		<b>Policy Number: GP-7-90</b>
		Page 1 of 10
<b>Policy Section:</b>	<b>COVID-19</b>	<b>Effective Date: May 2021</b>
<b>Prepared By: Ministry of Seniors and Accessibility</b>		<b>Revision Date: September 2022</b>
<b>Subject:</b>	<b>COVID-19 Visiting Policy</b>	

**Source**

<https://www.rhra.ca/wp-content/uploads/2022/06/COVID-19-Guidance-Document-for-Retirement-Homes-in-Ontario-Final-Clean.pdf>

### 3.0 REQUIREMENTS FOR HOME VISITS

Retirement homes are responsible for ensuring that residents receive visitors safely by implementing visiting practices that help to protect against the risk of COVID-19. It remains critical that high-risk and vulnerable sectors continue to implement and enforce preventive measures to protect the health and safety of residents and staff. High community transmission rates of COVID-19 coincide with increasing numbers of resident cases and outbreaks in retirement homes.

All homes must implement and ensure ongoing compliance with the IPAC measures set out in this policy

Pursuant to section 60 of the RHA, every retirement home in Ontario is legally required to have an IPAC program as part of their operations and to ensure that their staff has received IPAC training.

**In co-located long-term care and retirement homes** that are not physically and operationally independent<sup>1</sup>, the policies for the long-term care home and the retirement home should align where possible or follow the more restrictive requirements, unless otherwise directed by the local public health unit (PHU) based on COVID-19 prevention and containment. The exceptions to this requirement are the policies regarding absences, , and vaccinations. For guidance on absences, , and vaccinations, retirement homes should follow the guidance in this policy document and applicable directives or directions issued by the Minister of Health or the CMOH.

**Homes must adhere to the requirements in any applicable directives issued by the CMOH and directions from their 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.


Homes must facilitate visits for residents and must not unreasonably deny visitors based on the frequency of visits and their vaccination status. See section 3.1 for details on different types of visitors and section 3.2 for visitor access requirements.

**Homes must maintain the following minimum requirements to continue to accept any visitors:**

- a. Procedures for visits including but not limited to IPAC, scheduling, and any setting-specific policies.

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<sup>1</sup> Operationally and physically independent meaning that there are separate entrances and no mixing of residents or staff between the retirement home and the long-term care home.


		<b>Policy Number: GP-7-90</b>
		<b>Page 2 of 10</b>
<b>Policy Section: COVID-19</b>	<b>Effective Date: May 2021</b>	
<b>Prepared By: Ministry of Seniors and Accessibility</b>	<b>Revision Date: September 2022</b>	
<b>Subject:</b>	<b>COVID-19 Visiting Policy</b>	

- b. Communication of clear visiting procedures with residents, families, visitors and staff, including sharing an information package with visitors with:
  - Details on any visitor or visiting restrictions (e.g. number of visitors permitted based on any capacity considerations);
  - Details regarding IPAC, masking, and physical distancing (2 metres separation);
  - Information about how to escalate concerns about homes to the RHRA via the RHRA email address and/or phone number; and
  - Other health and safety procedures such as limiting movement around the home, if applicable, and ensuring visitors' agreement to comply with visiting procedures.
- c. A process for complaints about the administration of visiting policies and a timely process for resolving complaints.
- d. Requirements for visitor compliance with visiting policies and a process to notify residents and visitors that failure to comply with their visiting policies may result in discontinuation of visit(s) when risk of harm from continual non-compliance is considered too high. This must include a way to assess refusal of entry on a case-by-case basis.
- e. 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.
- f. Dedicated areas for both indoor and outdoor visits to support physical distancing (2 metres separation) between residents and visitors.
- g. Protocols to maintain best practices for IPAC measures prior to, during and after visits.

Retirement homes must ensure that the following are put in place to facilitate safe visits:

- a. **Adequate staffing:** The home has sufficient staff to implement the policies related to visitors and to ensure safe visiting as determined by the home's leadership.
- b. **Access to adequate PPE:** The home has adequate supplies of PPE required to support visits.
- c. **IPAC standards:** The home has appropriate cleaning and disinfection supplies and adheres to IPAC standards, including enhanced cleaning.
- d. **Physical distancing:** The home can facilitate visits in a manner aligned with physical distancing protocols (2 metres separation).

Homes that restrict visits based on these factors are expected to communicate their decision to residents and provide the reasons for the decision.

