

<b>MANUAL:</b> <i>INFECTION CONTROL</i>	<b>HOME SPECIFIC NAME:</b> <i>FAIRFIELD PARK</i>
<b>TITLE:</b> <i>VISITING POLICY</i>	<b>SECTION:</b> <i>COVID-19</i>
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**EFFECTIVE DATE: March 2020**

**REVISED: October 2022**

**POLICY**

Fairfield Park shall support residents in receiving visitors while mitigating the risk of exposure to COVID-19 and establishing visiting practices that comply with the Ministers Directive. Visits are subject to direction from the local public health unit and measures shall be dependent on outbreak status.

**GUIDELINES**

The visiting policy is guided by the following principles:

- ✓ Safety – any approach to visiting 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 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 their preferences and within reasonable restrictions that safeguard residents.
- ✓ Flexibility – the physical/infrastructure characteristics of the home, 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.

**DEFINITIONS**

**Not Considered Visitors**

LTC home staff, volunteers and placement students are not considered visitors as their access to the home is determined by the licensee.

**Essential Visitors** means,

- (a) a caregiver,
- (b) a support worker who visits a home to provide support to the critical operations of the home or to provide essential services to residents,
- (c) a person visiting a very ill resident for compassionate reasons including, but not limited to, hospice services or end-of-life care, or
- (d) a government inspector with a statutory right to enter a long-term care home to carry out their duties.

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• **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:

- assessment, diagnostic, intervention/rehabilitation, and counselling services for residents by regulated health professionals such as physicians and nurse practitioners
- Assistive Devices Program vendors — for example, home oxygen therapy vendors
- moving a resident in or out of a home
- social work services
- legal services
- post-mortem services
- emergency services (for example, such as those provided by first responders)
- maintenance services such as those required to ensure the structural integrity of the home and the functionality of the home’s operational systems such as Heating, Cooling and Ventilation (HVAC), mechanical, electrical, plumbing and telecommunication systems, and services related to exterior grounds and winter property maintenance, including septic and well water system maintenance
- food/nutrition and water/drink delivery
- Canada Post mail services and other courier services
- election officials/workers

• **Caregivers:** Means an individual who,

- (a) is a family member or friend of a resident or a person of importance to a resident,
- (b) is able to comply with all applicable laws including any applicable directives, orders, guidance, advice or recommendations issued by the Chief Medical Officer of Health or a medical officer of health appointed under the *Health Protection and Promotion Act*,
- (c) provides one or more forms of support or assistance to meet the needs of the resident, including providing direct physical support such as activities of daily living or providing social, spiritual or emotional support, whether on a paid or unpaid basis,
- (d) is designated by the resident or the resident’s substitute decision-maker with authority to give that designation, if any, and
- (e) in the case of an individual under 16 years of age, has approval from a parent or legal guardian to be designated as a caregiver.

*Designating a caregiver*

- The Director of Care (DOC)/Assistant Director of Care (ADOC) will review the request and discuss any questions/concerns identified with the resident or substitute decision-maker. The request will be approved/denied and signed by the DOC/ADOC and education provided to the caregiver as to the home’s visiting policy/procedure.
- The maximum number of designated caregivers per resident is 4 (unless designated before December 15 2021).
- No more than 4 visitors are allowed at a time, regardless of the type
- A resident and/or their substitute decision-maker may change a designation in response to a change in the:
  - resident’s care needs that is reflected in the plan of care
  - availability of a designated caregiver, either temporary (for example, illness) or permanent

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**IMMUNIZATIONS**

Essential Caregivers are required to be fully immunized against COVID-19 and must provide proof at their initial scheduled Essential Caregiver Meeting.

General visitors are not required to be vaccinated.

**SCREENING & SURVEILLANCE TESTING**

**Screening**

- All visitors will be screened for symptoms and exposure history for COVID-19 before they are allowed to enter the home, including for outdoor visits.
- Homes must follow the Ministry of Health’s COVID-19 Screening Tool for Long-Term Care Homes and Retirement Homes.

*Exception:* First responders must be permitted entry without screening in emergency situations.

- Any visitor who fails active screening (i.e., having symptoms of COVID-19) must not be allowed to enter the home.

*Exception:* Visitors for palliative end-of-life residents must be screened prior to entry. If they fail screening, they may be permitted entry, but homes must ensure that they wear a medical (surgical/procedural) mask and maintain physical distance from other residents and staff.

**Surveillance**

All visitors and caregivers, regardless of vaccination status, must be tested in accordance with the Minister’s Directive COVID-19: Long-term care home surveillance testing and access to homes for requirements related to surveillance testing.

