



COVID-19 VISITOR POLICY PUBLISHED UPDATES DECEMBER 2022

Policy:

RLC has a responsibility to ensure residents receive visitors safely to help protect against the risk of COVID-19. This policy balances mitigating measures to protect the health and safety of residents, staff and visitors, with the physical, mental, emotional, and spiritual needs of residents for their quality of life and in consideration of the mental health and emotional well-being of residents and their loved ones. All visitors must comply with the requirements set out in this policy.

On June 10, 2022 the Chief Medical Officer of Health (CMOH) released a memorandum to the Retirement Homes Regulatory Authority (RHRA) directing retirement homes to implement the policies, procedures and preventative measures in the Ministry of Health's COVID-19 Guidance: Long-Term Care Homes and Retirement Homes for Public Health Units to reduce the risk of COVID-19 among residents. While the title of this document has been amended to Ministry of Health's COVID-19 Guidance: Long-Term Care Homes, Retirement Homes, and Other Congregate Living Settings for Public Health Units (MOH's COVID-19 Guidance: LTCH/RH/CLS for PHUs), it continues to be enforceable based on the CMOH memorandum to RHRA. As stated in the memorandum, it constitutes guidance, advice, or recommendations given to retirement homes by the CMOH, which the licensee of a retirement home shall ensure are followed in the retirement home in accordance with clause 27(5) (0.a) of O. Reg. 166/11 under the Retirement Homes Act, 2010.

Where noted in this policy, “**up to date**”, as it relates to COVID-19 vaccination, means a person has received all recommended COVID-19 vaccine doses, including any booster dose(s) when eligible.

Refer to Ministry of Health's [Staying Up to Date with COVID-19 Vaccines: Recommended Doses](#).

Guiding Principles

This policy is in addition to the requirements established in the Retirement Homes Act, 2010 (RHA) and its regulation (O. Reg 166/11) and [MOH's COVID-19 Guidance: LTCH/RH for PHUs](#). It is guided by the following principles:

- **Safety:** Any approach to visiting, absences, and activities must balance the health and safety needs of residents, staff, and visitors, and ensure risks of infection are mitigated.
- **Mental Health and Emotional Well-being:** Allowing visitors, absences, and activities is intended to support the overall physical, mental and emotional wellbeing of residents by reducing any potential negative impacts related to social isolation.

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- **Equitable Access:** All residents must be given equitable access to receive visitors and participate in activities consistent with their preferences and within restrictions that safeguard residents, staff and visitors.
- **Flexibility:** The physical characteristics /infrastructure of the home, its staffing availability, whether the home is in outbreak or in an area of widespread community transmission, and the current status of the home with respect to infection prevention and control (IPAC) including personal protective equipment (PPE) are all variables to take into account when administering home-specific policies for visiting, absences, and activities.
- **Autonomy:** Residents have the right to choose their visitors. Residents also have the right to designate their caregivers. If a resident is unable do so, substitute decision-maker(s) may designate caregivers.
- **Visitor Responsibility:** Visitors have a crucial role to play in reducing risk of infection for the safety of residents and staff by adhering to visitor policy requirements related to screening, IPAC and PPE and any precautions described in this policy.
- **COVID-19 Vaccination:** The goal of the provincial COVID-19 vaccination program is to protect Ontarians from COVID-19. Homes are highly encouraged to continue to promote vaccinations and boosters to all eligible residents, staff, and visitors. **Staying up-to-date with COVID-19** vaccines help reduce the number of new cases and, most importantly, severe outcomes including hospitalizations and death due to COVID-19. All individuals, whether or not they have received a COVID-19 vaccine, must continue to practice the recommended public health measures and comply with all applicable laws for the ongoing prevention and control of COVID-19 infection and transmission. Visitors should not be denied entry to retirement homes based on their COVID-19 vaccination status.

Co-Located Home (If applicable)

In co-located long-term care and retirement homes that are not physically and operationally independent, 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, visitors, and vaccinations. For guidance on absences, visitors and vaccinations, retirement homes should follow the [and Ministry for Seniors and Accessibility COVID-19 Guidance Document for Retirement Homes in Ontario \(October 2022\)](#).

Requirements for Home Visits

1. The residence adhere to any 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. The residence must facilitate visits for residents and must not unreasonably deny visitors based on the frequency of visits and their vaccination status.
2. The following minimum requirements will be maintained:
 - i. Procedures for visits, including, but not limited to, IPAC, scheduling and any setting-specific policies.

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- ii. Communication of clear visiting procedures with residents, families, visitors and staff, including sharing an **information package** with visitors with: **(See Appendix A)**
 - a. The [Ministry for Seniors and Accessibility COVID-19 Guidance Document for Retirement Homes in Ontario](#) (October, 2022), the CMOH memo to RHRA and the MOHs COVID-19 Guidance: LTCHs/RHs/CLS for PHUs.
 - b. Details on any visitor or visiting restrictions (e.g., number of visitors permitted based on any capacity considerations);
 - c. Details regarding IPAC, masking, and physical distancing (2 metres separation),
 - d. Information about how to escalate concerns about the residence to the RHRA via the RHRA email and/or phone number; and
 - e. Other health and safety procedures such as limiting movement around the residence, if applicable, and ensuring visitors' agreement to comply with visiting procedures.
- iii. A process for complaints about the administration of visiting policies and a timely process for resolving complaints.
- iv. Requirements for visitor compliance with visiting policies and a process to notify residents and visitors that failure to comply with the visiting policy may result in the discontinuation of visit(s) when risk of harm from continual non-compliance is considered too high, including a way to assess refusal of entry on a case-by-case basis.
- v. Protocols to maintain best practices for IPAC measures prior to, during and after visits.
3. The residence will ensure the following are put in place to facilitate safe visits:
 - **Adequate Staffing:** The residence has sufficient staff to implement the policies related to visitors and to ensure safe visiting as determined by the home's leadership.
 - **Access to adequate PPE:** The residence has adequate supplies of PPE required to support visits.
 - **IPAC standards:** The residence has appropriate cleaning and disinfection supplies and adhere to IPAC standards, including enhanced cleaning.
 - **Physical distancing:** The residence can facilitate visits in a manner aligned with physical distancing protocols (2 metres separation).
4. If the residence restricts visits based on these factors, the decision will be communicated to residents, including the reasons for the decision.

