

Section: Program Manual	Subsection: Recreation/Leisure Services	Policy Number: PM-6:42
Subject: Indoor Resident Visits During COVID-19		Effective Date: July 18, 2020
		Revised Date: November 26, 2020
Standard: COVID-19 Guideline	Authority: Administrator	Supercedes: NEW
		Page 1 Of 3

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.

Subject: Indoor Resident Visits During COVID-19	Policy Number: PM-6:42	Page 2 of 3
-----------------------------------------------------------	----------------------------------	--------------------

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.
- If the local public health unit is in the Green-Prevent or Yellow-Protect level and the home is not in an outbreak, a maximum of 2 caregivers per resident may visit at a time.
- If the local public health unit is in the Orange-Restrict, Red-Control or Grey Lockdown level, or the home is in an outbreak, a maximum of 1 caregiver per resident may 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.

Subject: Indoor Resident Visits During COVID-19	Policy Number: PM-6:42	Page 3 of 3
-----------------------------------------------------------	----------------------------------	--------------------

- 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.
- 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.
 - A maximum of 2 general visitors per resident may visit at a time, subject to direction from the local public health unit, provided:
 - The resident is not self-isolating or symptomatic; and,
 - The home is not in an outbreak; and,
 - The local public health unit is in the Green-Prevent or Yellow-Protect level.
 - No general visitors are permitted to visit in any of the following situations:
 - The home has an outbreak.
 - The resident is self-isolating or symptomatic.
 - The local public health unit is in the Orange-Restrict, Red-Control or Grey Lockdown level.
 - 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 (e.g. active screening, physical distancing, hand hygiene, masking for source control).

Subject: Indoor Resident Visits During COVID-19	Policy Number: PM-6:42	Page 4 of 3
-----------------------------------------------------------	----------------------------------	--------------------

Access to the Home:

ONLY essential visitors are allowed in the home when a resident is self-isolating or symptomatic, or the home is in an outbreak.

Belvedere Height will follow the COVID-19 Response Framework: Keeping Ontario Safe and Open which categorizes public health regions into five levels:

- **Green-Prevent**
- **Yellow-Protect**
- **Orange-Restrict**
- **Red-Control**
- **Grey-Lockdown**

Rules for visitors will vary based on the level of the local public health unit region in which Belvedere is located.

Additionally, the local public health unit may provide direction and/or restrictions on visitors to the home, depending on the specific situation. 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.

Subject: Indoor Resident Visits During COVID-19	Policy Number: PM-6:42	Page 5 of 3
-----------------------------------------------------------	----------------------------------	-------------

Screening Requirements

All caregivers, all support workers and any general visitors must demonstrate that they have received a negative COVID-19 test result, and verbally attest to not subsequently having tested positive (unless requiring immediate access in an emergency situation or a palliative situation) in the following timelines:

	LOCAL PUBLIC HEALTH UNIT LEVEL				
	Green-Prevent	Yellow-Protect	Orange-Restrict	Red-Control	Grey-Lockdown
Staff					
Students	<ul style="list-style-type: none"> Tested every two weeks 		<ul style="list-style-type: none"> Tested weekly 		
Volunteers					
Caregivers	<ul style="list-style-type: none"> Provide proof of a negative COVID-19 test result in the past two weeks Verbally attest to not subsequently testing positive* 		<ul style="list-style-type: none"> Provide proof of a negative COVID-19 test result in the past week Verbally attest to not subsequently testing positive* 		
Support workers					
General Visitors	<ul style="list-style-type: none"> Provide proof of a negative COVID-19 test result in the past two weeks Verbally attest to not subsequently testing positive* 		<ul style="list-style-type: none"> Not applicable; visits not permitted. 		
*Unless the support worker or visitor requires immediate access in an emergency or palliative situation.					

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.

All Visitors must be screened upon exit of the home.

