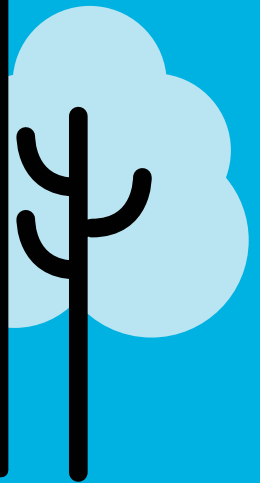
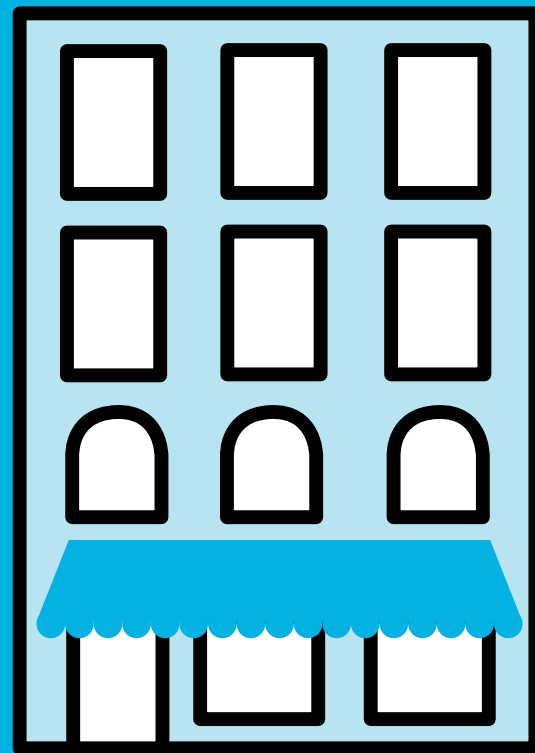
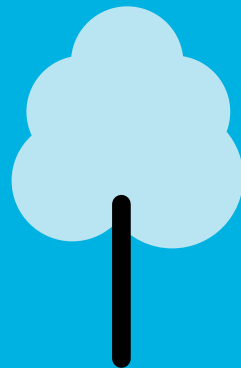


Retirement Home COVID-19 Visiting Policy

Released: December 9, 2020
Effective: December 11, 2020



1.0 Introduction

COVID-19 [Directive #3 for Long-Term Care Homes](#) (Directive #3) issued by the Chief Medical Officer of Health (CMOH) establishes procedures and precautions for visits to long-term care homes that also apply to retirement homes. One requirement is that homes have a visitor policy in place that complies with Directive #3 and is guided by policies from the Ministry for Seniors and Accessibility, among others.

This policy supports retirement homes in implementing the requirements in Directive #3 to safely receive visitors while protecting residents, staff and visitors from the risk of COVID-19, including the requirement to establish a visitor policy.

This policy is effective on December 11, 2020. All previous versions of the visiting policy are revoked and replaced with this version.

This policy is intended to supplement Directive #3. To the extent that anything in this policy conflicts with Directive #3, Directive #3 prevails, and retirement homes must take all reasonable steps to follow Directive #3.

As the province continues to manage outbreaks of COVID-19, this policy seeks to balance retirement home resident and staff safety with well-being. Ontario has developed a risk-based response system that includes increased precautions based on whether homes are in outbreak or in a local Public Health Unit region (PHU) that has evidence of increasing/significant community transmission. Homes in PHUs with evidence of increasing/significant community transmission are those under Orange (Restrict), Red (Control) or Grey (Lockdown) in the provincial [COVID-19 Response Framework: Keeping Ontario Safe and Open](#) (Provincial Framework).

As the COVID-19 pandemic evolves, direction on retirement home visits, including this policy will be adjusted as necessary, keeping the safety and well-being of residents and staff at the forefront.

This policy is organized to first provide guiding principles, requirements for access to retirement homes and definitions of visitor types followed by each type of visitor access to homes in different stages of the Provincial Framework.

Also included are policies for screening visitors, resident absences, social and group activities and facility tours.

2.0 Guiding Principles

There is an ongoing need to protect retirement home residents and staff from the risk of COVID-19, particularly as some retirement home residents may be more susceptible to more severe effects of COVID-19 than the general population.

Guidance for retirement home visits continues to be in place to protect the health and safety of residents, staff, and visitors, while supporting residents in receiving the care they need and maintaining their emotional well-being.

