

	Policy 16.1
Visitor's Policy	
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BACKGROUND

Visiting residents in long-term care settings offers a variety of benefits for emotional and physical health. Visitation allows residents to socially connect with their loved ones and brings back positive memories. It is also an opportunity for visitors to see how the residents are doing and to show how much they care about them. On the flip side, visitors may also expose residents to infections in the community. Therefore, it is important that visitation is conducted in a way that mitigates the risk of infection yet promote the social and mental wellbeing of the residents.

PURPOSE

This Visitor Policy is meant to protect the health and safety of residents, staff and visitors, while Ensuring residents receive the support they need to maintain a physical, mental, social and emotional wellbeing for a better quality of life.

POLICY

In keeping, therefore, with our mission of providing quality care and services through innovation and excellence, this policy sets guidelines for visitation to promote residents' mental, physical, spiritual and emotional well-being while mitigating the risk of infection.

Note: *It is important to note that applicable ministerial or public health directives will supersede the content of this policy.*

SCOPE

This policy must be followed by everyone visiting a resident in a Southbridge long-term care home.

TYPES OF VISITORS

1. Essential Visitors:

Essential visitors are persons performing essential support services (e.g., food delivery, maintenance, or health care services) or a person visiting a very ill or palliative resident. There are two categories for essential visitors: support workers and caregivers.

1.1. Support Worker: A support worker is a type of essential visitor who is brought into the home when there are gaps in services to perform essential services. Examples include regulated health care professionals under the Regulated Health Professions Act, 1991 (e.g., physicians, nurse practitioners); contract workers hired by the home or LHIN care services, including home care providers (e.g., nursing care, physiotherapy, occupational therapy, social workers); maintenance workers; private housekeepers; and food delivery.

1.2. Caregiver: A caregiver is a type of essential visitor who is designated by the resident and/or their substitute decision-maker and visits to provide direct care to the resident (e.g., supporting with feeding, mobility, personal hygiene, cognitive stimulation, communication, meaningful connection, relational continuity, spiritual and emotional support, and assistance in decision-making) whether on a paid or unpaid basis.

A caregiver could be a family member or friend of a resident or a person of importance to a resident who 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. In the case of an individual under 16 years of age, he or she has approval from a parent or legal guardian to be designated as a caregiver.

- All residents or substitute decision makers shall designate caregivers. The designation should be made in writing to the home. Homes shall keep a record of all caregivers.
- A resident and/or their substitute decision-maker may change the designation in response to: a change in the resident's care needs that is reflected in the plan of care; and/or a change in the availability of a designated caregiver, either temporary (e.g., illness) or permanent.
- Examples of caregivers include family members who provide direct care, a privately hired caregiver, paid companions, and translators.

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

2. General Visitor:

A general visitor is a person who is not an essential visitor and visits:

- To provide non-essential services (may or may not be hired by the home or the resident and/or their substitute decision-maker).
- General visitors also include those persons visiting for social reasons such entertainment or individuals touring the home.
- Homes should prioritize the mental and emotional well-being of residents and strive to be as accommodating as possible when scheduling visits with general visitors.

Note: Staff, volunteers and student placements are not considered visitors.

Government inspectors are essential visitors under Directive #3; however, they are not subject to this policy.

3. Personal Care Service Providers:

A personal care service provider is a person who is not an essential visitor and visits to provide personal services to residents such as hair dressing and nail care.

PROCEDURE

Passive screening

Visitors must self-screen and ensure they are not experiencing any symptoms before visiting the home. Visitors experiencing symptoms must recover before visiting and only visit after 24 hours symptom-free (for respiratory symptoms) and 48 hours for enteric symptoms.

GENERAL REQUIREMENTS

All homes shall implement visitation in a manner that respects the resident's right to communicate in confidence, receive visitors of their choice and consult in private with any person without interference.

- There must be equitable access whereby all individuals seeking to visit a resident will be given, where possible, consistent with resident preference and with reasonable restrictions that safeguard residents.
- Visitors will have unrestricted access to a resident who is at end-of-life.
- It is the visitor's responsibility to comply with home's policies with regards to measures that protect the health and safety of residents, staff and other visitors.
- Visitors must follow infection prevention and control practices such as hand hygiene, respiratory etiquette, routine practices, point of care risk assessment, and additional precaution including the use of Personal Protective Equipment (PPE).
- Visitors must fill the visitation log at the entrance.

ACCOUNTABILITIES

Executive Director

- Ensure residents have the option for both indoor and outdoor visits.
- Ensure visits are documented using the Resident Visitor Sign-in Form.
- Ensure unrestricted access for visits to a resident who is at end-of-life or for other extraneous circumstances, and as determined by provincial directives.

The executive director shall have the discretion to end a visit or prohibit a visitor (including caregivers) from visiting in response to repeated and flagrant non-compliance with Southbridge policies and/or provincial guidelines and where a visitor's behaviour may impact the home's ability to ensure a safe and secure home.

IPAC Lead

- Provide visitors and residents infection prevention and control (IPAC) Education Package, as required.
- Educate and ensure visitors adhere to IPAC protocols including the use of PPE and hand hygiene.
- Put in place measures to accommodate visitors who are unable to wear or remove PPE without assistance from another person.
- Report to the executive director, visitors who violate IPAC measures related to home's visitation policy.

INFECTION PREVENTION AND CONTROL CONSIDERATIONS

Home not in outbreak

There are no restrictions related to visitors when the home is not in an outbreak. However, visitors experiencing symptoms must recover before visiting and only visit after 24 hours symptom-free (for respiratory symptoms) and 48 hours for enteric symptoms.

During an outbreak

- Only essential caregivers are permitted when there is an outbreak in a home or home area or when a resident is symptomatic or isolating under Additional Precautions.
- General visitors are not permitted to visit residents indoors if the home area is in outbreak or the resident is symptomatic or isolating under Additional Precautions.

Government inspectors with a statutory right of entry are permitted to visit at *ALL* times even when a home is in outbreak.

End of life residents

Essential visitors (caregivers, support workers, persons visiting for compassionate reasons), including for end-of -life care are permitted even when the home is on outbreak, or the resident is isolating on Additional Precautions.

RESIDENT ABSENCE

- There are no restrictions related to absences.
- Residents may leave the home for all types of absences, including social day and overnight absences. The resident must not be screened, tested or isolated upon return to the home.

EDUCATION OF VISITORS

Prior to visiting any resident for the first time, the home shall provide training to caregivers on the following; how to safely provide direct care, including putting on and taking off PPE, respiratory etiquette, point of care risk assessment, and hand hygiene.

Subsequently, and at least once every month thereafter, the home should ask caregivers to verbally attest to the home that they have read/re-read the home's visitor policy.

Any non-compliance with the home's visitation policy could result in a discontinuation of visits for the non-compliant visitor after all reasonable efforts to maintain safety during visits have been exhausted.

References:	1. Ministry of Long-term care. COVID-19: visiting long-term care homes 2. Reopening Ontario (A Flexible Response to COVID-19) Act, 2020 3. Ministry of Long-term care. COVID-19: Long-term care homes in areas with visitor restrictions
Policy credit:	IPAC Team
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