

TITLE:	Visitor Protocols (ON)	POLICY #:	IX-N-10.44
		PAGE:	1 of 4
MANUAL	LTC Infection Prevention & Control	APPROV. AUTH:	VPO, Clinical Services
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POLICY:

The role that families, friends, and visitors play in providing caregiving and emotional supports is important to the quality of life for long term care residents. Visitors are welcome to visit their loved one at any time that is mutually agreed upon and best suits the resident and the visitor during a non-outbreak situation.

During an outbreak of a communicable disease, an outbreak of a disease of public health significance, an epidemic, or a pandemic, visitors are restricted to essential visitors, subject to applicable law.

There are four types of essential visitors as follows:

- **Caregivers:** designated by the resident/substitute decision maker to provide one or more forms of support or assistance to meet resident care needs, including providing direct physical support e.g. activities of daily living, social, spiritual, or emotional support, whether the individual is paid or unpaid. Must be 16 years of age or older. The approval of a parent or legal guardian is required to permit individuals under the age of 16 years to be designated as a caregiver;
- **Support Workers:** persons who visit the care community to provide support to the critical operations of the care community or to provide essential services to residents;
- **Persons visiting very ill residents for compassionate reasons:** to include but not limited to hospice or end of life care; and
- **Government Inspector:** with a statutory right to enter a long-term care community to carry out their duties.

All other visitors who do not fall into the essential visitor category above are consider general visitors and are not permitted during an outbreak in the care community or an area of the care community or to visit an isolating resident.

- **General Visitors:** is not an essential visitor and provides non-essential services either to the operations of the care community or to a particular resident or groups of residents. These visits are for social reasons as well as providing personal care services, entertainment, or individuals touring the care community. General visitors under the age of 14 must be accompanied by an adult.

Long term care team members, attending physicians or nurse practitioners, volunteers, and placement students are not considered visitors, as their access is determined by the care community. Children under the age of 1 year are permitted and are not considered visitors.

All visitors are required to wear a medical/surgical mask at all times when indoors. Additional personal protective equipment may be required based on point of care risk assessment, when the care community is in outbreak, or as otherwise determined by public health.

Visits may be ended at any time for any visitor who repeatedly fails to adhere to the care community's visitor policy requirements. Where the care community has previously ended a visit, or temporarily prohibited a visitor, additional education/training must be provided to the visitor before visitation can be resumed. If a caregiver is temporarily prohibited, the resident/substitute decision maker may designate an alternative individual as the caregiver to help meet resident care needs.

Note: Visitor protocols may change across regional jurisdictions as per public health and provincial directives and will supersede this policy requirement.

PROCEDURE:

The Executive Director or designate will:

- 1) Ensure that there is a process for visitors to sign in and conduct active screening.
- 2) Establish designated outdoor/indoor area(s) for visits to occur.
- 3) Collaborate with the Infection Prevention & Control Lead to ensure that the environment is laid out to adhere to infection prevention and control measures to include but not be limited to flow of team members/visitors and residents to and from areas throughout the care community signage, and furniture placement.
- 4) Ensure there is an outdoor/indoor space designated to greet and screen visitors prior to the visit.

The outdoor space will:

- Provide for 6 feet/2 metres physical distancing between individuals;
- Ensure privacy for the resident and family; and
- Utilize physical barrier(s) such as planter boxes, half wall, table, etc. to support facilitation of physical distancing requirements.

The indoor space will:

- Have an active screening location and process;
 - Be a designated location in the care community, preferably a space close to main entrance/resident home area i.e. lounge area, multipurpose room, empty resident room. Location for designated for indoor visits to be clearly identified with signage;
 - Determine if a resident room is appropriate for an indoor visit. Take into account the activities to be performed during the visits, if the resident is sharing a room, and whether isolation precautions are in place;
 - Provide for 2m/6 feet physical distancing between individuals;
 - Ensure privacy for the resident and family; and
 - Use physical barriers such as furniture spaced to meet physical distancing requirement.
- 5) Communicate with residents and families the process for indoor/outdoor visits, prioritizing emotional and/or clinical decline of residents.
 - 6) Ensure there is a process to maintain visitor logs for all visits to the care community for a minimum of 30 days where it can be readily available upon request from public health for contact tracing purposes. The log will contain at minimum;

- The name and contact information of the visitor
 - Time and date of the visit
 - The purpose of the visit (e.g. the name of the resident visited)
- 7) Provide a copy of the current version of the Visitor Protocols policy to Residents' Council and Family Council (if any).
 - 8) Ensure that visitors have access to the Visitor Protocols policy.