Masking (Per the [Ministry for Seniors and Accessibility COVID-19 Guidance for RHs](#))

Indoors

- The residence must ensure that visitors wear a medical mask for the duration of their shift or visit indoors.
- Though it is strongly encouraged for visitors to wear a mask in a resident's room, visitors may remove their masks if they are visiting in a resident's room, if they wish.
- Besides being outside of a high-risk exposure, an outbreak or any advice and direction from a PHU, there is no requirement for residents to wear a masks inside the residence. However, the home will ensure that its policies encourage residents to wear or be assisted to wear a medical mask or non-medical mask when receiving direct care from staff, when in common areas with other residents (exception of meal times), and when receiving a visitor, as tolerated.

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Outdoors

- Masks are not required outdoors for visitors. However, it is still encouraged when, and if, in close proximity to others.

Exemptions

- Exceptions to the masking requirements include:
 - Children who are younger than two years of age;
 - Any individual (staff, student, volunteer, visitor, or resident) who is being accommodated in accordance with the Accessibility for Ontarians with Disabilities Act, 2005 or the Ontario Human Rights Code; or
 - If entertainment provided by a live performer (that is, a visitor) requires the removal of their mask to perform their talent.
- The residence must have policies for individuals (staff, students, volunteers, visitors, or residents) who:
 - Have a medical condition that inhibits their ability to wear a mask; or
 - Are unable to put on or remove their mask without assistance from another person.

Types of Visitors

There are 3 categories of visitors: Essential Visitors, General Visitors, and Personal Care Service Providers.

Retirement home staff, students and volunteers as defined in the *Retirement Homes Act, 2010* are not considered visitors.

1. Essential Visitors <i>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).</i> <i>There are two categories of Essential Visitors: Support Workers and Essential Caregivers.</i>	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: <ul style="list-style-type: none">a. Regulated health care professionals under the <i>Regulated Health Professions Act, 1991</i> (e.g., physicians, nurses);b. Unregulated health care workers (e.g., PSWs, 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; andh. Food delivery.
	B. Essential Caregivers 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, their substitute decision-maker. The designation should be made in

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<p>External Care Providers (ECPs): ECPs are employees, staff or contractors of Home and Community Care Support Services (HCCSS) (formerly LHINs) and provide services to residents. They are considered Essential Visitors to retirement homes and must comply with applicable requirements under the MOH's COVID-19 Guidance: LTCH/RH for PHUs.</p>	<p>writing to the home, and the home should have a procedure for documenting Essential Caregiver designations. The necessity of an Essential Caregiver is determined by the resident or the SDM.</p> <p>Essential Caregivers must not be denied access to residents, provided that they pass the active screening and PPE requirements (e.g., vaccination status should not impact access).</p> <p>To limit the spread of infection, a resident and/or their SDM should only be encouraged to change the designation of their Essential Caregiver in limited circumstances, including in response to:</p> <ul style="list-style-type: none"> a. A change in the resident's care needs that is reflected in the plan of care; and b. A change in the availability of a designated Essential Caregiver.
<p>2. General Visitors</p>	<p>A General Visitor is a person who is not an Essential Visitor and visits:</p> <ul style="list-style-type: none"> 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 SDM); and/or c. As a prospective resident taking a tour of the home.
<p>3. Personal Care Service Providers</p>	<p>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.</p>

Access to Residence

1. The local PHU may require restrictions on visitors in part or all of the residence, depending on the specific situation. The residence and visitors must abide by any restrictions imposed by the PHU, which override any requirements or permissions in the [Ministry for Seniors and Accessibility COVID-19 Guidance Document for Retirement Homes in Ontario](#) (October, 2022).
2. Residents who are not isolating may and **do not live in an outbreak area of a home may receive any type and number of visitors.**
3. Residents who are isolating under Contact and Droplet Precautions may only receive Essential Visitors.

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4. When a resident is isolating, the residence 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.

1. Essential Visitors (Support Workers & Essential Caregivers)	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 and masking and appropriate PPE) for the duration of visit.
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 COVID19, are required to follow MOH's Public Health Management of Cases and Contacts of COVID-19 in Ontario and COVID-19 Screening Tool for Long-Term Care Home and Retirement Homes . For all visits with General Visitors, the following measures should be in place: <ul style="list-style-type: none">• The residence should ensure equitable visitor access for those residents who are not isolating.• General Visitors should wear a medical mask while indoors, maintain physical distancing and perform hand hygiene for the duration of their visit.• Opening windows should be considered for indoor and in-suite visits to allow for air circulation
3. Personal Care Service Providers	Personal Care Service Providers who are visiting or working in the residence are permitted to provide services in alignment with provincial requirements if they pass active screening. When providing services, Personal Care Service Providers must: <ul style="list-style-type: none">• Follow required public health and IPAC measures for Personal Care Service Providers and those of the residence;• Follow masking requirements of the home; and• Practice hand hygiene and conduct environmental cleaning after each appointment; and

Screening Visitors for COVID-19

1. Active Screening

The residence should continue to have an established process for conducting active screening for COVID-19 symptoms and exposures for visitors (including General Visitors, Personal Care Service Providers, and Essential Visitors) entering the residence and ensure this is clearly communicated and

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well-understood. The Ministry of Health's COVID-19 Screening Tool for Long-Term Care Homes and Retirement Homes remains available to help facilitate the residence's screening process.

