

Section: Program Manual	Subsection: Recreation/Leisure Services	Policy Number: PM-6:42
Subject: Indoor Resident Visits During COVID-19		Effective Date: July 18, 2020
Standard: COVID-19 Guideline	Authority: Administrator	Supercedes: NEW
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POLICY STATEMENT

This 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, 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.

Visitors should consider their personal health and susceptibility to the virus in determining whether visiting a LTC home is appropriate.

A self-assessment should be completed by all visitors and if experiencing any symptoms (new or worsening) then the visitor should remain at home. Belvedere Heights will continue to provide virtual visiting opportunities for those people who are unwell and unable to visit.

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Definitions:

Essential Visitors are defined as including 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; however, they are not subject to this policy. Essential Visitors include **Support Workers** and **Caregivers**.

Essential visitors are the only type of visitors allowed when a resident is self-isolating or symptomatic, or the home is in an outbreak. During an outbreak, and/or a 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.

Support workers are a type of essential visitor who is visiting to perform essential support services for the home or for a resident at the home. Examples of support workers include physicians, nurse practitioners, maintenance workers or a person delivering food, provided they are not staff of the LTC home as defined in the LTCHA

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

- Caregivers must be at least 18 years of age.
- A maximum of 2 caregivers may be designated per resident at a time. If the home is in outbreak or resident is self-isolating or symptomatic only one caregiver may be permitted to visit 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 a Home in an outbreak.
- Homes may not require scheduling, or restrict the length or frequency, of visits by caregivers.
- The designation should be made in writing to the home. Homes should have a procedure for documenting caregiver designations. The decision to designate an individual as a caregiver is entirely the remit of the resident and/or their substitute decision-maker and not the home.

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- A resident and/or their substitute decision-maker may change a designation in response to a change in the:
 - Resident’s care needs that are reflected in the plan of care.
 - Availability of a designated caregiver, either temporary (e.g., illness) or permanent.

Examples of caregivers include family members who provide meaningful connection, a privately hired caregiver, paid companions and translators.

General Visitors are a person who is not an essential visitor and is visiting:

- a) To provide non-essential services, who may or may not be hired by the home or the resident and/or their substitute decision maker; and/or,
- b) For social reasons (e.g., family members or friends) that the resident or their substitute decision-maker assess as different from direct care, including care related to cognitive stimulation, meaningful connection and relational continuity.

Visitor Requirements:

Type of visitor	Negative COVID-19 Test required in past 14 days	Location of visit	Limit	Scheduling of visit Required & by Whom?	Requires Escort to Resident Room?	May visit in Outbreak or if Resident is in isolation and/or symptomatic?	May have physical contact?
Essential Visitor: End of life or Palliative Resident	NO	Resident’s Room	2 at a time	YES - RN	YES	YES	YES
Essential Visitor: Caregiver	YES	Resident’s Room	2 per Resident (1at a time if in outbreak)	NO	NO	YES (in consultation with PHU& IPAC Team)	YES
Essential Visitor: Support Worker	YES (unless emergency)	TBD based on type of support worker	No limit	YES (DOC or RN)	NO	YES (in consultation with PHU & IPAC Team)	YES
General Visitor	YES	Resident’s Room	2 per Resident	Yes (Program Manager)	YES	NO	NO

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Screening Requirements

ALL 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 the screening.

All Visitors must attest to not be experiencing any of the typical and atypical symptoms.

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Procedure for Scheduling Visits

Caregivers

1. Visitors who wish to be designated as Caregivers are to contact DOC or Designate (doc@belvedereheights.com) to communicate their request
2. DOC or Designate will arrange a virtual meeting with the Visitor and complete the Caregiver Designation form (see Essential Caregiver Designation Form)
3. DOC or Designate will review terms of visit (see Essential Caregiver Attestation Form)
4. DOC or Program Manager will provide Caregiver with the following Public Health Ontario Resources (See Visitor Education Package):
 - Home's Policy for Safe Visits
 - Guidance Document: Physical distancing
 - Guidance Document: Respiratory Etiquette
 - Guidance document: Providing Direct Care Safely
 - Guidance document entitled Recommended Steps: Putting on Personal Protective Equipment (PPE): <https://www.publichealthontario.ca/-/media/documents/ncov/ipac/ppe-recommended-steps>
 - Video entitled Putting on Full Personal Protective Equipment: <https://www.publichealthontario.ca/en/videos/ipac-fullppe-on>
 - Video entitled Taking off Full Personal Protective Equipment: <https://www.publichealthontario.ca/en/videos/ipac-fullppe-off>
 - Video entitled How to Hand Wash: <https://www.publichealthontario.ca/en/videos/ipac-handwash>
5. Visitor will be added to Caregiver Visitation Screener Binder and copy will also be provided to the RN.
6. Visitor will be provided with a Caregiver Name Badge by the screener when visiting the home. Badge will be returned to Screener at end of visit.
7. Changes in Caregiver Designation must be communicated to the DOC or Designate.