These rules are in addition to the requirements established in the *Retirement Homes Act, 2010* and its regulation (O. Reg 166/11).

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 restrictions that safeguard residents, staff and visitors.
- **Flexibility:** The physical/infrastructure characteristics of the home, its staffing availability, whether the home is in an outbreak or in an area of widespread 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 consider when setting home-specific policies.
- **Autonomy:** Residents have the right to choose their visitors. In addition, residents 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 and infection control 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 or the visitor policy of the home.

3.0 Requirements for Visits

Retirement homes are responsible for ensuring residents receive visitors safely to help protect against the risk of COVID-19. Homes are also responsible for establishing and implementing visiting practices that comply with Directive #3 and align with the guidance in this policy. See [sections 3.32](#) of this policy for specific IPAC and safety requirements for all visitors.

In co-located long-term care and retirement homes that are not physically and operationally independent¹, the policies for the long-term care home and the retirement home should align where possible or take the more restrictive visiting policy, unless otherwise advised by the local PHU based on their instructions for COVID-19 prevention and containment.

In cases of spouses or immediate family members living in separate 'homes' of a co-located home, the visiting member must follow the policy of the home they are visiting based on whether the visitor is a General Visitor or a designated Caregiver (see [section 3.12 b](#)). Wherever possible, it is recommended that the visitor be designated as a caregiver to facilitate spousal and immediate family visits.

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 necessary under the Provincial Framework. The following baseline requirements must be met prior to the home being able to accept any visitors **EXCEPT WHERE NOTED IN THIS POLICY:**

¹Operationally 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.

- The retirement home must NOT be currently in outbreak.
- The home has developed:
 - Procedures for visits including but not limited to IPAC, scheduling and any setting-specific policies.
 - A process for communicating visiting procedures with residents, families and staff. This process must include sharing an information package with visitors on IPAC, face covering/masking, physical distancing and other operational procedures such as limiting movement around the home, if applicable, and ensuring visitors' agreement to comply. Home materials must include an approach to dealing with non-adherence to home policies and procedures, including the discontinuation of visits.
 - Dedicated areas for both indoor and outdoor visits to support physical distancing between residents and visitors.
 - Protocols to maintain the highest of IPAC standards prior to, during and after visits.
 - A list of visitors available for relevant staff to access.
 - Protocols for record keeping of visitations for contact tracing purposes (minimum requirements: name, contact information, date and time of visit, resident visited).

Factors that will inform decisions about visits in retirement homes include:

- **Adequate staffing:** The home has sufficient staff to implement the protocols related to visitors and to ensure safe visiting as determined by the home's leadership.
- **Access to adequate testing:** The home has a testing plan in place, based on contingencies and informed by local and provincial health officials, for testing in the event of a suspected outbreak.
- **Access to adequate PPE:** The home has adequate supplies of relevant PPE.

- **IPAC standards:** The home has appropriate cleaning and disinfection supplies and adheres to IPAC standards, including enhanced cleaning.
- **Physical Distancing:** The home can facilitate visits in a manner aligned with physical distancing protocols. Homes that restrict visits based on these factors are expected to communicate that decision to residents and provide the reasons for the decision.

3.1 Types of Visitors

All visitors are responsible for adhering to applicable directives including Directive #3, this policy and the home's visitor policy. Visitors should consider their personal health and susceptibility to the virus in determining whether visiting a retirement home is appropriate.

3.11 Not Considered Visitors

Retirement home staff and volunteers as defined in the *Retirement Homes Act, 2010*² are not considered visitors.

3.12 Essential Visitors

Under Directive #3, a home's visitor policy must specify that Essential Visitors be 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.

This policy provides for two categories of Essential Visitors: Support Workers and Caregivers.

a) 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 for the home or for a resident in the home. Examples of Support Workers include:

² "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.

- Regulated health care professionals under the *Regulated Health Professions Act, 1991* (e.g., physicians, nurses);
- Contract workers hired by the home, external care providers hired by the resident, or LHIN care services, including home care providers (e.g., nursing care, physiotherapy, occupational therapy, social workers, unregulated care providers);
- Authorized third parties who accommodate the needs of a resident with a disability;
- Maintenance workers;
- Private housekeepers; and
- Food delivery.

Support workers do not include retirement home staff.

b) Caregiver

A Caregiver is a type of Essential Visitor who is designated by the resident or, if the resident is unable to do so, their substitute decision-maker.

