

## COVID-19 Visitor Policy

### Policy:

All communities have 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 residents, team members 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 complies with current ministry requirements per [Directive #3](#) (December 24, 2021), the [Reopening Ontario Act](#), applicable legislation and regulations, and is guided by the policies of the Ministry for Seniors and Accessibility (MSAA) and the Retirement Homes Regulatory Authority (RHRA), including the [Retirement Homes Policy to Implement Directive #3](#) (March 14, 2022).

If anything in this policy conflicts with requirements in applicable legislation or regulations or any other provincial requirements, including any applicable emergency orders, directives, directions, guidance, recommendations or advice issued by the CMOH and applicable to retirement communities, those requirements prevail, and the community will follow them.

For the purposes of this policy, “fully vaccinated” refers to an individual having received:

- The full series of a COVID-19 vaccine authorized by Health Canada, or any combination of such vaccines,
- One or two doses of a COVID-19 vaccine not authorized by Health Canada, followed by one dose of a COVID-19 mRNA vaccine authorized by Health Canada, or
- Three doses of a COVID-19 vaccine not authorized by Health Canada; and
- They received their final dose of the COVID-19 vaccine at least 14 days ago

The above definition is based on Ministry of Health’s [COVID-19 Fully Vaccinated Status in Ontario](#).

### Guiding Principles

In addition to the requirements established in the Retirement Homes Act, 2010 and O. Reg 166/11, the Reopening Ontario Act, 2020, 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, team members, and visitors, and ensure risks of infection are mitigated.
- **Mental Health and Emotional Well-being:** Allowing visitors, absences, and activities are intended to support the overall physical, mental and emotional wellbeing of residents by reducing any potential negative impacts related to social isolation.
- **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, team members and visitors.
- **Flexibility:** The physical characteristics /infrastructure of the community, its staffing availability, whether the community is in outbreak or in an area of widespread community transmission, and the current status of the community with respect to infection prevention and control (IPAC) including personal protective equipment (PPE) are all variables to take into account when administering community-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 team members 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. Communities are highly encouraged to continue to promote vaccinations and boosters to all eligible residents, team members, and visitors. Vaccines help 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 received 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.

### Requirements for Home Visits

1. The community 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 it necessary.
2. The following minimum requirements will be maintained to continue to accept any visitors:
  - i. Procedures for visits including but not limited to IPAC, scheduling and any setting-specific policies.
  - ii. Communication of clear visiting procedures with residents, families, visitors and team member, including sharing an **information package** with visitors with:
    - a. The Retirement Homes Policy to Implement Directive #3 (e.g., digital link, or a copy upon request);
    - b. Details on any visitor or visiting restrictions (e.g., number of visitors permitted based on any capacity considerations);
    - c. Details regarding IPAC, masking, and physical distancing (2 metres separation),
    - d. Requirements regarding proof of identification and full COVID-19 vaccination, as per Delmanor's policy;
    - e. Information about how to escalate concerns about the community to the RHRA via the RHRA email and/or phone number; and
    - f. Other health and safety procedures such as limiting movement around the community, if applicable, and ensuring visitors' agreement to comply with visiting procedures.
  - iii. A process for complaints about the administration of visiting policies and a timely process for resolving complaints.
  - iv. Requirements for visitor compliance with visiting policies and a process to notify residents and visitors that failure to comply with the visiting policy may result in the 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.
  - v. A process for recording all visits, including the name, contact information, date and time of visit, and resident visited for each visitor, to be kept for at least 30 days.
  - vi. Dedicated areas for both indoor and outdoor visits to support physical distancing (2 metres separation) between residents and visitors.
  - vii. Protocols to maintain best practices for IPAC measures prior to, during and after visits.
3. The community will ensure the following are put in place to facilitate safe visits:
  - **Adequate Staffing:** The community has sufficient team members to implement the policies related to visitors and to ensure safe visiting as determined by the community's leadership.
  - **Access to adequate testing:** The community has a testing policy and plan in place to support antigen point-of-care (POCT) screening of all visitors, regardless of vaccination status.

- **Access to adequate PPE:** The community has adequate supplies of PPE required to support visits.
  - **IPAC standards:** The community has appropriate cleaning and disinfection supplies and adhere to IPAC standards, including enhanced cleaning.
  - **Physical distancing:** The community can facilitate visits in a manner aligned with physical distancing protocols (2 metres separation).
4. If the community 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. Community team members, students and volunteers as defined in the *Retirement Homes Act, 2010* are not considered visitors.

