care, which are as follows:

Safety: Any approach to visiting in LTC home must consider, balance, and meet the health and safety needs of residents, staff, and visitors to ensure risks are mitigated.

Emotional Well-being: Welcoming visitors is intended to support the mental and emotional well-being of residents by reducing any potential negative impacts related to social isolation.

Equitable Access: All residents must be given equitable access to receive visitors, consistent with the resident preferences and within reasonable restrictions that safeguard residents.

Flexibility: The physical/infrastructure characteristics of the home, its workforce/human resources 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 consider when setting home-specific policies.

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

The Home should encourage that visitors should consider their personal health and susceptibility to the virus in determining whether visiting the Home is appropriate.

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As the pandemic situation evolves in Ontario, the direction in this policy will be adjusted as necessary, keeping the safety and emotional well-being of residents and staff at the forefront.

DEFINITIONS:

Types of Visitors:

1. Essential Visitors

There are four types of essential visitors:

- **people visiting very ill or palliative residents** who are receiving end-of-life care for compassionate reasons, hospice services, etc.
- **government inspectors with a statutory right of entry.** Government inspectors who have a statutory right to enter long-term care homes to carry out their duties must be granted access to a home. Examples of government inspectors include inspectors under the Long-Term Care Homes Act, 2007, the Health Protection and Promotion Act, the Electricity Act, 1998, the Technical Standards and Safety Act, 2000, and the Occupational Health and Safety Act.
- **support workers:** support workers are persons who visit a home to provide support to the critical operations of the home or to provide essential services to residents. Essential services provided by support workers include but are not limited to:
 - o assessment, diagnostic, intervention/rehabilitation, and counselling services for residents by regulated health professionals such as physicians and nurse practitioners
 - o Assistive Devices Program vendors -- for example, home oxygen therapy vendors
 - o moving a resident in or out of a home
 - o social work services
 - o legal services
 - o post-mortem services
 - o emergency services (for example, such

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as those provided by first responders)

- o maintenance services such as those required to ensure the structural integrity of the home and the functionality of the home's HVAC mechanical, electrical, plumbing systems, and services related to exterior grounds and winter property maintenance
 - o food/nutrition and water/drink delivery
 - o Canada Post mail services and other courier services
 - o election officials/workers
 - **Caregivers:** A caregiver is a type of essential visitor who is visiting the home to provide direct care to meet the essential needs of a particular resident. Caregivers must be at least 16 years of age and must be designated by the resident or his/her substitute decision-maker. Direct care includes providing support/assistance to a resident that includes providing direct physical support (for example, eating, bathing and dressing) and/or providing social and emotional support. Examples of direct care provided by caregivers include but are not limited to the following:
 - o supporting activities of daily living such as bathing, dressing, and eating assistance
 - o providing cognitive stimulation
 - o fostering successful communication
 - o providing meaningful connection and emotional support ■ offering relational continuity assistance in decision-making
- Examples of caregivers include:
- o friends and family members who provide meaningful connection
 - o a privately hired caregiver
 - o paid companions
 - o translator

2. General Visitor to provide nonessential services related to either the operations of the home or a particular resident or group of residents. General visitors younger than 14 years of age must be accompanied by an adult (someone who is 18 years of age or older). General visitors include those persons visiting for social reasons as well as visitors providing non-essential services such as personal care services, entertainment, or individuals touring the home.

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The Home's staff, volunteers and placement students are not considered visitors as their access to the Home is determined by the People and Culture department or Director of Care.

PROCEDURE:

1. Access to Home and Outbreak Areas

All visitors (except for children under the age of 5) to the Home are required to be fully vaccinated (2 doses) and to follow public health measures (i.e., active screening, show proof of vaccination, undergo a rapid antigen test, physical distancing, hand hygiene, masking for source control) for the duration of their visit in the Home. During an outbreak, and/or suspected or confirmed case of COVID-19, the local Public Health Unit will provide direction on visitors to the Home, depending on the specific situation.

1.1. Essential Visitors

Visits for essential visitors are permitted as follows, subject to direction from the local Public Health Unit:

- Any number of fully vaccinated support workers may visit the Home
- The Home will allow essential caregivers as follows:
 - a) If the resident is self-isolating or symptomatic, a maximum of four (4) caregivers may be designated to visit but a maximum of two (2) caregivers per resident may visit at a time
- Where the Home is in a local public health unit region that is in a Lockdown level or the Home is in outbreak, Follow the direction of your local public health unit.