		<b>Policy Number:</b> <b>GP-7-90</b>
		Page 3 of 10
<b>Policy Section:</b>	<b>COVID-19</b>	<b>Effective Date: May 2021</b>
<b>Prepared By: Ministry of Seniors and Accessibility</b>		<b>Revision Date: September 2022</b>
<b>Subject:</b>	<b>COVID-19 Visiting Policy</b>	

## 3.1 Types of Visitors

There are three categories of visitors: Essential Visitors, General Visitors, and Personal Care Service Providers.

### 3.1.1 Not Considered Visitors

Retirement home staff, students and volunteers<sup>2</sup> as defined in the *Retirement Homes Act, 2010*<sup>4</sup> are not considered visitors.

### 3.1.2 Essential Visitors

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).


There are two categories of Essential Visitors: Support Workers and Essential Caregivers.

#### a) Support Workers

A Support Worker is brought into the home to perform essential services for the home or for a resident in the home, including:

- a. Regulated health care professionals under the Regulated Health Professions Act, 1991 (e.g., physicians, nurses);
- b. Unregulated health care workers (e.g., personal support workers, personal/support aides, nursing/personal care attendants), including external care providers and Home and Community Care Support Service Providers (formerly LHIN providers);
- c. Authorized third parties who accommodate the needs of a resident with a disability;
- d. Health and safety workers, including IPAC specialists;
- e. Maintenance workers;
- f. Private housekeepers;
- g. Inspectors; and
- h. Food delivery.

<sup>2</sup> “Volunteer” in relation to a retirement home, means a person who works in or supplies services to the home, but who is not part of the staff of the home and who does not receive a wage or salary for the services or work that the person provides in the home.

	<b>Policy Number: GP-7-90</b>
	Page 4 of 10
<b>Policy Section: COVID-19</b>	<b>Effective Date: May 2021</b>
<b>Prepared By: Ministry of Seniors and Accessibility</b>	<b>Revision Date: September 2022</b>
<b>Subject:</b>	<b>COVID-19 Visiting Policy</b>

Licenseses are reminded to minimize unnecessary entry into the home. For example, licenseses should encourage food or package delivery to the foyer for resident pick up or staff delivery.

### b) Essential Caregiver

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.

Essential Caregivers must be designated by the resident or, if the resident is unable to do so, the resident’s substitute decision-maker. The designation should be made in writing to the home. The necessity of an Essential Caregiver is determined by the resident or the substitute decision maker. Homes should have a procedure for documenting Essential Caregiver designations.

Essential Caregivers must not be denied access to residents, provided that they pass active screening, and PPE requirements (e.g., vaccination status should not impact access).


In order to limit the spread of infection, a resident and/or their substitute decision-maker should only be encouraged to change the designation of their Essential Caregiver in limited circumstances, including in response to:

- a. A change in the resident’s care needs that is reflected in the plan of care;
- b. A change in the availability of a designated Essential Caregiver; and/or
- c. Due to the vaccination status of the designated Essential Caregiver.

### 3.1.3 General Visitor

A General Visitor is a person who is not an Essential Visitor and visits:

- a. For social reasons (e.g. family members and friends of resident);
- b. To provide non-essential services (may or may not be hired by the home or the resident and/or their substitute decision-maker); and/or
- c. As a prospective resident taking a tour of the home.

		<b>Policy Number: GP-7-90</b>
		Page 5 of 10
<b>Policy Section:</b>	<b>COVID-19</b>	<b>Effective Date: May 2021</b>
<b>Prepared By: Ministry of Seniors and Accessibility</b>		<b>Revision Date: September 2022</b>
<b>Subject:</b>	<b>COVID-19 Visiting Policy</b>	

### 3.1.4 Personal Care Service Providers

A Personal Care Service Provider is a person who is not an Essential Visitor and visits to provide non-essential personal services to residents.

Personal Care Services include those outlined under the Health Protection and Promotion Act, such as hair salons and barbershops, manicure and pedicure salons, and aesthetician services, that are not being provided for medical or essential reasons.

## 3.2 Access to Homes

Local PHUs may require restrictions on visitors in part or all of the home, depending on the specific situation. The home and visitors must abide by any restrictions imposed by a PHU, which override any requirements or permissions in this policy if there is a conflict.

All visitors to the home must follow public health measures (e.g., active screening, wearing a medical mask while indoors, IPAC, and maintaining, physical distancing) for the duration of their visit in the home.

If an area in a home is in outbreak, eye protection is required when providing direct care to residents.

**Residents who are not isolating** may receive Essential Visitors, General Visitors and Personal Care Service Providers if they are not living in the outbreak area of a home.