[Include information on how/where the screening will take place if the visit is indoors or outdoors – e.g. screening station/check-in area, or mobile app/other tool and how results must be provided to the screener; if the visitor should arrive a set amount of time before the visit start time to check in/complete screening/review protocol, etc.]

Exemptions to active screening apply to visitors for imminently palliative residents who must remain masked and maintain physical distance from other residents and staff.

Essential Visitors and General Visitors are not permitted access if they do not pass screening and should be advised to follow current case and contact recommendations. The residence 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. *[Identify protocol – e.g., who assesses; how is the determination made, etc.]*

In addition, as outlined in the Ministry of Health's Management of Cases and Contacts of COVID-19 in Ontario (August 2022), if a visitor has COVID-19 symptoms or a positive COVID-19 PCR, RAPID MOLECULAR OR RAT, they need to self-isolate for a total of 10 days after the date of specimen collection or symptom onset (whichever is earlier/applicable). They should continue to wear a well-fitted mask in all public settings and avoid non-essential activities where mask removal is necessary (e.g., dining out, playing a wind instrument, high contact sports where masks cannot be safely worn), and not visit anyone who is immunocompromised or at higher risk of illness (e.g., seniors), and avoid non-essential visits to highest risk settings such retirement homes.

2. Safety Review - General Visitors and Personal Care Service Providers

- Prior to visiting any resident for the first time and if there are any updates or changes, homes should ask General Visitors, Personal Care Service Providers, and Essential Visitors, regardless of vaccination status, to:

Read:

- The home's visitor policy; and
- [Public Health Ontario's document entitled Recommended Steps: Putting on Personal Protective Equipment \(PPE\)](#)

Watch:

- [Putting on Full Personal Protective Equipment;](#)
- [Taking off Full Personal Protective Equipment;](#) and
- [How to Hand Wash.](#)

3. Safety Review - Essential Visitors

- Prior to visiting any resident in the residence that is declared in outbreak for the first time, the residence 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 residence

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does not provide the training, Essential Caregivers and Support Workers must be directed to appropriate resources from [Public Health Ontario](#) to acquire this training.

- b) For homes **not in outbreak**, prior to visiting any resident for the first time, the residence will ask Essential Caregivers and Support Workers to:

Read:

- The home's visitor policy; and
- [Public Health Ontario's document entitled Recommended Steps: Putting on Personal Protective Equipment \(PPE\)](#)

Watch:

- [Putting on Full Personal Protective Equipment;](#)
- [Taking off Full Personal Protective Equipment;](#) and
- [How to Hand Wash.](#)

Note Regarding Asymptomatic Testing - As a best practice, homes should consider RHRA's recommendation on asymptomatic testing released on March 14, 2022. For further clarity, it is not a requirement for retirement homes to implement asymptomatic testing; however, each retirement home may implement an asymptomatic testing policy at the operator's discretion.

Personal Protective Equipment

Visitors must wear PPE as required in [MOH's COVID-19 Guidance: LTCH/RH/CLS for PHUs](#).

1. Essential Visitors

- Support Workers are responsible for bringing their own PPE to comply with requirements for Essential Visitors as outlined in MOH's COVID-19 Guidance: LTCH/RH/CLS for PHUs.
- 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.

2. General Visitors and Personal Care Service Providers

- General Visitors and Personal Care Service Providers must wear a medical mask for indoor visits and should either bring their own mask or be provided one by the home. General Visitors are not required to wear a mask while outdoors. 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.

Social Gatherings and Organized Events

- Social gatherings and organized events include activity classes, performances, religious services, movie nights, and other recreational and social activities (e.g., bingo, games).
- The residence no longer is required to keep attendance records for social gatherings, organized events, communal dining, and other recreational activities, unless directed by the PHU during an outbreak.

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- All social gatherings and events will include the following measures:
 - Participants of social gatherings and organized events in the residence are required to follow physical distancing and masking protocols set out in this policy.
 - Classes and social activities should be limited to ventilated rooms where windows can be opened or HEPA air purifiers are located in the residence.
- Residents who are in isolation or experiencing signs and symptoms of COVID-19 must not engage in social gatherings or organized events until they have tested negative for COVID-19, are no longer experiencing symptoms and have been cleared from isolation.
- The residence will offer residents in isolation individualized activities and social stimulation.

Requirements for Social Gatherings, Dining and Recreational Services When a Home is in Outbreak

At the discretion of the PHU and where operationally feasible for the home:

- It is recommended that operators permit visitors to accompany residents for a meal in the dining halls and participate in other social activities in the retirement home. Visitors must wear a mask while engaging in all social activities and while walking around the dining hall; however, visitors may remove their mask to eat and drink with residents while seated at the table.

Group activities/gatherings within an outbreak area of the home (e.g., floors/units) may continue/resume for all residents who are not in isolation or under Additional Precautions.

- However, residents within the outbreak area of the residence should be cohorted separately from those who are not in the outbreak area of the residence.

Visitors attending activities in the residence should postpone all non-essential visits to residents within the outbreak area for the duration of the outbreak.

Note: Operators must consult their local public health unit to determine whether any additional precautions are necessary. For questions regarding the MSAA COVID-19 Guidance, please contact the government at RHinquiries@ontario.ca.