Subject: Indoor Resident Visits During COVID-19	Policy Number: PM-6:42	Page 6 of 3
-----------------------------------------------------------	----------------------------------	--------------------

Visitor Requirements in Level **GREEN** and **YELLOW**

Type of visitor	Negative COVID-19 Test required every two weeks	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: Palliative/End of Life	NO	Resident Room	2 at a time	YES - RN	YES	YES	YES
Essential Visitor: Caregiver	YES <i>Must Provide proof of a negative COVID-19 test result in the past two weeks</i> <i>Must Verbally attest to not subsequently testing positive</i>	Resident Room	2 per Resident (1at a time if in outbreak in consultation with PHU and IPAC Team)	NO	NO	YES (in consultation with PHU& IPAC Team)	YES
Essential Visitor: Support Worker	YES (unless emergency) <i>Must Provide proof of a negative COVID-19 test result in the past two weeks</i> <i>Must Verbally attest to not subsequently testing positive</i>	TBD based on type of support worker	No limit	YES (DOC, Manager or Designate for Service Provider)	YES	YES (in consultation with PHU & IPAC Team)	YES

Subject: Indoor Resident Visits During COVID-19	Policy Number: PM-6:42	Page 7 of 3
-----------------------------------------------------------	----------------------------------	--------------------

Visitor Requirements in Level **GREEN** and **YELLOW**

Type of visitor	Negative COVID-19 Test required every two weeks	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?
General Visitor	YES <i>Must Provide proof of a negative COVID-19 test result in the past two weeks</i> <i>Must Verbally attest to not subsequently testing positive</i>	Resident's Room	2 per Resident	Yes (Program Manager)	YES	NO	NO
Student/Faculty/Clinical Support	YES	UNITS	N/A	PRE APPROVE LIST BY DOC	NO	YES (in consultation with PHU & IPAC Team)	YES

Subject: Indoor Resident Visits During COVID-19	Policy Number: PM-6:42	Page 8 of 3
-----------------------------------------------------------	----------------------------------	--------------------

Visitor Requirements in Level ORANGE, RED and GREY

Type of visitor	Negative COVID-19 Test required weekly	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: Palliative/End of Life	NO	Resident Room	1 at a time	YES - RN	YES	YES	YES
Essential Visitor: Caregiver	YES <i>Must Provide proof of a negative COVID-19 test result in the past week</i> <i>Must Verbally attest to not subsequently testing positive</i>	Resident Room	1 per Resident	NO	NO	YES <i>(in consultation with PHU & IPAC Team)</i>	YES
Essential Visitor: Support Worker	YES <i>(unless emergency)</i> <i>Must Provide proof of a negative COVID-19 test result in the past week</i> <i>Must Verbally attest to not subsequently testing positive</i>	TBD based on type of support worker	No limit	YES (DOC, Manager or Designate for Service Provider)	YES	YES <i>(in consultation with PHU & IPAC Team)</i>	YES

Subject: Indoor Resident Visits During COVID-19	Policy Number: PM-6:42	Page 9 of 3
-----------------------------------------------------------	----------------------------------	--------------------

Visitor Requirements in Level **ORANGE**, **RED** and **GREY**

Type of visitor	Negative COVID-19 Test required weekly	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?
General Visitor	MAY NOT VISIT						
Student/Faculty/Clinical Support	YES	UNITS	N/A	PRE APPROVED LIST BY DOC	NO	YES (in consultation with PHU & IPAC Team)	YES

Subject: Indoor Resident Visits During COVID-19	Policy Number: PM-6:42	Page 10 of 3
-----------------------------------------------------------	----------------------------------	---------------------

Essential Visitor: Palliative Care / End of Life Visitors

Procedure for Scheduling Visits

1. Charge Nurse/RN may approve essential visits for Residents who are receiving end of life care. Validation for Palliative Care/End of Life provided in consultation with DOC/designate if appropriate.
2. Charge Nurse/RN will record in the Resident Appointment Calendar the following details:
 - Resident Name
 - Visitors Name
 - Visitors Phone Number
 - Highlight in Purple
3. Visitor will need to arrive 15 minutes prior to visit to be screened and complete required Palliative/End of Life Attestation by the Screener just inside the front entrance (see appendix).
4. Once screened the visitor will be guided to dedicated waiting room (café) area, Screener will call Charge Nurse/RN to escort them to the resident's room.
5. Charge Nurse/RN will provide visitor with Visitor Education package and review with visitor.
6. Visitor may ONLY visit in the Residents room and must wear all appropriate PPE.
7. Only 2 visitors may visit the resident at one time.
8. Charge Nurse/RN will escort Visitors back to Screening Desk; Visitors will be screened out by Screener.