<p><b>1. 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>There are two categories of Essential Visitors: Support Workers and Essential Caregivers.</i></p> <p>External Care Providers (ECPs): ECPs are employees, staff or contractors of Home and Community Care Support Services (HCCSS) (formerly LHINs) and provide services to residents. They are considered <b>Essential Visitors</b> to retirement community and must comply with the requirements under CMOH's Directive #3 and RHRA's Policy to Implement Directive #3.</p>	<p><b>A. Support Workers</b> A Support Worker is <b>brought into the community to perform essential services for the community or for a resident in the community</b>, including:</p> <ol style="list-style-type: none"> <li>a. Regulated health care professionals under the <i>Regulated Health Professions Act, 1991</i> (e.g., physicians, nurses);</li> <li>b. 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>c. Authorized third parties who accommodate the needs of a resident with a disability;</li> <li>d. Health and safety workers, including IPAC specialists;</li> <li>e. Maintenance workers;</li> <li>f. Private housekeepers;</li> <li>g. Inspectors; and</li> <li>h. Food delivery.</li> </ol>
<p><b>2. General Visitors</b></p>	<p><b>B. Essential Caregivers</b> Essential Caregivers provide care to a resident including supporting feeding, mobility, personal hygiene, cognitive stimulation, communication, meaningful connection, relational continuity and assistance in decision-making. Essential Caregivers may be family members, a privately hired caregiver, paid companions and translators even if the person would also be considered a Support Worker.</p> <p>Essential Caregivers must be designated by the resident, or if the resident is unable to do so, their substitute decision-maker. The designation should be made in writing to the community, and the community should have a procedure for documenting Essential Caregiver designations. The necessity of an Essential Caregiver is determined by the resident or the SDM.</p> <p>Essential Caregivers will not be denied access to residents, provided that they pass the active screening, testing and PPE requirements (e.g., vaccination status should not impact access).</p> <p>In order to limit the spread of infection, a resident and/or their SDM will only be encouraged to change the designation of their Essential Caregiver in limited circumstances, including in response to:</p> <ol style="list-style-type: none"> <li>a. A change in the resident's care needs that is reflected in the plan of care;</li> <li>b. A change in the availability of a designated Essential Caregiver; and/or</li> <li>c. Due to the vaccination status of the designated Essential Caregiver</li> </ol>

	<p>b. To provide non-essential services (may or may not be hired by the community or the resident and/or their SDM); and/or</p> <p>c. As a prospective resident taking a tour of the community.</p>
<p><b>3. Personal Care Service Providers</b></p>	<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 Reopening Ontario Act, 2020 regulations O. Reg. 82/20, O. Reg. 263/20 and O. Reg. 364/20, 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>

1. Designated Essential Caregivers will be documented through **Essential Caregiver Designations Form. (See Appendix E)**. 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 the Community**

1. The local PHU may require restrictions on visitors in part or all of the community, depending on the specific situation. The community and visitors must abide by any restrictions imposed by the PHU, which override any requirements or permissions in this policy and the Retirement Homes Policy to Implement Directive #3 if there is a conflict.
2. All visitors must agree to abide by the health and safety practices contained in Directive #3 and the Retirement Homes Policy to Implement Directive #3 as a condition of entry into the community.
3. All visitors to the community must follow public health measures (e.g., active screening, testing, wearing a medical mask, IPAC and maintaining physical distancing) for the duration of their visit in the residence. If an area in a home is in outbreak, eye protection is required when providing direct care to residents.
4. Unnecessary entry into the community by visitors will be minimized (e.g., the community will encourage food or package delivery to the foyer for resident pick up or team member delivery).
5. The community will facilitate visits for residents and will not unreasonably deny visitors based on *frequency* of visits.
6. Essential Caregivers, provided that they pass the screening, antigen POCT testing and PPE requirements, will not be denied access to residents.
7. Residents who are not isolating may receive Essential Visitors, General Visitors and Personal Care Service Providers if they are not living in an outbreak area of the community.
8. Residents who are isolating under Droplet and Contact Precautions may only receive Essential Visitors. The community will provide supports for their physical and mental well-being to mitigate any potential negative effects of isolation (including individualized mental and physical stimulation that meet their abilities), using sector best practices wherever possible.
9. All visitors, regardless of their vaccination status, will be actively screened and must demonstrate a negative antigen POCT result to be permitted entry, according to the requirements outlined under Directive #3 and the Retirement Homes Policy to Implement Directive #3, including for outdoor visits.
10. To support physical distancing between residents and visitors, indoor and outdoor visiting areas have been designated and are identified.
11. Best practices for IPAC measures will be maintained prior to, during and after visits.
12. General visits will be booked in advance.