Communal Dining

- Unless otherwise advised by the local PHU, communal dining is permitted at all times with the following public health measures in place:
 - Participants of communal dining are subject to the physical distancing and masking requirements.
 - Frequent hand hygiene is recommended for staff, residents, and visitors.

The residence must ensure residents who are experiencing signs and symptoms of COVID-19 do not participate in communal dining until the resident has tested negative for COVID-19, is no longer symptomatic and has been cleared from isolation. This must not interfere with providing a meal during the scheduled mealtime to the resident.

(See ORCA's Sample COVID-19 Policy).

Retirement Home Tour Requirements

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Prospective residents/visitors may be offered in-person, targeted tours of suites at any time. These tours must adhere to the following precautions:

- All tour participants are subject to the General Visitor screening and PPE requirements outlined in the [Ministry for Seniors and Accessibility COVID-19 Guidance Document for Retirement Homes in Ontario \(June 24, 2022\)](#) (e.g., active screening, wearing a medical mask, IPAC, maintaining physical distancing).
- All in-person tours should be paused if the residence goes into outbreak, unless permitted by the local PHU.

Optional - Discontinuation of Visits/Refusal of Entry

1. The residence should have requirements in place for visitor compliance with visiting policies and a process to notify residents and visitors that failure to comply with their visiting policies may result:
 - Operationally and physically independent means that there are separate entrances and no mixing of residents or staff between the retirement home and the long-term care home.
 - 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

[Include process for how non-compliance will be handled and residents/visitors notified – e.g., visitor and resident will be notified in writing and more education provided; then escalated if continual non-compliance; will the visitor be told to leave by management and the incident documented; when will the visitor be allowed back and under what parameters; what circumstances may present harm that would result in the discontinuation of visit(s) (e.g., continual inappropriate use of PPE despite education/demonstration, etc.)]

Complaints Process

1. If a visitor has a complaint about the administration of the residence's visiting policies, they will be directed to share their complaint by phone or email with the [\[e.g. General Manager\]](#). Concerns may be escalated to the RHRA via the RHRA email or phone number. This process is documented in the Information Package for Visitors.

Accessibility Considerations

The residence is required to meet all applicable laws such as the Accessibility for Ontarians with Disabilities Act, 2005.

Appendix:

Appendix A - Information Package for Visitors

Appendix B - Sample Signage for Visitors

Appendix C - Sample Visiting Schedule

Appendix D - Visitor Screening

Appendix E – Sample COVID-19 Waiver of Liability, Declaration, & Indemnity Agreement Template

Appendix F – Essential Caregiver Designation Form

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Appendix G – MSAA Visitor Signage

[Note: Refer to ORCA's **Sample COVID-19 Policy for Requirements for Social Activities and ORCA's Sample Protocols for Resident Absences for Requirements for Absences**]

References:

[COVID-19 Screening Tool for Long-Term Care Homes and Retirement Homes](#). (August 31, 2022)

[Ministry for Seniors and Accessibility COVID-19 Guidance Document for Retirement Homes in Ontario](#) (October 6, 2022)

[MOH's COVID-19 Guidance: LTCH/RH/CLS for PHUs](#) (October 3, 2022)

Appendix A – Information Package for Visitors

Note Visitor Requirements Identified Herein:

As part of the residence's policy on visits during COVID-19, all residents, families, visitors and staff will be provided with this information package, including education on all required protocols. Visitor restrictions were based on the [Ministry for Seniors and Accessibility COVID-19 Guidance Document for Retirement Homes in Ontario](#) (October 6, 2022) and the [MOH's COVID-19 Guidance: LTCH/RH/CLS for PHUs](#) (October 3, 2022).

Compliance with Policy

All visitors should review the Information Package for Visitors prior to their visit and comply with visiting procedures. Public health measures, as well as all applicable laws, must be practiced at all times regardless of **whether or not** an individual has **received a COVID-19 vaccine and/or is up to date with COVID-19 vaccines**. Failure to comply with the residence's visiting policies may result in the discontinuation of visit(s) when risk of harm from continual non-compliance is considered too high. Refusal of entry will be assessed on a case-by-case basis by management/ Designate. *[Include protocol for how non-compliance will be handled per policy]*

Limiting Movement in the Residence

All visitors have a crucial role to play in reducing risk of infection for the safety of residents and staff by adhering to requirements outlined in this policy, including screening. All Visitors will be actively screened to be permitted entry. Visitors will not be permitted access if they do not pass screening, unless an exemption applies as noted in this policy (e.g., first responders, visitors for palliative end-of-life residents, if resident care cannot be maintained as assessed by the residence).

The number of visitors per resident are set out in the residence's visiting policy. The local public health unit (PHU) may advise further restrictions on visitors in part or all of the residence depending on the specific situation. Visitors must abide by any restrictions imposed by a PHU, which override any requirements or permissions in this policy if there is a conflict.

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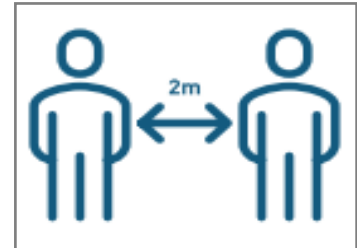
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Residents who are isolating under Droplet and Contact Precautions may only receive Essential Visitors (e.g., residents may not receive General Visitors or Personal Care Service Providers).

Complaints Process

Should a visitor have a complaint about the administration of the residence's visiting policy, they may contact [e.g., the General Manager by phone at XXX-XXX-XXXX or email X] and the complaint will be responded to in a timely manner. If your concern is not resolved to your satisfaction with the residence's management, visitors may contact the Retirement Homes Regulatory Authority (RHRA) by email (info@rhra.ca) and/or phone (1-855-275-7472).