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Procedure for Scheduling Visits

General Visitors

1. Visitor will contact Betty-Jo Peltomaki Program Manager at 705-774-7320 or email pgmmgr@belvedereheights.com to arrange a time and date for a visit.
2. Visitor will need to arrive 15 minutes prior to visit to be screened and complete required attestation by the screener just inside the front entrance (See General Visitor Attestation Form). Once screened the visitor can go to dedicated waiting room (café) area and wait for staff to escort them to the resident's room.
3. Staff will assist resident to the visiting area (Resident Room ONLY for indoor visits)
4. Staff will escort visitor out of the home after the visit time has elapsed (approximately 1 hour).

Palliative Care / End of Life Visits

Procedure for Scheduling Visits

1. RN may approve essential visits for Residents who are receiving end of life care.
2. Visitor will need to arrive 15 minutes prior to visit to be screened and complete required attestation by the screener just inside the front entrance (see Essential Caregiver Attestation)
3. Once screened the visitor can go to dedicated waiting room (café) area and wait for staff (RN) to escort them to the resident's room.
4. RN will provide visitor with IPC education package and review with visitor.
5. Visitor may ONLY visit in the Residents room and must wear all appropriate PPE
6. Only 2 Essential visitors may visit the resident at one time
7. RN will escort Visitors out of the home at end of visit.

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Responding to Non-Adherence by Visitors

Belvedere Heights recognize visits are critical to supporting a resident's care needs and emotional well-being.

All efforts will be made to ensure Visitors have the proper knowledge and resources to support safe, successful visits within the home.

The impact of discontinuing visits on the resident's clinical and emotional well-being will be considered and steps will be taken to ensure that measures are proportionate to the severity of the nonadherence.

Policy:

Belvedere Heights reserves the right to end a visit by any visitor who repeatedly fails to adhere to the home's visitor policy, provided:

- The home has explained the applicable requirement(s) to the visitor;
- The visitor has the resources to adhere to the requirement(s) (e.g., there is sufficient space to physically distance, the home has supplied the PPE and demonstrated how to correctly put on PPE, etc.); and
- The visitor has been given sufficient time to adhere to the requirement(s).

Procedure:

1. All Visitors will be provided with a copy home's visitor policy.
2. Visitors will be provided with an opportunity to review the Visitor policy and related IPC education with a member of the staff prior to first visit.
3. In instances of repeated failure to follow the terms for safe visits the following will be implemented:
 - DOC or designate will arrange meeting with Visitor.
 - Terms of visitation and areas of concerns will be reviewed
 - Strategies and alternatives to promote safe visits will be considered
 - Plan will be documented and a copy will be kept in the Visitation Binder (RN copy)
 - The plan will contain at a minimum:
 - Outline efforts that have been made to maintain safety and support the Visitor to adhere to terms of visit
 - Stipulate length of prohibition

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- Clearly identify what requirements the visitor should meet before visits may be resumed (e.g. reviewing the home’s visitor policy, reviewing specific Public Health Ontario resources, etc.);
4. If further non-compliance is noted visitation will be suspended. The visitor will receive in writing the rationale for discontinuation and specific education/ training the visitor may need to complete before visiting the home again.

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.