Caregivers visit to provide care to the resident (e.g., supporting feeding, mobility, personal hygiene, cognitive stimulation, communication, meaningful connection, relational continuity and assistance in decision-making).

A maximum of 2 Caregivers may be designated per resident. The designation should be made in writing to the home. Homes should have a procedure for documenting Caregiver designations and any subsequent changes.

In order to limit infection spread, a resident and/or their substitute decision-maker should be encouraged to change the designation of their Caregiver in limited circumstances, including 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 care, a privately hired caregiver, paid companions, and translators. A resident may designate an external care provider as a Caregiver even though that individual would also be considered a Support Worker.

3.13 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);
- For social reasons (e.g., family members or friends); and/or
- A prospective resident taking a tour of the home.

3.14 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 such as hair dressing or nail care.

3.2 Access to Homes

Under Directive #3, homes must have a visitor policy that specifies that Essential Visitors are the only type of visitors allowed when a resident is self-isolating or symptomatic with COVID-19 symptoms, the home is in an outbreak, or is in a PHU under Orange (Restrict), Red (Control) or Grey (Lockdown). This policy should also include provisions around the homes' ability to support and implement all required public health measures as well as IPAC practices.

When a home is in outbreak or is in a PHU under Orange (Restrict), Red (Control) or Grey (Lockdown), the local PHU may also advise further restrictions on visitors in part or all of the home, depending on the specific situation. The home must abide by any restrictions imposed by a PHU.

Please note: Residents who are self-isolating for 14 days under Droplet and Contact Precautions may only receive Essential Visitors (e.g., residents may not receive General Visitors or Personal Care Service Providers). However, homes

may allow residents who are not self-isolating to receive General Visitors and Personal Care Service Providers, provided the home is not in an outbreak, or is in a PHU under Orange (Restrict), Red (Control) or Grey (Lockdown).

3.21 Essential Visitors

Visits by Essential Visitors are permitted as follows, subject to direction as outlined in this policy:

a) Support Workers

- Any number of Support Workers brought into the home to support IPAC or Health and Safety reasons are permitted (e.g., deep cleaning or emergency maintenance).
- Any number of Support Workers who are care providers (e.g., regulated health care professionals or unregulated care providers) may visit a resident in a home at a time.³
- A maximum of 1 Support Worker who is not a care provider (e.g. regulated health care professional or unregulated care provider)⁴ per resident may visit at a time where:
 - The home IS in a PHU under Orange (Restrict), Red (Control) or Grey (Lockdown), the home IS in an outbreak, or the resident IS self-isolating or symptomatic.

b) Caregivers

- A maximum of 2 Caregivers per resident may visit at a time where:
 - The home is NOT in a PHU under Orange (Restrict), Red (Control) or Grey (Lockdown), the home is NOT in an outbreak, and the resident is NOT self-isolating or symptomatic.

³ This provision is intended to ensure that non-care providers are limited in numbers to access to the home.

⁴ For example, maintenance should only be allowed for emergency maintenance, food delivery should be limited to delivery or drop off, and private housekeepers should be limited to once a week, if possible.

- A maximum of 1 Caregiver per resident may visit at a time* where:
 - The home IS in a PHU under Orange (Restrict), Red (Control) or Grey (Lockdown) levels, the home IS in an outbreak, or the resident IS self-isolating or symptomatic.

***Note of exception:** If 2 Caregivers live together, they may visit a resident at the same time when the home is in a PHU under Orange (Restrict), Red (Control) or Grey (Lockdown), the home is in an outbreak, or the resident is self-isolating or symptomatic.

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.

If a home is in outbreak, or in a PHU under Orange (Restrict), Red (Control) or Grey (Lockdown), the local PHU may recommend additional outbreak management control measures which may include restriction of Essential Visitors.

3.22 General Visitors

A maximum of 2 General Visitors per resident at a time may visit a resident provided:

- The resident is NOT self-isolating or symptomatic;
- The home is NOT in a PHU under Orange (Restrict), Red (Control) or Grey (Lockdown); and
- The home is NOT in an outbreak.

General visitors are not permitted for visits (indoors or outdoors) at homes in an outbreak or in a PHU under Orange (Restrict), Red (Control) or Grey (Lockdown) and may not visit residents that are self-isolating or symptomatic with COVID-19 symptoms. However, homes should ensure that residents are able to maintain contact with their loved ones (e.g., phone and virtual visits) when in an outbreak, in a PHU under Orange (Restrict), Red (Control) or Grey (Lockdown), or when residents are self-isolating or symptomatic with COVID-19 symptoms.