Physical Distancing

Physical distancing means keeping our distance from one another and limiting activities outside the home. When outside your home, it means **staying at least 2 metres (or 6 feet) away** from other people. Physical distancing, when combined with proper hand hygiene and cough etiquette, has been shown to limit the spread of COVID-19.

Physical distancing also means making changes in your everyday routines to minimize close contact with others, including:

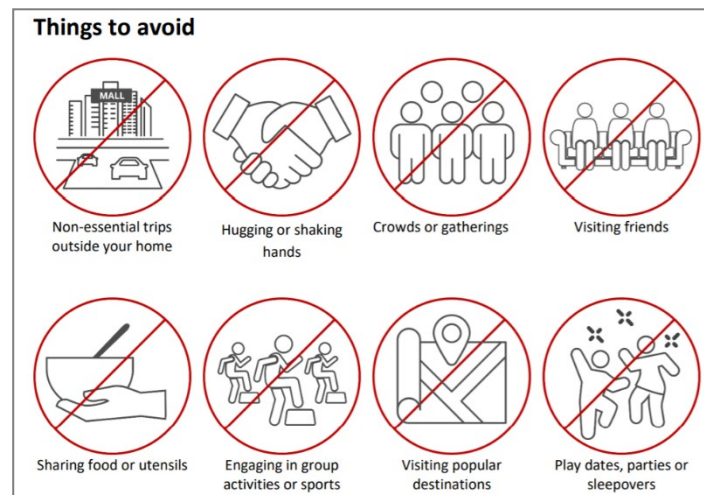
- Avoiding crowded places and non-essential gatherings
- Avoiding common greetings, such as handshakes or hugging
- Limiting contact with people at higher risk (e.g., older adults and those in poor health)

Dedicated areas for indoor and outdoor visits have been arranged to support physical distancing between residents and visitors.

All visitors must comply with the residence's protocols on physical distancing.

Read more about physical distancing [here](#) (Source: Public Health Ontario)

[If sharing electronically, keep link above. If providing printed copy, include handouts at end of information package – or reference site specific materials]



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Respiratory Etiquette

It is important to help reduce the spread of illnesses by using proper respiratory etiquette. This means that instead of covering your mouth with your hands when coughing or sneezing, use your sleeve or a tissue. This reduces the number of germs on your hands, though it is still important to wash your hands after coughing or sneezing.

Respiratory etiquette should be practiced by all visitors during all visits on the residence property to reduce the risk of COVID-19 transmission.

Following these steps is important:

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COVER YOUR COUGH

Stop the spread of germs that can make you and others sick!

Public
Health
Ontario

Santé
publique
Ontario



Cover your mouth and nose with a tissue when you cough or sneeze.
Put your used tissue in the waste basket.



If you don't have a tissue, cough or sneeze into your upper sleeve or elbow, not your hands.



You may be asked to put on a facemask to protect others.



Wash hands often with soap and warm water for 15 seconds.
If soap and water are not available, use an alcohol-based hand rub.

For more information contact Public Health Ontario's Infection Prevention and Control Department at ipac@oahpp.ca or visit www.publichealthontario.ca/en/health-topics/infection-prevention-control/clinical-office-practice.

This is an excerpt from Infection Prevention and Control for Clinical Office Practice

Read more about this [here](#)
(Source: Public Health Ontario)

Hand Hygiene

Hand hygiene is a general term referring to any action of hand cleaning and is a fundamental component of infection prevention and control. Touching your eyes, nose or mouth without cleaning your hands or sneezing or coughing into your hands may provide an opportunity for germs to get into your body. Keeping your hands clean through good hygiene practice is one of the most important steps to avoid getting sick and spreading germs to others.

- **Handwashing** with soap and running water, as opposed to using hand sanitizer, must be done when hands are visibly soiled. Hand hygiene with soap and water – done correctly – removes organisms.
- **Hand sanitizers** with 70-90% alcohol may be used when your hands are not visibly dirty. Hand hygiene with alcohol-based hand sanitizer – correctly applied – kills organisms in seconds.

It is recommended that all visitors perform hand hygiene prior to beginning each visit with a resident and if at any time their hands become soiled during the visit. Wash or sanitize your hands at the end of the visit as well.

Follow these steps:



Video: [How to Hand Wash](#)

Read more about hand hygiene [here](#) (Source: Public Health Ontario)

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Infection Prevention and Control (IPAC) Practices

Infection Prevention and Control (IPAC) refers to evidence-based practices and procedures that, when applied consistently in health care settings, can prevent or reduce the risk of transmission of microorganisms to residents, staff and visitors.

All visitors must follow the residence's infection and prevention control protocols (IPAC), including proper use of masks.

IPAC practices include:

1. Hand hygiene program
2. Screening and surveillance of infections
3. Environmental cleaning procedures that reflect best infection control practices
4. Use of personal protective equipment
5. Outbreak detection and management
6. Additional precautions specified to prevent the spread of infection
7. Ongoing education on infection control
8. Vaccination program



Read more about best practices for infection prevention and control [here](#) (Source: Public Health Ontario)

Use of Personal Protective Equipment (PPE)

Training

Using, applying, and removing PPE correctly is critical to reducing the risk of transmission of COVID-19.

Prior to visiting any resident in a home declared in outbreak for the first time, the residence should provide training to Essential Caregivers and Support Workers who are not trained as part

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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 residence does not provide the training, it must direct Essential Caregivers and Support Workers to appropriate resources from Public Health Ontario to acquire this training.

Essential Visitors:

- Support Workers are responsible for bringing their own PPE to comply with requirements for Essential Visitors as outlined in MOH's COVID-19 Guidance: LTCH/RH/CLS for PHUs.
- The residence 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.

