

Retirement Home COVID-19 Visiting Policy	Released: October 5, 2020 Effective: October 13, 2020
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Contents

1.0	INTRODUCTION	2
2.0	GUIDING PRINCIPLES	2
3.0	REQUIREMENTS FOR VISITS	3
3.1	TYPES OF VISITORS	4
3.2	ACCESS TO HOMES	6
3.3	SCREENING	8
3.4	PPE	9
4.0	REQUIREMENTS FOR ABSENCES	10
5.0	REQUIREMENTS FOR NEW AND RE-ADMISSIONS	11
6.0	REQUIREMENTS FOR SOCIAL ACTIVITIES	12
7.0	REQUIREMENTS FOR RETIREMENT HOME TOURS	12
8.0	ACCESSIBILITY CONSIDERATIONS	13

1.0 INTRODUCTION

COVID-19 [Directive #3 for Long-Term Care Homes](#) issued by the Chief Medical Officer of Health (Directive #3) establishes procedures and precautions for visits to long-term care homes that also apply to retirement homes. This policy is provided to support 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.

This policy is effective on October 13, 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 moves into a second wave of COVID-19, in order to continue to balance retirement home resident and staff safety with well-being, Ontario has developed a risk-based response system that includes specific actions based on community transmission and infection spread within the sector (see additional details in 3.2).

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

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 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.
- **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 personal protective equipment (PPE) are all variables to take into account when setting home-specific policies.
- **Autonomy** – Residents have the right to choose their visitors. In addition, residents and/or their substitute decision-makers have the right to designate caregivers.

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.

Retirement homes co-located with a long-term care home will adopt the long-term care home’s visitation policies if those policies are more restrictive, unless the retirement home and long-term care home are both physically and operationally independent.¹

Retirement homes co-located with facilities other than long-term care homes should, in the event of conflicting visitation policies, engage the local Public Health Unit (PHU) to determine the best path forward.

If a home has relaxed visitor restrictions and enters into an outbreak, all non-essential visits must be discontinued. Homes must adhere to the requirements in any applicable directives issued by the CMOH and directions from their local PHU.

The following baseline requirements must be met prior to the home being able to accept any visitors:

- The retirement home must NOT be currently in an outbreak.
- The home has developed:

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

- Procedures for the resumption of visits and a process for communicating these procedures with residents, families and staff, including but not limited to infection prevention and control (IPAC), scheduling and any setting-specific policies.
 - 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

Please note: Residents who are self-isolating for 14 days under Droplet and Contact Precautions may not receive non-essential visitors (i.e., 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 located in a community confirmed to be in High Alert status by the RHRA (see additional details in 3.2).

Additional factors that will inform decisions about visits in retirement homes include:

- **Adequate staffing:** The home currently does not have staffing shortages that would affect resident or staff safety and is not under a contingency staffing plan. There must be sufficient staff to implement the protocols related to visitors. Additionally, staffing levels are sufficient 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 Personal Protective Equipment (PPE):** The home has adequate supplies of relevant PPE.
- **Infection Prevention and Control (IPAC) standards:** The home has appropriate cleaning and disinfection supplies and adheres to IPAC standards, including enhanced cleaning.
- **Physical distancing:** The home is able to facilitate visits in a manner aligned with physical distancing protocols.

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 are not considered visitors as their access to the home is determined by the licensee.

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:

- 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.

Support workers do not include retirement home staff.

b) 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 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.

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 direct care, a privately hired caregiver, paid companions and translators.

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 personal services to residents such as hair dressing and 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, the home is in an outbreak or is in High Alert status. This policy should also include provisions around the homes' ability to support and implement all required public health measures as well as infection prevention and control practices.

The home's visitor policy should specify how the frequency and duration of visits will be limited for essential visitors, excluding regulated health professional and personal support workers, while homes are in outbreak.

When a local PHU declares an outbreak in a home, they may also advise further restrictions on visitors in part or all of the home, depending on the specific situation.

The RHRA in collaboration with the Ministry for Seniors and Accessibility will identify homes that require additional actions due to:

- Widespread transmission in the community (Alert); or
- Widespread transmission and infection spread within the sector in the community (High Alert).

Homes will be notified by the RHRA if they are in Alert or High Alert status.