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Essential Caregiver Designation Form To be completed prior to first visit only

Caregiver Name: _____ Resident Name: _____ Date: _____

Resident Need (check all that apply):

Assistance with personal hygiene		Assistance with feeding		Assistance with mobility		Cognitive Stimulation	
Communication		Meaningful Connection		Relational Continuity		Decision Making	

Other: _____

Item	Staff Initial	Caregiver initial
Terms of Visit have been reviewed with Caregiver		
Caregiver has been provided with Visitation Education Package and commits to reviewing monthly?		
Caregiver has been provided with Visitation Policy and commits to reviewing monthly?		
Terms for discontinuing visits have been reviewed with Caregiver?		

Staff Signature: _____ Date: _____

Copy to: Visitation Binder (screener copy)
 Visitation Binder (RN copy)

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Essential Caregiver Attestation
To be signed at each visit

Caregiver Name: _____ Resident Name: _____ Date of Visit: _____

By signing below I am confirming the following:

- | |
|---|
| 1. In the past 14 days I have tested negative for COVID-19 and not subsequently tested positive. |
| 2. I am not experiencing any of the typical and atypical symptoms of COVID-19 |
| 3. In the past 14 days I have not visited another Resident who is self-isolating or symptomatic. |
| 4. In the past 14 days I have not visited another home that is in an outbreak. |
| 5. I have received training on the following: <ul style="list-style-type: none"> - How to safely provide direct care - Respiratory (cough) etiquette - Safe Physical Distancing - Putting on and taking off PPE - Hand hygiene |
| 6. I have reviewed the Home's Visitor policy in the past 4 weeks. |

Terms of Visit

- | |
|---|
| Caregiver is to wear their caregiver name badge at all times when in the home |
| Caregiver is to report directly to the Residents room and not visit other areas of the home. |
| Caregiver will visit only in the Resident's room and will not visit with other Residents |
| There is a limit of two visitors per visit |
| Caregivers must wear a mask at all times when in the home and follow additional posted precautions as appropriate (ex: if Resident is in self-isolation or symptomatic) |
| No outside items may be given directly to the Resident (please provide to screener for appropriate disinfection and safe storage) |
| Caregiver must go directly to the Screening area at the conclusion of visit. |
| Failure to follow the Visitation terms may result in cancellation of the visit. |

Visitor Signature: _____

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Support Worker Attestation
To be signed at each visit

Support Worker Name: _____ Date of Visit: _____

Phone Number: _____

By signing below I am confirming the following:

- | |
|--|
| 1. In the past 14 days I have tested negative for COVID-19 and not subsequently tested positive. |
| 2. I am not experiencing any of the typical and atypical symptoms of COVID-19 |
| 3. In the past 14 days I have not visited another Resident who is self-isolating or symptomatic. |
| 4. In the past 14 days I have not visited another home that is in an outbreak. |

Support Worker Signature: _____

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General Visitor Attestation
To be signed at each visit

Caregiver Name: _____ Resident Name: _____ Date of Visit: _____

Address: _____ Phone #: _____

By signing below I am confirming the following:

- | |
|---|
| 1. In the past 14 days I have tested negative for COVID-19 and not subsequently tested positive. |
| 2. I am not experiencing any of the typical and atypical symptoms of COVID-19 |
| 3. In the past 14 days I have not visited another Resident who is self-isolating or symptomatic. |
| 4. In the past 14 days I have not visited another home that is in an outbreak. |
| 5. I have received training on the following: <ul style="list-style-type: none"> - How to safely provide direct care - Respiratory (cough) etiquette - Safe Physical Distancing - Putting on and taking off PPE - Hand hygiene |
| 6. I have reviewed the Home's Visitor policy in the past 4 weeks. |

Terms of Visit

- | |
|---|
| All Visits will be scheduled |
| Visits will not be permitted if the home is in outbreak or if the Resident is in self-isolation or symptomatic |
| General Visitors must wait for staff to escort them to the Residents Room |
| General Visitors will visit only in the Resident's room and will not visit with other Residents |
| There is a limit of two visitors per visit |
| Visitors must wear a mask at all times when in the home |
| No outside items may be given directly to the Resident (please provide to screener for appropriate disinfection and safe storage) |
| Visitor must wait for staff to escort out of home at end of visit. |
| Visitor will maintain 6 feet physical distance from Resident at all times. Visitor will ring/call for assistance from Staff if Resident needs assistance. |
| Visitors must not wander through any another area of the home unsupervised |
| Failure to follow the Visitation terms may result in cancellation of the visit |

Visitor Signature: _____