General Visitors and Personal Care Service Providers:

- General Visitors and Personal Care Service Providers must wear a medical mask for indoor visits and should either bring their own mask or be provided one by the home. General Visitors are not required to wear a mask while outdoors. 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.

Public Health Ontario:

[Recommended Steps: Putting on Personal Protective Equipment \(PPE\)](#)

Videos:

[Putting on Full Personal Protective Equipment](#)

[Taking off Full Personal Protective Equipment](#)

[Taking off Mask and Eye Protection](#)

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HOW TO WEAR A NON-MEDICAL FABRIC MASK SAFELY

who.int/epi-win

Do's →



Don'ts →



A fabric mask can protect others around you. To protect yourself and prevent the spread of COVID-19, remember to keep at least 2 metre distance from others, clean your hands frequently and thoroughly, and avoid touching your face and mask.



Source: World Health Organization ([Non-Medical Fabric Mask](#)) *Poster modified to 2 metres

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HOW TO WEAR A MEDICAL MASK SAFELY

[who.int/epi-win](https://www.who.int/epi-win)

Do's →



Find the top side, where the metal piece or stiff edge is



Ensure the colored-side faces outwards



Place the metal piece or stiff edge over your nose



Cover your mouth, nose, and chin



Adjust the mask to your face without leaving gaps on the sides



Avoid touching the mask



Remove the mask from behind the ears or head



Keep the mask away from you and surfaces while removing it



Discard the mask immediately after use preferably into a closed bin



Wash your hands after discarding the mask

Don'ts →



Do not Use a ripped or damp mask



Do not wear the mask only over mouth or nose



Do not wear a loose mask



Do not touch the front of the mask



Do not remove the mask to talk to someone or do other things that would require touching the mask



Do not leave your used mask within the reach of others



Do not re-use the mask

Remember that masks alone cannot protect you from COVID-19. Maintain at least 2 metre distance from others and wash your hands frequently and thoroughly, even while wearing a mask.

EPI•WIN



Source: World Health Organization ([Medical Mask](#)) *Poster modified to 2 metres

Appendix B – Sample Signage for Visitors

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Visits with Your Loved Ones During COVID-19

Expectations for Visits

Staying connected with others and the outdoors is important for everyone's well-being. To ensure the safety of residents and the whole retirement home community, all visitors must adhere to restrictions as per Ontario's Chief Medical Officer of Health MOH's COVID-19 Guidance: LTCH/RH/CLS for PHUs (October 3, 2022) and the [Ministry for Seniors and Accessibility COVID-19 Guidance Document for Retirement Homes in Ontario](#).

The residence has established visiting procedures to meet the health and safety needs of residents, staff, and visitors. Please refer to the RHRA and other guidance measures for more information on the latest policies related to visiting procedures.

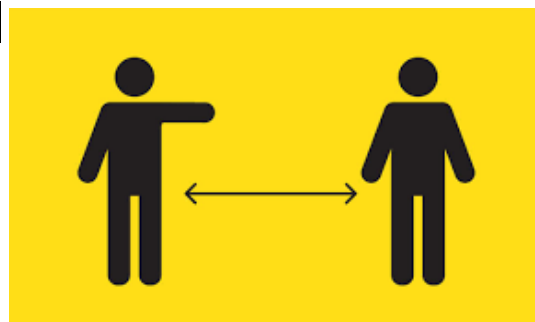
The following requirements must be met for visits to happen, as applicable:

- Visitors must pass the screening process every time they visit and will not be permitted entry, unless an exception applies per the residence's policy
- Visitors must comply with the retirement home's infection and prevention control protocols (IPAC) which includes:
 - Visitors are recommended to wash/sanitize hands before and after each visit
 - Visitors must practice physical distancing (2 metres/6 feet apart) as applicable
 - Visitors must wear PPE required by the policy

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.

Guidelines for Outdoor Visits During COVID-19

- Practice physical distancing.
Keep at least 2 metres or 6 feet apart



- Don't touch your face or others

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- Wash or sanitize your hands before and after your visit



Appendix C - Sample Visiting Schedule

Per the [Ministry for Seniors and Accessibility COVID-19 Guidance Document for Retirement Homes in Ontario](#) (October 6, 2022) and the MOH's COVID-19 Guidance: LTCH/RH/CLS for PHUs. (Oct 3, 2022)

Sample of a visiting schedule. General visits should be booked in advance.

Name of Residence:		Date:	
Visiting Hours:	From:	To:	

Time	Resident Name Suite #	Name of Visitor Phone Number Relationship Resident to	Name of Visitor Phone Number Relationship Resident to	Name of Visitor Phone Number Relationship Resident to
9:00 – 9:45 am				
Clean and Disinfect				
10:00-10:45 am				
Clean and Disinfect				
11:00 – 11:45 am				
Clean and Disinfect				
12:00-12:45 pm				
Clean and Disinfect				
1:00 – 1:45 pm				
Clean and Disinfect				
2:00 – 2:45 pm				
Clean and Disinfect				

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3:00 – 3:45 pm				
Clean and Disinfect				
4:00 – 4:45 pm				
Clean and Disinfect				
5:00-5:45 pm				
Clean and Disinfect				
6:00 – 6:45 pm				
Clean and Disinfect				

Appendix D – Visitor Screening

SAMPLE COVID-19 ACTIVE SCREENING TOOL – VISITORS

This tool may be used for all visitors: Essential Visitors (Support Workers and Essential Caregivers), General Visitors and Personal Care Service Providers. Active screening once at the beginning of visit is required, however, first responders must be permitted entry without screening in emergency situations.