The Director of Resident Programs or designate will:

- 1) Be accountable for the process of scheduling family visits (as applicable), maintenance of protocols, documentation, and auditing.
- 2) Document essential visitors who are designated as caregivers in the resident profile section of electronic health record and on the Caregiver & Attestation Form.
- 3) Communicate designated caregivers and the care needs provided to the interprofessional team.
- 4) Inform the resident/SDM that the care community must be notified of any changes in who is assigned as the designated caregiver(s).
- 5) Ensure all visitors are educated about physical distancing, respiratory etiquette, hand hygiene, IPAC practices, and proper use of PPE.
- 6) Ensure general visitors and designated caregivers have attested (by signing the Designated Visitor Attestation Form/kiosk declaration) prior to visiting any resident for the first time and at times when there are changes in Infection Prevention & Control (IPAC) practices. The following guidance documents will be used to support IPAC education and training:
 - The Visitor Protocols policy
 - Public Health Ontario's document entitled Public Health Ontario's Recommended Steps: Putting on Personal Protective Equipment (PPE)
 - Watch Public Health Ontario videos:
 - i. Putting on Full Personal Protective Equipment;
 - ii. Taking off Full Personal Protective Equipment; and
 - iii. How to Hand Wash
- 7) Appoint team member(s) to conduct active screening and provide education to all visitors.
- 8) Ensure the visiting area is cleaned and disinfected to include: all chairs, rails, and other surfaces.
- 9) Maintain all records related to the family visiting process, including all changes to designated caregiver(s).
- 10) Cancel and reschedule visits for any of the following reasons:
 - The care community goes into outbreak
 - Resident is experiencing symptoms of illness or is self-isolating (with exception essential visitors)
 - Inclement weather (i.e. heat wave or rain) for outdoor visits
 - Other emergencies (i.e. Code Red)
 - As directed by Public Health during an outbreak

The Nurse or designate will:

- 1) Update the resident's plan of care (profile section) with the care needs provided by the designated caregiver.

All Team Members will:

- 1) Participate in and support visiting of residents as needed.
- 2) Guide any visitor with PPE utilization as needed.
- 3) Seek support from nurse in charge and/or manager(s) to address questions and concerns, including immediate advice to support individual resident and family needs.

The Visitor will:

- 1) Participate in the active screening process, testing (as required), perform hand hygiene, and don required personal protective equipment during non-outbreak and outbreak conditions (where permitted to visit) throughout the visit as directed by the care community.
- 2) For indoor visits, show proof of being fully vaccinated against COVID-19 to enter the care community. Those who do not show proof of vaccination will be offered outdoor space to visit with their loved one where appropriate.
- 3) Follow all infection prevention & control measures in place as directed by the care community.
- 4) Coordinate with the Director of Resident Programs or designate and obtain approval prior to bringing any pets to the care community.

NOTE: Any non-compliance with the visitor responsibilities in this policy will result in discontinuation of the visit for the non-compliant visitor.

References:

COVID-19 Guidance Document for LTCH in Ontario, COVID-19, April 8, 2022 available at:

<https://www.ontario.ca/page/covid-19-guidance-document-long-term-care-homes-ontario>

CMOH Directive #3 available at:

https://health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/directives/LTCH_HPP_A.pdf

MOH COVID-19 Provincial Testing Guidance Update available at:

http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/2019_testing_guidance.pdf

- Attachments:**
- IX-N-10.44(a) Visitor COVID-19 Protocols (ON)
 - IX-N-10.44(b) Visitor Protocol & Surveillance Guidance Document (ON)
 - IX-N-10.44(c) Designated Caregiver & Attestation Form (ON)
 - IX-N-10.44(d) Visitor Acknowledgement Form (ON)
 - IX-N-10.44(e) Compassionate Entry for Travelers Into Canada (ON)