**Caregivers, General Visitors & Support Workers**

- Will be subject to rapid antigen testing (RAT) prior to entry of the home on each visit, unless proof is provided of a negative result within 24 hours.

Exception: caregivers or visitors that have been infected with COVID-19 in the last 90 days and can provide proof will be exempt from surveillance testing for 90 days from positive test date.

**UNIVERSAL MASKING & PERSONAL PROTECTIVE EQUIPMENT (PPE)**

Any type of visitor entering the home will be given a medical mask to wear at all times

Removal of masks for the purposes of eating, drinking or visiting is only permitted if:

- The visit takes place in a private room or
- The visit takes place in in the designated visiting area.

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- The visit takes place outdoors.

Depending on required IPAC measures, visitors may also be required to wear additional PPE (i.e. gloves, gowns and face shield) while in the home.

**ACCESS TO HOME**

Visits may take place anywhere throughout the home.

When a resident is symptomatic or isolating, only one caregiver may visit at a time.

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.

**RESTRICTIONS DURING OUTBREAKS / ISOLATION**

Essential visitors are the only type of visitors allowed when a resident is isolating or resides in a home or area of the home in an outbreak.

General visitors are not permitted:

- when a home or area of a home is in outbreak
- to visit an isolating resident
- when the local public health unit so directs

In the case where a local public health unit directs a home in respect of the number of visitors allowed, the home is to follow the direction of the local public health unit.

In the case where a resident is deemed palliative and that resident is in isolation, general visitors are permitted but only 2 visitor at a time.

**COMMUNICATION / EDUCATION**

Prior to visiting any resident for the first time and at least once every month thereafter, the home shall ask caregivers and or visitors to attest to the home that they have read/re-read the home’s visitor policy.

The home shall also provide training to the caregiver and/or visitor at least every month that includes:

- ✓ hand hygiene
- ✓ donning and doffing required PPE
- ✓ respiratory etiquette
- ✓ physical distancing
- ✓ IPAC practices

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**INFECTION PREVENTION AND CONTROL**

All visitors to the home are required to follow public health measures (e.g. active screening, physical distancing, hand hygiene, masking for source control) for the duration of their visit in the home.

**VISITING PROCEDURES:**

Virtual Visiting

1. This visit must be scheduled/planned in advance with the Activation Department.
2. Home staff will assist resident to the iPad or computer and provide help where it is needed.

Telephone Visiting

1. This visit must be scheduled/planned in advance with the Activation Department.
2. Home staff will assist resident to the phone and provide help where it is needed.
3. Residents/caregivers should make arrangements for a personal phone for incoming calls or the resident may use the resident phone for outgoing local calls. It is important that the business lines remain available.

Outdoor Visits

1. Outdoor visits must be scheduled/planned in advance with the Activation Department.
2. Home staff will assist resident to the designated outdoor area.
3. Visitors are required to wear a face covering at all times.

Indoor Visits

1. Visitors will need to be actively screened and receive a rapid antigen test (RAT) or provide proof of a negative Rapid Antigen or PCR test within the last 24 hours upon arrival.
2. Physical distancing with resident is not required and visitors may support residents in the dining room and join in activities throughout the home.

**NON-ADHERENCE BY VISITORS**

Non-compliance with the home’s policies may result in a discontinuation of visits for the non-compliant visitor.

1. Occurrences of non-compliance shall be reported to the RN / RPN / Manager immediately.
2. The RN/ RPN/ Manager shall address the non-compliance immediately with the visitor by reinstructing the visitor on the Home’s visiting policy, and then update the Director of Care or Administrator and document occurrence in the resident’s chart.
3. If visitor continues not to comply, the Director of Care / Administrator shall be notified immediately and shall follow-up with the visitor’s regarding his/her non-adherence and discuss strategies to resolve the concern in order to prevent having to temporarily prohibit the visitor.
4. If visitor continues not to comply with Home’s Visitor Policy, the Director of Care / Administrator shall be notified again and another discussion held regarding the Home’s expectations. If it is felt that the visitor will continue not to adhere to the policy, the visitor may be prohibited from further visits. This shall be communicated in writing to the visitor and the requirements clearly outlined that the visitor should meet before visits may be resumed.

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

**SMOKING AREA**

Visitors are not permitted to smoke in the designated smoking area at the front of the home, as this is currently for residents only at this time. Visitors are required to wear a mask or face covering at all times while on the property, and therefore will have to smoke off property or in their vehicles.

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