1.	In the last 10 days, have you experienced any of these symptoms? Choose any/all that are new, worsening, and not related to other known causes or conditions that you already have. Select "No" if all of these apply: <ul style="list-style-type: none"> • Since your symptoms began, you tested negative for COVID-19 on one PCR test or rapid molecular test or two rapid antigen tests taken 24 to 48 hours apart; and • You do not have a fever; and Your symptoms have been improving for 24 hours (48 hours if you have nausea, vomiting, and/or diarrhea).				
	Do you have one or more of the following symptoms?		<table border="1"> <tr> <td>Yes</td> <td>No</td> </tr> </table>	Yes	No
	Yes	No			
	Fever and/or chills - <i>Temperature of 37.8° Celsius/100° Fahrenheit or higher</i>				
	Cough or barking cough (croup) - <i>Not related to asthma, post-infectious reactive airways, COPD, or other known causes or conditions you already have</i>				
	Shortness of breath - <i>Not related to asthma or other known causes or conditions you already have</i>				
	Decrease or loss of smell or taste - <i>Not related to seasonal allergies, neurological disorders, or other known causes or conditions you already have</i>				
Muscle aches/joint pain - <i>Unusual, long-lasting (not related to a sudden injury, fibromyalgia, or other known causes or conditions you already have)</i>					

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	<p>If you received a COVID-19 and/or flu vaccination in the last 48 hours and are experiencing mild muscle aches/joint pain that only began after vaccination, select “No.”</p> <p>Fatigue - Unusual tiredness, lack of energy (not related to depression, insomnia, thyroid dysfunction, or other known causes or conditions you already have)</p> <p>If you received a COVID-19 and/or flu vaccination in the last 48 hours and are experiencing mild fatigue that only began after vaccination, select “No.”</p> <p>Sore throat - Painful or difficulty swallowing (not related to post-nasal drip, acid reflux, or other known causes or conditions you already have)</p> <p>Runny or stuffy/congested nose - Not related to seasonal allergies, being outside in cold weather, or other known causes or conditions you already have</p> <p>Headache - New, unusual, long-lasting (not related to tension-type headaches, chronic migraines, or other known causes or conditions you already have)</p> <p>If you received a COVID-19 and/or flu vaccination in the last 48 hours and are experiencing a headache that only began after vaccination, select “No.”</p> <p>Nausea, vomiting and/or diarrhea - Not related to irritable bowel syndrome, anxiety, menstrual cramps, or other known causes or conditions you already have</p>			
4.	<p>In the last 10 days (regardless of whether you are currently self-isolating or not), have you been identified as a “close contact” of someone (regardless of whether you live with them or not) who has tested positive for COVID-19 or have symptoms consistent with COVID-19?</p> <p>•</p>	<table border="1"> <tr> <td>Yes</td> <td>No</td> </tr> </table>	Yes	No
Yes	No			
5.	<p>In the last 10 days (regardless of whether you are currently self-isolating or not), have you tested positive including on a rapid antigen test or a home-based self-testing kit?</p> <p>If you have since tested negative on a lab-based PCR test, select “No.”</p>	<table border="1"> <tr> <td>Yes</td> <td>No</td> </tr> </table>	Yes	No
Yes	No			
6.	<p>Have you been told you that you should currently be quarantining, isolating, staying at home, or not attending a highest risk setting (e.g., LTCH or RH)?</p> <p>Could include being told by a doctor, health care provider, public health unit, federal border agent, or other government authority.</p> <p>Please note: there are federal requirements (https://travel.gc.ca/travel-covid) for individuals who travelled outside of Canada, even if exempt from quarantine.</p>	<table border="1"> <tr> <td>Yes</td> <td>No</td> </tr> </table>	Yes	No
Yes	No			

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Screening Passed (P):

A. If the volunteer answers **NO** to #1-4, they may enter the home.

Date	Screening Time (Time In)	Visitor Name Printed	Contact Information (Phone/Email)	Reason for Visit (e.g., Name of Resident Being Visited)	Visitor Type (Essential – i) Support Worker, ii) Essential Caregiver; General Visitor; Personal Care Service Provider)	Visiting Location	Screening Pass or Fail
12/8/21	8:45am	Jane Doe	XXX-XXX-XXXX Jane.doe@outlook.com	Tom Doe	Essential Caregiver	Indoor; In-suite	Pass

Screening Failed (F):

- A. If the volunteer answered **YES** to question 1 or 2: they must not enter the home. They should stay home (self-isolate) until they do not have a fever and their symptoms have been improving for at least 24 hours (48 hours for nausea, vomiting, and/or diarrhea). If COVID-19 testing is available, they should get tested, and seek treatment, if eligible. If they test positive for COVID-19, they should not enter the home for at least 10 days after developing symptoms (or date of specimen collection, whichever is earlier/applicable) AND provided that they have no fever and other symptoms have been improving for at least 24 hours (or 48 hours if vomiting/diarrhea). General visitors are recommended to postpone non-essential visits to the home for 10 days after developing symptoms, regardless of the results of their COVID-19 test results, to reduce the risk of introduction of any respiratory pathogens into highest risk settings.

Please refer to the [August 31, 2022 Ministry of Health COVID-19 Screening Tool for Long-Term Care Homes and Retirement Homes](#). Refer to the Ministry of Health's [Management of Cases and Contacts of COVID-19 in Ontario](#) (August 31, 2022) in adapting your screening tool and keeping it up to date with the latest signs/symptoms.

Appendix D- Optional - Visitor Screening Tracker

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Appendix E - Sample COVID-19 Waiver of Liability, Declaration, & Indemnity Agreement Template

[Disclaimer for Members: This template is a sample only and was prepared by the Lawyers at Torkin Manes LLP. All organizations are strongly encouraged to seek legal advice prior to the implementation of a waiver.]