3.21 Essential Visitors

Visits for essential visitors are permitted as follows, subject to direction:

- Any number of support workers may visit a resident in a home.
- A maximum of 2 caregivers per resident may visit at a time where:
 - The community has **not** been identified under Alert or High Alert status, the home is **not** in an outbreak, and the resident is **not** self-isolating or symptomatic.
- A maximum of 1 caregiver per resident may visit at a time where:
 - The community **has** been identified under Alert or High Alert status, 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 community identified under Alert or High Alert status, 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 located in a community that has **not** been identified under Alert or High Alert status; and
- The home is not in an outbreak.

A maximum of 1 general visitor designated by the resident at a time may visit that resident in a designated area if the home is located in a community that **has** been identified under Alert status.

General visitors are not permitted in homes in outbreak or homes in communities identified under High Alert status and may not visit residents that are self-isolating or symptomatic.

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 located in a community that has **not** been identified under Alert or High Alert status; and
- The home is not in an outbreak.

Personal care service providers are not permitted in homes in outbreak or homes in communities identified under Alert or High Alert status and may not visit residents that are self-isolating or symptomatic.

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 for COVID-19, including temperature checks 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.

A home's visitor policy should also include the screening requirements below:

3.31 COVID-19 Testing

All home care 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 works 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.

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 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 the resident that does not 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](#).

3.22 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

Retirement home 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, etc.), with the exception of single-night emergency room visits, if they meet the following requirements:

- The retirement home must NOT be currently in an outbreak.
 - In the event that 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. Short absences for essentials (e.g. groceries, medical appointments, filling prescriptions) may be continued. Homes must establish compliance with all CMOH Directives for homes in outbreak and follow directions from the local PHU.
- Upon return to the home, residents must be actively screened and monitored for symptoms but are not required to be tested or self-isolate.
- 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, opt to supply face coverings/masks for absences.
- Education on all required protocols for short absences, such as IPAC and PPE, will be provided by the home.

Further restrictions related to resident absences will be imposed on homes in communities identified under Alert or High Alert status. Retirement home residents may be permitted to leave the home for 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.

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

- The retirement home must NOT be currently in an outbreak.
 - In the event that 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. Homes must establish compliance with all CMOH Directives for homes in outbreak and follow directions from the local PHU.
- The home is in a community that has **NOT** been identified under Alert or High Alert status.
- 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, opt to supply face coverings/masks for absences.
- Education on all required protocols for short 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 absences or for overnight stays.

5.0 REQUIREMENTS FOR NEW AND RE-ADMISSIONS

Consistent with the requirements set out in Directive #3, new admissions from the community or from a hospital (including ALC patients) to a retirement home can occur if:

- The receiving home is NOT in an outbreak. Under exceptional circumstances admissions may take place during an outbreak if:
 - It is approved by the local public health unit; and
 - There is concurrence between the home, public health and hospital.
- The resident has been:
 - Tested for COVID-19, has a negative result and is transferred to the home within 24 hours of receiving the result; or
 - Confirmed infected and cleared of COVID-19.
 - Residents being admitted who have been cleared of COVID-19 do not need to be re-tested or undergo 14-days of self-isolation.
- The receiving home has:

- Sufficient staffing;
- A plan to ensure the resident being admitted (except for those who have cleared COVID-19) can complete 14-days of self-isolation, under Droplet and Contact Precautions, and is tested again at the end of self-isolation, with a negative result. If the result is positive, the resident must complete another 14-days of self-isolation; and
- Other COVID-19 preparedness measures.

The number of new admissions may be limited to ensure there is sufficient staffing and additional capacity to attend to residents who are self-isolating.

These requirements apply to all new admissions from the community, including new residents coming from another retirement or long-term care home that is not currently in a COVID-19 outbreak.

6.0 REQUIREMENTS FOR SOCIAL ACTIVITIES

Provided IPAC measures can be followed, residents may congregate for social activities if the home is NOT currently in an outbreak or in a community identified under Alert or High Alert status.

Social activities where public health measures can be maintained are permitted if they 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:
 - Maintain physical distancing of at least 2 metres at all times;
 - Adhere to IPAC measures;
 - Conduct activities in designated areas;
 - Ensure enhanced environmental cleaning of designated areas prior to and following activities; and
 - Wear face coverings/masks (if tolerated).

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

7.0 REQUIREMENTS FOR RETIREMENT HOME TOURS

In-person tours should be reduced as much as possible and replaced with virtual tours. If an in-person tour is deemed necessary of the home's facilities, this can only occur if the home is NOT in outbreak and the home is in a community that has **not** been identified under Alert or High Alert status.

For 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).
- The tour route must be restricted in a manner that avoids contact with residents.
- Homes should keep the number 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*.