3.23 Personal Care Service Providers

A maximum of 1 Personal Care Service Provider per resident at a time may visit that resident provided:

- The resident is NOT self-isolating or symptomatic;
- The home is NOT in a PHU under Red (Control) or Grey (Lockdown); and
- The home is NOT in an outbreak.

Personal Care Service Providers that support only the retirement home generally (e.g., provide services on-site at one location) may continue to visit homes in a PHU that is in Orange (Restrict) if they follow required public health and IPAC measures for their trade and those of the home.

Personal Care Service Providers are not permitted in homes in outbreak, or in PHUs under Red (Control) or Grey (Lockdown) and may not visit residents that are self-isolating or symptomatic with COVID-19 symptoms.

3.3 Screening

Under Directive #3, homes must have a visitor policy that includes requirements for all visitors to:

- Be actively screened on entry for symptoms and exposures of COVID-19, and not be admitted if they do not pass the screening; and
- Attest to not be experiencing any of the typical and atypical symptoms of COVID-19.

3.31 COVID-19 Testing

All home and community care staff and personal care service providers should follow any testing guidance for retirement home staff as outlined in the [COVID-19 Testing for Retirement Homes](#).

Homes are not required to provide the testing.

3.32 Safety Review – Essential Visitors

Prior to visiting any resident in a home declared in outbreak for the first time after this policy is released, the home should provide training to Caregivers and Support Workers who are not trained as part of their service provision or through their employment that addresses how to safely provide direct care, including putting on and taking off required PPE, and hand hygiene. Alternatively, if the home does not provide the training, it must direct Caregivers and Support Workers to appropriate resources from [Public Health Ontario](#) to acquire this training.

For homes not in outbreak, prior to visiting any resident for the first time after this policy is released, and at least once every month thereafter, homes should ask Caregivers to verbally attest to the home that they have:

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

3.33 Safety Review – General Visitor and Personal Care Service Provider

Prior to visiting any resident for the first time after this policy is released, and at least once every month thereafter, homes should ask General Visitors and Personal Care Service Providers to verbally attest to the home that they have:

- Read/Re-Read the following documents:
 - The home's visitor policy; and

- Public Health Ontario's document entitled [Recommended Steps: Putting on Personal Protective Equipment \(PPE\)](#).
- Watched/Re-watched the following Public Health Ontario videos:
 - [Putting on Full Personal Protective Equipment](#);
 - [Taking off Full Personal Protective Equipment](#); and
 - [How to Hand Wash](#).

3.4 Personal Protective Equipment (PPE)

Visitors must wear PPE as required in Directive #3.

3.41 Essential Visitors

Support Workers and Caregivers are responsible for bringing their own PPE to comply with requirements for Essential Visitors as outlined in Directive #3. They are encouraged to work with homes to source the appropriate PPE to comply with these requirements, if needed. If Essential Visitors are unable to obtain the appropriate PPE, they may be refused entry.

Directive #3 notes that Essential Visitors who are:

- Providing direct care to a resident must use a surgical/procedure mask while in the home, including while visiting a resident who does not have, or is not suspected to have COVID-19 in their room; and
- In contact with a resident who is suspected or confirmed with COVID-19, must wear appropriate PPE in accordance with [Directive #5](#) and [Directive #1](#).

3.42 General Visitors and Personal Care Service Providers

General Visitors and Personal Care Service Providers are responsible for bringing their own face covering/mask for visits as outlined in Directive #3.

Directive #3 notes that visitors should use a face covering/mask if the visit is outdoors. If the visit is indoors, a surgical/procedure mask must be worn at all times.

4.0 Requirements for Absences

Short-term Absences

Retirement homes residents are permitted to leave the home for an absence that does not include an overnight stay (e.g., absences with friends or family, shopping, medical appointments, filling prescriptions, taking walks, etc.), with the exception of single-night emergency room visits, provided the following:

- The retirement home is NOT in an outbreak in or in a PHU under Orange (Restrict), Red (Control) or Grey (Lockdown) at the time the absence is to commence.
- If a home allows absences but enters into an outbreak there should be a hold on starting new absences until the home is no longer in outbreak.
- The local PHU has not directed the home to cease all short absences.
- The home is compliant with all CMOH Directives and follow directions from the local PHU.
- Upon return to the home, residents are actively screened and monitored for symptoms but are not required to be tested or self-isolate.
- Residents must always wear a mask when outside of the home (if tolerated) and be reminded about the importance of public health measures including physical distancing. The resident is responsible for supplying a face covering/mask while they are on absences. The home may, at its discretion, supply face covering/masks for absences.
- The home provides education on all required protocols for short absences, such as IPAC and PPE.