The enforceability of any waiver or declaration depends on the nature of a particular organization's operation, as well as the circumstances regarding how the organization implements the waiver. Legal advice should be sought by the organization in the event that the template requires revisions or additions to reflect the day-to-day operations. Further, organizations should seek legal advice with respect to implementation, as well as other recommended risk-mitigation protocols.

Organizations must acknowledge that waivers will not prevent lawsuits from being issued against them, but rather can limit liability exposure. Organizations must follow all legislative requirements while respecting resident's rights]

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COVID-19 WAIVER OF LIABILITY, DECLARATION, & INDEMNITY AGREEMENT

You are choosing to visit, perform contracted services at, or return to your residence at a senior living and retirement community. You acknowledge and agree that YOU DO SO AT YOUR OWN RISK, including the increased risk of contracting or transmitting the COVID-19 virus, or a variant thereof. You understand and acknowledge that COVID-19 may be present. *(Name of residence)* is taking prudent steps to implement and enforce appropriate protocols to keep residents and visitors safe, but we cannot assure you that you will not contract or transmit the COVID-19 virus.

By executing this Agreement, you agree that you will conform to any and all directives, recommendations, and protocols implemented by *(Name of residence)*, for the entire duration of your attendance, whether you are a visitor, contractor, or a resident. Visitors and contractors agree that you will not enter *(Name of residence)* under any circumstances if you feel unwell, have a fever, exhibit a cough, are experiencing any other symptoms associated with COVID-19, or have any reason to believe you have been exposed to same. Residents agree that you will notify *(Name of residence)* staff prior to your return if you are experiencing any symptoms of COVID-19, if you have not adhered to COVID-19 safety protocols established by local Government and health authorities in the place you are returning from, and you will adhere to any self-isolation or testing/tracing protocols implemented by *(Name of residence)* staff.

Visitors and contractors further agree that, throughout the duration of your attendance at *(Name of residence)*, you will:

- Participate in active screening (including a Safety Review as applicable);
- Practice hand hygiene;
- Wear a mask at all times, as applicable;
- Practice physical distancing;
- Refrain from any close contact with others;
- Remain in designated visiting areas, as applicable;
- Inform staff immediately upon experiencing any symptoms related to COVID-19.

In consideration of being allowed to enter, or return to *(Name of residence)* (subject to the guidelines or requirements of the *Ontario Ministry of Health and the Ministry for Seniors and Accessibility*), you **ACKNOWLEDGE and AGREE** that *(Name of residence)* WILL NOT BE LIABLE TO YOU IN ANY WAY if you contract or transmit COVID-19 as a result of your visit or stay at *(Name of residence)*, including any subsequent physical or psychological symptoms that you may experience. Further, if you, your child,

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another visitor, a resident, or anyone on behalf of same, make(s) a claim against *(Name of residence)* as a result of your contraction or your transmission of COVID-19, YOU WILL INDEMNIFY, SAVE AND HOLD *(NAME OF RESIDENCE)* HARMLESS from any liability, damage, cost, litigation expense, loss, or fees which *(Name of residence)* may incur as a result of such claim.

By completing and submitting this Agreement, you confirm that you have read and understand it, and that you are aware that you are waiving legal rights against *(Name of residence)*, INCLUDING THE RIGHT TO SUE:

Name / Signature of Visitor or Contractor (circle which one): _____ / _____

Name / Signature of Resident(s): _____ / _____

Name of Visiting Child/Children (if applicable): _____ / _____ / _____

Date: _____

AGREEMENT IN FULL FORCE AND EFFECT FOR ENTIRE DURATION OF ATTENDANCE AT *(NAME OF RESIDENCE)*

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Appendix F– Essential Caregiver Designation Form

Designation of Essential Caregiver(s) Under COVID-19 Visitor Policy

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.

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 may be designated by the resident **in writing using this form**.

Note: In order to limit infection spread, a resident and/or their SDM may be encouraged to change the designation of their Essential Caregiver in limited circumstances, including in response to:

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

Caregiver Responsibilities:

- All visitors must comply with the residence's visiting policy and procedures. Failure to comply with the visiting policy may result in the discontinuation of visit(s) when risk of harm from continual non-compliance is considered too high.
- Prior to visiting any resident, visitors must follow screening requirements, including active screening, and safety review as applicable.
- If improper PPE practices are alleged or observed, the Essential Visitor must follow staff reminders and coaching on proper use of PPE.

Resident's Name: _____	Suite #: _____
-------------------------------	-----------------------

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SECTION: RESIDENT SERVICES
SUBSECTION: INFECTION CONTROL
PAGE: 18H REVISED

Essential Caregiver: _____ Phone #: _____	Relationship to Resident: _____ Email: _____
Essential Caregiver: _____ Phone #: _____	Relationship to Resident: _____ Email: _____
Essential Caregiver: _____ Phone #: _____	Relationship to Resident: _____ Email: _____
Designated By: <input type="checkbox"/> Resident / <input type="checkbox"/> SDM Resident's Signature (if applicable): _____ SDM's Signature (if applicable): _____ Date Signed: _____	
<u>CHANGE OF DESIGNATED CAREGIVER(S): (if applicable)</u>	
Essential Caregiver: _____ Phone #: _____	Relationship to Resident: _____ Email: _____
Essential Caregiver: _____ Phone #: _____	Relationship to Resident: _____ Email: _____
Essential Caregiver: _____ Phone #: _____	Relationship to Resident: _____ Email: _____
Designated By: <input type="checkbox"/> Resident / <input type="checkbox"/> SDM Resident's Signature (if applicable): _____ SDM's Signature (if applicable): _____ Date Signed/Changes Take Effect: _____	

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