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
- The Home is an outbreak

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1.2 General Visitors

A maximum of four (4) general visitors per resident may visit indoors at a time.

No general visitors are permitted to visit in any of the following situations:

- The entire Home is experiencing an outbreak;
- The Home is located in a public health unit region that is in a Lockdown level;
- Public Health and/or Ministry of Health restricts general visitors;
- The Resident is self-isolating or symptomatic.

2. Screening

All types of visitors will be actively screened on entry for symptoms and exposure for COVID-19, attestation to not be experiencing any of the typical and atypical symptoms. All types of visitors will not be admitted if they do not pass the screening.

2.1 Support Workers

Besides being actively screened for COVID-19 symptoms and having to show proof of vaccination, the Support Worker will also be undergoing a rapid antigen test on the day of entry. If the Support Workers visits several homes during one day, he/she needs to provide proof of the previous negative antigen test. In an emergency situation, the rapid antigen test can be waved.

Long Term Care Home Inspectors have a separate and specific protocol that has been established within the ministry. Inspectors must confirm that they have received a COVID-19 test (within either the past week) and must verbally attest to not subsequently having tested positive to their manager. Inspectors must keep an official record of all negative or positive tests and verbally attest to a negative test upon entering a home.

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2.2 Caregivers

Caregivers who enter the Home must show proof of vaccination and undergo a rapid Antigen Test to gain entry to the Home.

The Home should ask Caregivers to verbally attest to the Home that in the last 14 days, they have not visited another:

- Resident who is self-isolating or symptomatic;
- A Home in an outbreak; and/or
- Living with someone who has COVID-19 symptoms.

Prior to visiting any resident for the first time, the caregiver must read the Home's visitor policy and be provided with training that addresses how to safely provide direct care, including donning and doffing of required PPE, and hand hygiene. Public Health Ontario resources will be used for the training.

- Guidance document entitled Recommended Steps: Putting on Personal Protective Equipment (PPE);
- Video entitled Putting on full PPE;
- Video entitled Taking off full PPE; and
- Video entitled How to Hand Wash.

This training will be repeated on a quarterly basis or more often if any guidelines change.

The caregiver must verbally attest to the Home that they have read/re-read the Home's visitor policy monthly.

2.3 General Visitors

General visitors must show proof of being fully vaccinated and undergo an Antigen Test on the "day of" the visit before granting them full entry into the Home as a visitor. General visitors must wait for a negative antigen test result before proceeding beyond entry points. Furthermore, they must verbally attest to the Home that in the last 14 days, they have not visited a

- A resident who is self-isolating or symptomatic; and/or

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- A home that is experiencing an entire home outbreak

Prior to visiting any resident for the first time and at least once every month thereafter, General Visitors must verbally attest to the Home that they have read/re-read the Home's visitor policy.

Public Health resources to support IPAC and PPE education and training will be used such as:

- Guidance document entitled Recommended Steps: Putting on Personal Protective Equipment (PPE);
- Video entitled Putting on One-Piece Facial Protection;
- Video entitled Taking off One-Piece Facial Protection; and
- Video entitled How to Hand Wash.

3. Personal Protective Equipment (PPE)

3.1 Essential Visitors

The Home will provide surgical/procedure masks, gloves, gowns, and eye protection (i.e. face shields or goggles) for essential visitors as needed. Gowns, gloves and eye protection only need to be worn when the resident is isolating.

Fully immunized essential caregivers may have close physical contact including for non-care related reasons with fully immunized residents. No eye protection is required and the fully immunized essential caregiver may support in the dining room and join in recreation activities.

3.2 General Visitors

The Home will provide general visitors with surgical/procedure masks.

Fully immunized general visitors may have close physical contact with fully immunized residents with no eye protection, gloves or gown required.

Note: Individuals that are unable to wear a mask due to medical

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condition must:

- Provide a medical exemption note to the Home
- If able, to wear a mask to go from screening station to resident's room or approved visiting area. Once in the resident room or approved visiting area the individual may remove and discard the mask but will apply a new mask before exiting the area
- Both resident and visitor will wear a face shield at all times during the visit
- The individual will undergo a rapid antigen test on each visit
- If tolerated, the resident being visited should wear a mask at all times
- Physical distancing of 2 meters must be maintained at all times
- The Home may also consult with their local Public Health unit for further guidance and directions

Furthermore, individuals who are unable to put on or remove their mask without assistance from another person, will receive the required assistance from a staff member who is trained in proper donning and doffing procedures.