Subject: Indoor Resident Visits During COVID-19	Policy Number: PM-6:42	Page 11 of 3
-----------------------------------------------------------	----------------------------------	---------------------

Essential Visitor Caregivers:

Procedure for Scheduling Visits

1. Visitors who wish to be designated as Caregivers are to contact DOC or Designate (doc@belvedereheights.com) to communicate their request. Each Resident can have TWO designated Caregivers.
2. DOC or Designate will arrange a virtual meeting with the Visitor and complete the Essential Caregiver Designation Form (see appendix).
3. DOC or Designate will review terms of visit and sign off on the completion of Essential Caregiver Attestation Form. This is required once ONLY per Caregiver.
4. DOC or Designate 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 with the Resident's name.
6. At each visit, the Caregiver MUST sign an Essential Caregiver Attestation Form (see Appendix), this form will be kept in the yellow section of the binder.
7. All caregivers must show proof that they have received a negative COVID-19 test result, and verbally attest to not subsequently having tested positive (unless requiring immediate access in an emergency situation or a palliative situation) in the past 14 days. The screener will record that they have seen and verified negative results on the Essential Caregiver visit log.

Subject: Indoor Resident Visits During COVID-19	Policy Number: PM-6:42	Page 12 of 3
-----------------------------------------------------------	----------------------------------	---------------------

8. Care givers may demonstrate proof of negative results by:

- Showing screener a printout of results showing the individual's name, test date and results
- Showing screener their mobile device showing the individual's name, test date and results

Visitors who do not have access to a printer or mobile device may use the Screener tablet to log into portal for results. Tablet must be disinfected after each use.

Screener will NOT keep a copy of test results.

9. Visitor will be required to pass screening at each visit and will be provided with a Caregiver Yellow Badge by the screener when visiting the home. Badge will be returned to Screener at end of visit. Visitor will be screened out by the Screener.

10. Changes in Caregiver Designation must be communicated to the DOC or Designate and 24 hours of notice if requested.

11. IF the VISIT is specifically related to Assisting with Meals, the DOC/or designate will add the following information to the Resident Appointment Calendar:

- Resident Name,
- Visitors Name,
- Visitors Phone Number and
- Highlight in YELLOW.

DOC or designate will complete a green Dietary form and will submit to the Dietary Office.

Subject: Indoor Resident Visits During COVID-19	Policy Number: PM-6:42	Page 13 of 3
-----------------------------------------------------------	----------------------------------	---------------------

Essential Visitors: Support Worker

Procedure for Scheduling Visits

1. Support Workers must have their appointment date, time arranged through the DOC and/or Manager responsible for their attendance at the home. Home staff making these arrangements should notify the Screener to the details of the visit.
2. Support Workers must be informed that they must have a Negative COVID swab validated within the last 14 days to be supported to access the home. For Emergency Visits ONLY – this can be waived (for Manager and/or DOC to determine).
3. All Support Workers must show proof that they have received a negative COVID-19 test result, and verbally attest to not subsequently having tested positive (unless requiring immediate access in an emergency situation or a palliative situation) in the past 14 days. The screener will record that they have seen and verified negative results on the Support Worker visit log.
4. Support Workers may demonstrate proof of negative results by:
 - Showing screener a printout of results showing the individual's name, test date and results
 - Showing screener their mobile device showing the individual's name, test date and results

Visitors who do not have access to a printer or mobile device may use the Screener tablet to log into portal for results. Tablet must be disinfected after each use.

Screener will NOT keep a copy of test results.

5. Upon entrance to the home, the Support Worker must pass Screening and sign the Support Worker Attestation (see appendix) and will be asked to wait in the café.
6. The Screener will notify the applicable home staff to attend to the Café to escort the Support Worker to their destination.
7. At the end of the Visit, staff will accompany Support Workers to the Screening desk to be screened out.

Subject: Indoor Resident Visits During COVID-19	Policy Number: PM-6:42	Page 14 of 3
-----------------------------------------------------------	----------------------------------	---------------------

General Visitors

Procedure for Scheduling Visits

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. Program Manager or designate will provide use the Resident Appointment calendar with the following information:
 - a. Name of Visitor
 - b. Resident Visiting
 - c. Time and Date of Visit
 - d. Highlight in Blue
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. Screener will contact Programs staff of Visitors waiting.
3. All General Visitors must show proof that they have received a negative COVID-19 test result, and verbally attest to not subsequently having tested positive (unless requiring immediate access in an emergency situation or a palliative situation) in the past 14 days. The screener will record that they have seen and verified negative results on the General Visitors visit log.
4. Care givers may demonstrate proof of negative results by:
 - Showing screener a printout of results showing the individual's name, test date and results
 - Showing screener their mobile device showing the individual's name, test date and results

Visitors who do not have access to a printer or mobile device may use the Screener tablet to log into portal for results. Tablet must be disinfected after each use.