13. All visits to the community will be recorded, including the name, contact information, date and time of visit, and resident visited for each visitor, and kept for at least 30 days.
14. All residents, families, visitors and will be provided with this policy and information package. All visitors must review the contents of the information package prior to their visit and comply with the policy. Additional applicable policies and procedures will also be communicated as needed.
15. The number of visitors permitted, subject to PHU advice per #1 above, is outlined below

<p><b>1. Essential Visitors</b> (Support Workers &amp; Essential Caregivers)</p>	<p>Essential Visitors are permitted regardless of vaccination status if they pass active screening.</p> <p>Essential Visitors may visit a resident who is isolating, but must follow public health measures (e.g., hand hygiene and masking) for the duration of visit.</p>
<p><b>2. General Visitors</b></p>	<p>General Visitors are permitted unless a resident is isolating and on Droplet and Contact Precautions, or the home is advised by the local PHU to stop general visits (e.g., during an outbreak). The residence will not unreasonably deny visits provided the residence and visitor comply with the requirements in the Policy to Implement Directive #3.</p> <p>To further limit risk to residents, 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 is symptomatic, should avoid visiting homes for <b>10 days from the onset of symptoms or from receiving a positive test result or from the date of their last exposure (whichever is earlier).</b></p> <p>General Visitors aged five years and below are permitted, the following measures should be in place:</p> <ul style="list-style-type: none"> <li>• For ages three to five, should undergo Rapid Antigen Test, if tolerated</li> <li>• Should be encouraged to wear a medical mask for the duration of their time to the community, if tolerated</li> </ul> <p>The number of General Visitors is limited to <b>4</b> to allow sufficient space for physical distancing.</p> <p>For all visits with General Visitors, the following measures should be in place:</p> <ul style="list-style-type: none"> <li>• The residence should ensure equitable visitor access for those residents who are not isolating.</li> <li>• Visits should be booked in advance.</li> <li>• General Visitors should wear a medical mask, maintain physical distancing and perform hand hygiene.</li> <li>• Residents should be strongly encouraged to wear a mask for the duration of the visit.</li> <li>• Opening windows should be considered for indoor and in-suite visits to allow for air circulation.</li> <li>• <b>General Visitors must present a proof of vaccination when joining a dining resident for a meal.</b></li> </ul>
<p><b>3. Personal Care Service Providers</b></p>	<p>Personal Care Service Providers who are visiting or work in the residence are permitted to provide services in alignment with provincial requirements if they pass active screening and demonstrate a negative antigen POCT, which is prior to entering the residence.</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 residence;</li> <li>• Wear a medical mask for the duration of their time to the community;</li> <li>• Only provide services to residents who are wearing a medical mask, except for where this is not tolerated by residents, or in the case of dental procedures;</li> <li>• Practice hand hygiene and conduct environmental cleaning after each appointment; and</li> </ul>

	<ul style="list-style-type: none"> <li>Document all residents served and maintain this list for at least 30 days to support contact tracing.</li> </ul> <p>The number of Personal Care Service Providers should be based on the capacity of the location where the service will take place and should allow for sufficient space for physical distancing between providers.</p>
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**Clarification from MSAA:** *The number of visitors attending to a **palliative resident** should be decided on a case-by-case basis; communities should be communicating with families to come to a safe and supportive decision together.*

## Screening Visitors for COVID-19

### 1. Active Screening

- a) All Visitors, regardless of their vaccination status, will be actively screened and must demonstrate a negative antigen POCT result to be permitted entry, including for outdoor visits.
- b) Any visitor who fails active screening will not be allowed to enter the community, will be advised to follow current case and contact recommendations, and will be encouraged to be tested.
- c) Visitors who do not pass screening will not be permitted access, unless:
  - a. It cannot be assured that resident care can be maintained if the visitor’s entry were refused, assessed on a case-by-case basis by the community.
  - b. Exemptions to active screening apply to: First responders, visitors for imminently palliative residents, and individuals with post-vaccination symptoms, who are not required to pass screening but must remain masked and maintain physical distance from other residents and team members. **Exception does not apply to visitors for imminently palliative residents who failed screening due to federal quarantine requirements.**
- d) Visitor entry and screening results (including Safety Review) will be documented and retained for at least 30 days to support contact tracing.