Other exemptions to the masking requirements are as follows:

- Any individual who is being accommodated in accordance with the Accessibility for Ontarians with Disabilities Act and/or
- Any individual who is being reasonably accommodated in accordance with the Human Rights Code.

4. Physical Contact

Physical Touch (for example hugging, holding hands) between caregivers and general visitors who are fully immunized and residents who are fully immunized, provided appropriate IPAC control measures like universal masking, and hand hygiene are in place is permitted.

The Home will provide opportunities for caregivers to be with their loved ones outside of the resident's room including but not limited to outdoors and walks inside the Home.

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During an active outbreak these opportunities for physical contact and walking outside of the resident's room will come to a hold and Public Health guidelines will be followed.

5. Responding to all Types of Visitor Non-adherence

The Home fully recognizes how critical visits are to the resident's care needs and emotional well-being, and therefore the Home will ensure to support all visitors in understanding the importance of adhering to the Home's visitor policy. Every non-adherence to the requirements will be reviewed and dealt with based on the severity of the non-adherence.

5.1 Ending a Visit

Each time a non-adherence occurs, reminders and training of the requirements will be provided to the visitor. The Home will end a visit if the visitor repeatedly fails to adhere to the Home's policy, provided:

- That the visitor received explanations of all applicable requirements
- The visitor was equipped with all the resources to adhere to the requirements (i.e. there is sufficient space to physically distance, PPE supplied and demonstrated how to correctly don and doff; and
- That the visitor has been given sufficient time to adhere to the requirements.

The Director of Care or delegate will document any termination of visits due to non-adherence in the electronic health record of the resident.

5.2 Temporarily Prohibiting a Visitor

The Home will temporarily prohibit a visitor in response to repeated and serious non-adherence with the Home's visitor policy.

Before prohibiting a visitor, the Home will consider whether the non-adherence

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- Can be resolved successfully by explaining and demonstrating how the visitor can adhere to the requirements
- Is within the legislative requirements
- Negatively impacts the health and safety of residents, staff, and other visitors in the Home
- Is demonstrated continuously by the visitor over multiple visits
- Is by a visitor whose previous visits have been ended by the Home

Any decision to temporarily prohibit a visitor should:

- Be made only after all other reasonable efforts to maintain safety during visits have been exhausted
- Stipulate a reasonable length of the prohibition depending on the severity
- Be clearly communicate to the visitor what requirements will need to be met before visits may be resumed (i.e. reviewing the visitor policy, Public Health Guidelines, etc.); and
- Be documented by the Director of Care or delegate

Where the Home has temporarily prohibited a caregiver, the resident and/or their substitute decision-maker may designate an alternate individual as a caregiver to help meet the resident's care needs.

6. Home Requirements for General Visits

The following baseline requirements must be in place before visits can be accepted for general visits:

- a) The Home must be located in a public health unit region that is not in a lockdown order and the entire Home can **NOT** be currently in an outbreak. In case the entire Home enters in an outbreak thereafter, all non-essential general visitations must end immediately.
- b) The procedures for the resumption of safe indoor visits for **General Visitors** must be communicated well with residents, families,

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visitors, and staff, including the Infection Prevention and Control Lead and the Occupational Health and Safety Committee. The educational information that needs to be shared are as follows:

- Respiratory etiquette
 - Donning and doffing and proper use of masks and any other Personal Protective Equipment (PPE)
 - Proper hand hygiene and any other applicable IPAC practices
 - Operational procedures such as limiting movement in the Home and its property
 - Approach to dealing with in-adherence to home policies and procedures, including the discontinuation of visits
- c) The Home will always follow the highest Infection Prevention and Control (IPAC) standards prior to, during and after visits.
- d) The Home will provide meaningful and equitable access to visits for all residents; and consider the staffing and space capacity available to the Home to maintain the safety of residents, staff, and visitors.
- e) The Home will have the discretion in scheduling and must consider the directives in place at the time.
- f) The Home will regulate the number of visitors to the Home at any one time.
- g) The Home will create and maintain a list of visitors. The list will be available for relevant staff members to access.