**Residents who are isolating** under Contact and Droplet Precautions may only receive Essential Visitors.


When a resident is isolating, the home must provide supports for their physical and mental well-being to mitigate any potential negative effects of isolation. This includes individualized mental and physical stimulation that meet the abilities of the individual. Homes should use sector best practices wherever possible.

### 3.2.1 Essential Visitors

Essential Visitors are permitted regardless of vaccination status if they pass active screening.

Essential Visitors may visit a resident who is isolating, but must follow public health measures (e.g. hand hygiene, eye protection and masking) for the duration of visit.

External Care Providers (ECPs): ECPs are employees, staff or contractors of Home and Community Care Support Services (HCCSS) (formerly Local Health Integration Networks (LHINs))

	<b>Policy Number: GP-7-90</b>
	Page 6 of 10
<b>Policy Section: COVID-19</b>	<b>Effective Date: May 2021</b>
<b>Prepared By: Ministry of Seniors and Accessibility</b>	<b>Revision Date: September 2022</b>
<b>Subject:</b>	<b>COVID-19 Visiting Policy</b>

and provide services to residents. They are considered Essential Visitors to retirement homes and must comply with the requirements

### 3.2.2 General Visitors

General Visitors are permitted regardless of vaccination status if they pass active screening.

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).

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 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).

The number of General Visitors **should be based** on the capacity of the location where the visit will take place and should allow sufficient space for physical distancing.

For all visits, sufficient space must be available to allow for physical distancing. In addition, contact visits are allowed for all General Visitors regardless of vaccination status.

For all visits with General Visitors, homes should have the following measures in place:


- Homes should ensure equitable visitor access for those residents who are not isolating.
- General Visitors must wear a medical mask while indoors, maintain physical distancing, and perform hand hygiene for the entire duration of their visit.
- Residents should be strongly encouraged to wear a mask for the duration of the visit while indoors and must wear a mask while in common areas.
- Opening windows should be considered for indoor and in-suite visits to allow for air circulation.

### 3.2.3 Personal Care Service Providers

Personal Care Service Providers who are visiting or work in a retirement home are permitted to provide services in alignment with provincial requirements if they pass active screening.

When providing services, Personal Care Service Providers must:

- Follow required public health and IPAC measures for Personal Care Service Providers and those of the home;
- Wear a medical mask for the duration of their time at the home;
- 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;

	<b>Policy Number:</b> <b>GP-7-90</b>
	Page 7 of 10
<b>Policy Section:</b> <b>COVID-19</b>	<b>Effective Date:</b> <b>May 2021</b>
<b>Prepared By:</b> <b>Ministry of Seniors and Accessibility</b>	<b>Revision Date:</b> <b>September 2022</b>
<b>Subject:</b>	<b>COVID-19 Visiting Policy</b>

- Practice hand hygiene and conduct environmental cleaning after each appointment; and
- Document all residents served and maintain this list for at least 30 days to support outbreak management.

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 distancing between providers:

### 3.3 Screening Visitors for COVID-19

There are three layers of screening that homes use to prevent and manage outbreak: Active Screening, Asymptomatic Testing, and Safety Review (for proper use of PPE).

#### 3.3.1 Active Screening

Homes should have an established process for active screening that is communicated to anyone entering the home.

All Visitors must be actively screened to be permitted entry including for outdoor visits. Homes must follow the Ministry of Health's COVID-19 Screening Tool for Long-Term Care Homes and Retirement Homes, effective March 18, 2022 or as current, for the minimum active screening requirements and exemptions to them.


Homes should incorporate options for how active screening will be conducted (e.g., prearrival submission of online screening or in person on arrival). Homes may use mobile apps or other tools to facilitate active screening. However, all persons entering the home should be logged and their screening results documented prior to being permitted entry. For example, a staff or visitor may complete an online screening tool and have their results sent electronically to the screener or demonstrate their results to the screener prior to entry.

Any staff or visitor who fails active screening must not be allowed to enter the home, must be advised to follow current case and contact recommendations, and must be encouraged to be tested.

- Visitors are **not permitted access** if they do not pass screening, but homes should have a protocol in place that assesses entry on a case-by-case basis which includes the assurance that resident care can be maintained if entry is refused.