Screener will NOT keep a copy of test results.

Subject: Indoor Resident Visits During COVID-19	Policy Number: PM-6:42	Page 15 of 3
-----------------------------------------------------------	----------------------------------	---------------------

5. Program Staff will accompany visitor to resident room for visit.
6. Program Staff will escort visitor out of the home/back to the screening desk after the visit time has elapsed (approximately 1 hour).

Subject: Indoor Resident Visits During COVID-19	Policy Number: PM-6:42	Page 16 of 3
-----------------------------------------------------------	----------------------------------	---------------------

Student/Faculty Placements

Procedure for Attending Belvedere Heights

1. Students are pre-identified by the educational institution and pre-approved by the Director of Care prior to acceptance and admission to Belvedere Heights. List of these visitors will be made available at the screening desk and added to the screener calendar.
2. Students must be screened in by the screener, pass the screening questions and sign the Student Attestation form (Green) AT EACH VISIT.
3. Students must bring their uniform to work, change in and out of the uniform (as per staff policy).
4. Students are to respect that they are visitors to the home and are to remain on their assigned units for the entire course of their placement. (Changes to this must be approved by the DOC and discussed with the educational institution).
5. Student groups must be attended/accompanied by faculty/clinical supervisors at all times when in the home.

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).

Subject: Indoor Resident Visits During COVID-19	Policy Number: PM-6:42	Page 17 of 3
-----------------------------------------------------------	----------------------------------	---------------------

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 Visitor 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 (Charge Nurse/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
 - 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.

Subject: Indoor Resident Visits During COVID-19	Policy Number: PM-6:42	Page 18 of 3
-----------------------------------------------------------	----------------------------------	--------------



**Palliative /End of Life Caregiver Attestation
To be signed at each visit**

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

By signing below I am confirming the following:

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

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: _____

Subject: Indoor Resident Visits During COVID-19	Policy Number: PM-6:42	Page 19 of 3
-----------------------------------------------------------	----------------------------------	---------------------



**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: _____

Subject: Indoor Resident Visits During COVID-19	Policy Number: PM-6:42	Page 20 of 3
-----------------------------------------------------------	----------------------------------	--------------



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 must provide proof of negative COVID-19 test completed in the past two weeks |
| Caregiver is to wear their caregiver 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: _____

Subject: Indoor Resident Visits During COVID-19	Policy Number: PM-6:42	Page 21 of 3
-----------------------------------------------------------	----------------------------------	---------------------



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:

Support Worker must provide proof of negative COVID-19 test completed in the past two weeks
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: _____

Coordinating Home Staff Signature: _____

Subject: Indoor Resident Visits During COVID-19	Policy Number: PM-6:42	Page 22 of 3
-----------------------------------------------------------	----------------------------------	--------------



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:

- | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|
| General Visitor must provide proof of negative COVID-19 test completed in the past two weeks |
| 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: _____

Subject: Indoor Resident Visits During COVID-19	Policy Number: PM-6:42	Page 23 of 3
-----------------------------------------------------------	----------------------------------	--------------



Student Attestation
To be signed at each visit

Student 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. I have not had contact with anyone with respiratory illness or suspected or confirmed case of COVID-19. |
| 4. I am not employed by another health care facility (Hospital, LTC, Community Support Services etc) and I am not completing a placement or volunteering in a another health care facility (Hospital, LTC, Community Support etc). |
| 5. In the past 14 days I have not visited another home that is in an outbreak. |
| 6. 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 |

Terms of Visit/Placement

- | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Students must wear a mask at all times (except when on break) when in the home and follow additional posted precautions as appropriate (ex: if Resident is in self-isolation or symptomatic). |
| Students must follow safe physical distancing at all times. Appropriate PPE must be worn during times when physical distancing cannot be maintained. |
| No outside items may be given directly to the Resident (please provide to screener for appropriate disinfection and safe storage). |
| Students must go directly to the Screening area at the conclusion of visit. |
| Students are to report for visits in their regular street clothes and change into their uniform at the home. |
| Failure to follow the Visitation terms may result in cancellation of the visit. |

Visitor Signature: _____