### 2. Asymptomatic Testing

Asymptomatic testing using antigen point-of-care testing (POCT) may be conducted for team members, students, contractors, volunteers, and visitors at the frequencies outlined determined by Delmanor’s policy, and the test result provided in a manner determined by the community:

- a. A team members must submit to regular antigen POCT for COVID-19 and demonstrate a negative result, prior to entry. Results are valid for a calendar day.
- b. A contractor, student, volunteer or Essential Caregiver, Support Worker, Personal Care Service Provider or a General Visitor, **regardless of vaccination status** must submit to regular antigen POCT for COVID-19, and demonstrate a negative result, prior to entry. Results are valid for a calendar day.
- c. An External Care Provider must submit to regular antigen POCT for COVID-19 **regardless of their vaccination status** and demonstrate a negative result prior to entry. Results are valid for a calendar day.
- d. Any individual per above with confirmed COVID-19 on a molecular or rapid antigen test may resume asymptomatic screening testing after 30 days from their COVID- 19 infection (based on the date of their symptom onset or specimen collection). If there is uncertainty whether the individual is infected with COVID-19 (e.g., individual is asymptomatic and a COVID-19 PCR test result demonstrated a high cycle threshold indicative of a low viral load), that individual may resume asymptomatic screen testing.
- e. team members, students, contractors, volunteers, students and visitors who **receive a positive test result** in the retirement community must leave the facility immediately and be directed to

isolate at their own home, as per Directive #3. They may not be permitted to return to the community for **10 days**. The exception is team members who may be required to return to work early during a critical staffing shortage (Test to Work).

If the community has made reasonable efforts but has an inadequate supply of antigen point of care tests to comply with the above frequencies, all required Individuals are to submit to regular antigen point of care testing for COVID-19 and demonstrate a negative result at minimum once every seven days.

### 3. Safety Review - General Visitors and Personal Care Service Providers

- a) Prior to visiting any resident for the first time, and at least once every month thereafter, the community may ask **fully vaccinated** General Visitors and Personal Care Service Providers to verbally attest that they have:
  - i. Read/Re-Read the following documents:
    - The community's visitor policy; and
    - Public Health Ontario's document entitled [Recommended Steps: Putting on Personal Protective Equipment \(PPE\)](#).
  - ii. Watched/Re-watched the following Public Health Ontario videos:
    - [Putting on Full Personal Protective Equipment](#);
    - [Taking off Full Personal Protective Equipment](#); and
    - [How to Hand Wash](#).
- b) Safety review screening will be documented and retained for at least 30 days .

### 4. Safety Review - Essential Visitors

- a) If the community is **declared in outbreak**, prior to visiting any resident for the first time, the community may provide training to Essential Caregivers, and Support Workers who are not trained as part of their service provision or through their employment. Training will address how to safely provide direct care, including putting on (donning) and taking off (doffing) required PPE, and hand hygiene. If the community does not provide the training, Essential Caregivers and Support Workers will be directed to appropriate resources from [Public Health Ontario](#) to acquire this training.
- b) For communities **not in outbreak**, prior to visiting any resident for the first time, and at least once every month thereafter, the community will ask Essential Caregivers and Support Workers to verbally attest that they have:
  - i. Read/Re-Read the following documents:
    - The community's visitor policy; and
    - Public Health Ontario's document entitled [Recommended Steps: Putting on Personal Protective Equipment \(PPE\)](#).
  - ii. Watched/Re-watched the following Public Health Ontario videos:
    - [Putting on Full Personal Protective Equipment](#);
    - [Taking off Full Personal Protective Equipment](#); and
    - [How to Hand Wash](#).
- c) Safety review screening will be documented and retained for at least 30 days.