Exemptions to active screening apply to first responders and visitors for imminently palliative residents who are not required to pass screening but must remain masked and maintain physical distance from other residents and staff



		<b>Policy Number: GP-7-90</b>
		<b>Page 8 of 10</b>
<b>Policy Section: COVID-19</b>	<b>Effective Date: May 2021</b>	
<b>Prepared By: Ministry of Seniors and Accessibility</b>	<b>Revision Date: September 2022</b>	
<b>Subject:</b>	<b>COVID-19 Visiting Policy</b>	

Homes should document entry of all persons to the home and their screening results. Documentation must be retained for at least 30 days and be readily available to the local PHU for outbreak management purposes. This should include screening results outlined below in sections 3.3.3 and 3.3.4.

### 3.3.4 Safety Review – General Visitor and Personal Care Service Provider

Prior to visiting any resident for the first time, and at least once every month thereafter, homes should ask General Visitors and Personal Care Service Providers, regardless of vaccination status, to verbally attest to the home that they have:

- Read/Re-Read the following documents<sup>3</sup>:
  - o The home’s visitor policy; and
  - o Public Health Ontario’s document entitled *Recommended Steps: Putting on Personal Protective Equipment (PPE)*.
- Watched/Re-watched the following Public Health Ontario videos:
  - o Putting on Full Personal Protective Equipment;
  - o Taking off Full Personal Protective Equipment; and
  - o How to Hand Wash.

General Visitors and Personal Care Service Providers who are **not fully vaccinated or do not provide proof of identification and full COVID-19 vaccination** must attest to completing the Safety Review **each time** they enter the home.


### 3.3.5 Safety Review – Essential Visitors

Prior to visiting any resident in a home declared in outbreak for the first time, the home should provide training to Essential Caregivers and Support Workers who are not trained as part of their service provision or through their employment.

Training must address how to safely provide direct care, including putting on (donning) and taking off (doffing) required PPE, and hand hygiene. If the home does not provide the training, it must direct Essential Caregivers and Support Workers to appropriate resources from Public Health Ontario to acquire this training.

<sup>3</sup> The Home’s policy, the MSAA’s policy, and all training materials can be found at: <https://www.aoninc.com/visitor-education-safety-requirements.php>



		<b>Policy Number: GP-7-90</b>
		Page 9 of 10
<b>Policy Section:</b>	<b>COVID-19</b>	<b>Effective Date: May 2021</b>
<b>Prepared By: Ministry of Seniors and Accessibility</b>		<b>Revision Date: September 2022</b>
<b>Subject:</b>	<b>COVID-19 Visiting Policy</b>	

For homes not in outbreak, prior to visiting any resident for the first time, and at least once every month thereafter, homes must ask Essential Caregivers and Support Workers to verbally attest to the home that they have:

- Read/Re-Read the following documents:
  - o The home’s visitor policy; and
  - o Public Health Ontario’s document entitled *Recommended Steps: Putting on Personal Protective Equipment (PPE)*.
  
- Watched/Re-watched the following Public Health Ontario videos:
  - o Putting on Full Personal Protective Equipment;
  - o Taking off Full Personal Protective Equipment; and
  - o How to Hand Wash.

### 3.4 Personal Protective Equipment

Visitors must wear PPE as required.


#### 3.4.1 Essential Visitors

Support Workers are responsible for bringing their own PPE to comply with requirements for Essential Visitors. Retirement homes should provide access to PPE to 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. Homes must intervene and reinforce appropriate uses of PPE if improper practices are alleged or observed. Essential Visitors must also follow staff reminders and coaching on proper use of PPE.

#### 3.4.2 General Visitors and Personal Care Service Providers

All general Visitors and Personal Care Service Providers must wear a medical mask for indoor visits and are responsible for bringing their own mask. General Visitors are not required to wear a mask while outdoors.

General Visitors and Personal Care Service Providers must attest to having read the documents and watched the videos on PPE, as described in Section 3.3.4. Homes must intervene and reinforce appropriate uses of PPE if improper practices are alleged or observed. General Visitors must also follow staff reminders and coaching on proper use of PPE.

	<b>Policy Number: GP-7-90</b>
<b>Policy Section: COVID-19</b>	Page 10 of 10
<b>Prepared By: Ministry of Seniors and Accessibility</b>	<b>Effective Date: May 2021</b>
<b>Subject:</b>	<b>Revision Date: September 2022</b>
<b>COVID-19 Visiting Policy</b>	

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Inquiries: To make an inquiry, report an issue or file a complaint, homes, residents or the public should contact:  
Phone: 416-440-3570  
Toll-Free: 1-855-ASK-RHRA (1-855-275-7472)

<u>Cross References:</u> <a href="#">GP-7-82</a> (COVID-19 Screening)	<u>Attachments:</u> None
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