7. General Visitor Requirements

Prior to each visitor, the general visitor must:

- a) On each visit, pass an active screening questionnaire administered by home staff.
Visitors will not be admitted if they do not pass the screening.

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- b) On each visit, visitors must show proof of vaccination and undergo a rapid antigen test (that gets logged in a tracking tool) and will only be permitted beyond the entry point of the Home if he/she tests negative. Only four (4) visitors at a time are permitted.
- c) Comply with the Home's IPAC protocols, including proper use of surgical/procedural masks and using hand sanitizer at the beginning and end of the visit. A family information package is provided to visitors.
- d) Use a surgical/procedural mask
- e) Practice physical distancing as much as possible.
- f) The Home will provide surgical/procedural masks to the visitor and resident (if tolerated).
- g) Only visit the one (1) resident they are intending to visit, and not interact with any other residents.
- h) Respect that visits may be canceled in the event the resident is not feeling well, the Home area the resident resides in goes in an outbreak or the Home is located in an area that has been identified as a lockdown area.
- i) Any nonadherence to these requirements and rules will be the basis for discontinuation of visits.

8. Indoor Visit Process for General Visitors:

- a) The IPAC Manager will monitor and oversee family/friends visits during the pandemic. Program staff and other delegates will supervise and support each visit with residents. A log of all visits is maintained with the Screening Staff.
- b) Each resident can receive up to four (4) visitors at a time. This includes care givers.

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- c) Families/friends can visit any time between the hours of 10:30am and 2:30pm and 3:15pm and 7:30pm
- d) Visits outside of the visiting hours above will be accommodated on a case by case process.
- e) A resident who is in isolation and/or is symptomatic can have only one visitor at a time unless the resident is at end of life.

9. Outdoor Visit Process for General Visitors:

- a) As of March 14, 2022 there is no limit to the number of visitors for outdoor visits.
- b) General visitors can come into the home to take a resident outside so long as the visitor is vaccinated and completes the screening/testing process.
- c) Caregivers may take a resident outside to visit with general visitors.
- d) If a visitor wants to do an outdoor visit but does not meet vaccination/screening/testing requirements, they may call the recreation assistant to coordinate a date and time to bring the resident outside to visit with the visitor.

OUTCOME:

1. Visits will occur in a safe and equitable manner.
2. The gradual visitation approach considers balance and meets the Health and Safety, and emotional needs of residents, staff, and visitors.

ADDITIONAL REFERENCES:

1. Ministry of Long-Term Care & Ontario Health: Resuming Visits in Long-Term Care Homes, July 16, 2020

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2. OLTC: Best Practice Exchange Forum, June 2020
3. Ministry of Long-Term Care & Ontario Health: Update to Visits at Long-Term Care Homes, July 16, 2021
4. Directive # 3 for Long-Term Care Homes under the Long-Term Care Homes Act, 2007, July 16, 2021
5. Forms Manual, COVID - Essential Caregiver Request Form
6. Forms Manual, COVID - Family Information Package
7. Guidance document entitled Recommended Steps: Putting on Personal Protective Equipment (PPE)
8. Video entitled Putting on full PPE and one-piece PPE
9. Video entitled How to Hand Wash
10. COVID-19 Visiting Policy, MLTC, July 16, 2020
11. The COVID-19 Response Framework: *Keeping Ontario Safe and Open*, November 13, 2020
12. ADM Letter, Updated Long-Term Care Sector Surveillance Testing Strategies, July 16, 2021
13. Ministry of Long Term Care Memorandum: New Inspector Testing Protocol, December 8, 2020
14. Ministry of Long-Term Care Associate DM Memo: Enhancing the Protection for LTC Homes, February 4, 2021.
15. Rapid Antigen Testing, Frequently asked Questions, July 16, 2021.
16. Updated FAQs: Directive #3, MLTC Guidance and Visiting Policy

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17. Ministry of Long Term Care: Requirements and Guidance for LTC Homes memo
18. COVID-19 guidance document for long-term care homes in Ontario, December 28, 2021
19. Long-Term Care Visitors, Absences & Social Gatherings Snapshot As of December 30th, 2021
20. Assoc DM memo LTC Pandemic Response update 2022-02-07
21. MLTC: LTC Pandemic Response Update: March 9, 2022.