Retirement home residents in a home in a PHU under Orange (Restrict), Red (Control) or Grey (Lockdown) may be permitted to leave the home for walks or essentials (e.g., groceries, medical appointments, filling prescriptions), with the exception of also being permitted to leave for single-night emergency room visits.

They must also meet the screening, face covering/masking, physical distancing and education requirements outlined above.

Overnight Absences

A resident may leave for an absence that includes at least one overnight stay if the home meets the following requirements:

- The retirement home is NOT in an outbreak.
 - If a home allows absences but enters into an outbreak, there should be a hold on starting new overnight absences until the home is no longer in outbreak.
 - Homes must establish compliance with all CMOH Directives for homes in outbreak and follow directions from the local PHU.
- The home is NOT in a PHU under Orange (Restrict), Red (Control) or Grey (Lockdown).
- Residents must wear a face covering/mask at all times when outside of the home (if tolerated) and be reminded about the importance of public health measures including physical distancing. The resident is responsible for supplying a face covering/mask while they are on absences. The home may, at its discretion, supply face coverings/masks for absences.
- Education on all required protocols for short-term absences, such as IPAC and PPE, will be provided by the home to the resident prior to their absence.
- Upon return to the home, residents must self-isolate for 14 days under Droplet and Contact Precautions but are not required to be tested upon re-entry to the home.
- Residents who are self-isolating for 14-days following an overnight stay may not receive general visitors, leave the home for short-term absences or for overnight stays.

5.0 Requirements for New and Re-admissions

Please refer to Directive #3 for requirements for new admissions and re-admissions.

6.0 Requirements for Group Activities

Provided IPAC measures can be followed, residents may congregate for social and group activities for physical and mental stimulation if the home is NOT in an outbreak.

Homes are required to have policies regarding masking for residents. It is strongly recommended that residents wear masks in common indoor areas in the home, as tolerated. Homes are also required to follow any additional directions provided by the provincial government, the local public health unit or municipal bylaws.

Social and group activities are permitted but must maintain public health measures which are:

- Consistent with CMOH Directives, provincial orders (including group size), and any additional advice from the local PHU.
- Organized in such a way to maximize resident and staff safety. This includes ensuring that participants and activity facilitators:
 - Wear face coverings/masks (if tolerated);
 - Maintain physical distancing of at least 2 metres at all times;
 - Adhere to IPAC measures;
 - Conduct activities in designated areas; and
 - Ensure enhanced environmental cleaning of designated areas prior to and following activities.

Staff brought into the home for these services must follow all procedures for retirement home staff as outlined in Directive #3.

Homes should apply these principles to group and social activities:

- Prioritize mental and physical well-being of residents by offering stimulating inter-personal or shared activities.
- Tailor activities to the home setting (physical structure) and reflect the range of abilities of residents.

- Establish cohorts for activities, if appropriate.
- Offer residents in isolation individualized activities and stimulation.

7.0 Requirements for Retirement Home Tours

Virtual tours should be implemented as much as possible.

For homes in a PHU under Orange (Restrict) or Red (Control), prospective residents may be offered targeted tours of empty suites at the final stage of the home selection process. General tours of the home, including common areas, should be virtual.

All in-person targeted tours should be paused if a home goes into outbreak or is in a PHU under Grey (Lockdown).

For in-person tours of retirement homes:

- The tour group should be limited to the prospective resident or couple plus one other individual (e.g., accompanying family member or close friend).
- All tour participants are subject to the general visitor requirements outlined in this document (e.g., active screening, wearing a face covering/mask, IPAC, maintaining social distance).
- The tour route must be restricted in a manner that avoids contact with residents.
- Homes should keep the number and duration of tours in the home to a minimum.

8.0 Accessibility Considerations

Homes are required to meet all applicable laws such as the *Accessibility for Ontarians with Disabilities Act, 2005*.