### Personal Protective Equipment

Visitors must wear PPE as required in Directive #3, which requires the community to follow Directive #5:

#### 1. Essential Visitors

- a) Support Workers are responsible for bringing their own PPE to comply with requirements for Essential Visitors as outlined in Directive #3.
- b) The community may provide access to PPE for Essential Caregivers if they are unable to acquire PPE independently, including to medical (surgical/procedure) masks, eye protection (e.g., face shields or goggles) and any additional PPE when providing care to residents who are isolating on Droplet and Contact Precautions.
- c) The community will intervene and reinforce appropriate uses of PPE if improper practices are alleged or observed. Essential Visitors must follow team member reminders and coaching on proper use of PPE.
- d) Per Directive #3, Essential Visitors must wear a medical mask for the entire duration of their shift/visit, both indoors and outdoors, and eye protection when providing care to residents with suspect/confirmed COVID-19 and in the provision of direct care within 2 metres of residents in an outbreak area, regardless of their COVID-19 vaccination status.

## 2. General Visitors and Personal Care Service Providers

- a) General Visitors and Personal Care Service Providers must wear at minimum either a medical mask for indoor and outdoor visits.
- b) General Visitors and Personal Care Service Providers must attest to having read the documents and watched the videos on PPE, as noted above.
- c) The community will intervene and reinforce appropriate uses of PPE if improper practices are alleged or observed. General Visitors must follow team member reminders and coaching on proper use of PPE.

## Social Gatherings and Organized Events

1. General Visitors (including facilitators), Essential Visitors, and team members may attend social gatherings and organized events if they pass active screening and demonstrate a negative antigen POCT.
2. The following measures are required of visitors for all social gatherings and events:
  - Essential visitors and General Visitors must wear a medical mask (e.g., respirators are allowed), and must pass active screening and should physically distance (2 metres separation) from residents, other team members and other visitors unless providing direct care or support to a resident.

## Communal Dining

1. Essential Caregivers and General Visitors **must present a proof of vaccination** before they join a dining resident for a meal. General Visitors and Essential Caregivers must be masked when not eating or drinking and must maintain physical distancing from other residents and staff.

## Community Tour Requirements

1. Prospective residents may be offered in-person, targeted tours of suites at any time. These tours must adhere to the following precautions:
  - All tour participants are subject to the General Visitor screening, testing, and PPE requirements outlined in this policy (e.g., active screening, wearing a medical mask, IPAC, maintaining physical distancing).
  - The tour group should not exceed the number of permitted indoor visitors.
  - Prospective residents may join dining services. however, they **must show proof of vaccination** and must be masked when not eating or drinking and maintain physical distancing.

2. All in-person tours should be paused if the residence goes into outbreak, unless permitted by the local PHU.

### **Discontinuation of Visits/Refusal of Entry**

1. All visitors to the community are expected to comply with the visiting policy. Failure to comply with the community's visiting policy may result in the discontinuation of visit(s) when risk of harm from continual non-compliance is considered too high. Refusal of entry will be assessed on a case-by-case basis by management/Designate.

### **Complaints Process**

1. If a visitor has a complaint about the administration of the community's visiting policies, they will be directed to share their complaint by phone or email with the General Manager. Concerns may be escalated to the RHRA via the RHRA email or phone number. This process is documented in the Information Package for Visitors.

### **Accessibility Considerations**

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

### **References:**

Ministry of Health (MOH) Directive #3 – March 14, 2022

[https://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/directives/LTCH\\_HPPA.pdf](https://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/directives/LTCH_HPPA.pdf)

Retirement Homes Policy to Implement Directive #3 – March 14, 2022

[https://mcusercontent.com/0f7b468f27a8cf1a453f09536/files/7652e7db-b1ea-36dd-f262-5d2adce52008/RHPID\\_3\\_2022\\_March\\_14\\_2022\\_Phase\\_4.pdf](https://mcusercontent.com/0f7b468f27a8cf1a453f09536/files/7652e7db-b1ea-36dd-f262-5d2adce52008/RHPID_3_2022_March_14_2022_Phase_4.pdf)

RHRA Scenario Matrix: Retirement Home Policy to Implement Directive #3 (December 23, 2021)

<https://www.rhra.ca/wp-content/uploads/2021/12/Scenario-Matrix-Dec-22-FINAL.pdf>

