



Regional Municipality of Durham
 Social Services Department
 Long Term Care (LTC) and Services for Seniors

Title: Visitation to Long-Term Care Home	
Policy #: IC-05-13-04	
Original: June 15, 2020	
Revised: July 17/20, July 27/20, Sept 8/20, Oct 7/20, Oct 30/20, Nov 16/20, Nov 23/20, Feb/2021, Mar/2021, May/2021, June 9/21, July 7/21, Jan 4/22, Feb 11/22, Feb 23/22, Jun/22, July 15/22, Oct 19,22	
Peer Group Approval:021	Date:
Also reviewed by:	
Senior Leadership Approval: <i>Laura MacDermaid</i>	Date Effective: November 16, 2022

1. Policy

- 1.1. The Region of Durham Long-Term Care homes (LTCHs) will provide an organized process to allow for safe and secure visits to our homes. Region of Durham Homes will follow the visitor requirements outlined in Chief Medical Officer of Health's Directive #3.
- 1.2. There will be a maximum of four visitors including Essential Visitors per resident at a time in the home. There is no limit on numbers of visitors for outdoor visits.
- 1.3. All visitors will have access to information and education about physical distancing, respiratory etiquette, hand hygiene, infection prevention and control (IPAC) practices, and proper use of personal protective equipment (PPE).

2. Purpose

- 2.1. To ensure there is a safe and organized process for those who visit residents in the Region of Durham LTCHs.
- 2.2. To provide meaningful, equitable, flexible, and safe access to visits for all residents to support their emotional wellbeing.

3. Definitions

3.1. General Visitor

- A. A person who is not an essential visitor and is visiting:
 - (1) To provide non-essential services, who may or may not be hired by the home or the resident and /or the Substitute Decision Maker (SDM).

- (2) For social reasons that the resident or the SDM assess as different from direct care, including care related to cognitive stimulation and meaningful connection.

3.2. **Essential Visitor**

- A. Must meet the definition outlined in Directive #3.
- B. A person performing essential support services (e.g., inspector, external health service providers, contractors).
- C. Essential Visitors are divided into:
 - (1) **Support Worker:**
 - (a) A visitor who is performing an essential support service for the resident or the home e.g., physicians, footcare. They cannot be staff of the LTCH as defined in the Fixing Long-Term Care Act, 2021 (FLTCA, 2021).
 - (b) Support workers are regulated and unregulated.
 - (2) **Essential Caregiver (EC)**
 - (a) Someone who is designated by the resident and/or their SDM and is visiting to provide direct care to the resident (e.g., eating assistance, mobility, cognitive stimulation, communication, and assistance in decision-making).
 - (3) **Other Essential Visitors**
 - (a) Government Inspectors and those visiting very ill or palliative residents.

3.3. **Non-Visitor**

- A. LTCH staff, volunteers, and placement students are not considered visitors.
- B. Access to the home will be determined by the Long-Term Care and Services for Seniors division.

4. **Procedure**

4.1. **General Visitors**

- A. No general visitors are permitted to visit in any of the following situations:
 - (1) As per direction set out by the Ministry of Long-Term Care (MLTC) or Durham Region Public Health (DRPH).
 - (2) The home or an area of the home is in outbreak.
 - (3) The resident is self-isolating or symptomatic.
- B. General Visitors will:
 - (1) When applicable, be provided with information on IPAC Practices.
 - (2) When applicable, be directed to the screening area. The home will keep a list of those people who have visited each day for a minimum of 30 days, as applicable.
 - (3) When applicable, will pass the active screening protocol administered by LTCH staff.
 - (4) When applicable, will be required to undergo the current surveillance and testing requirements.
- C. Indoor visitors will be provided with a surgical/procedure mask to wear in the home.
- D. Pets will be allowed to visit in a home area that is not in outbreak if they are registered with the home.

- E. Homes will maintain a visitor log which must be kept for 30 days.

4.2. **Essential Visitors**

- A. Essential visitors must be 16 years or over (unless visiting for end-of-life reasons).
- B. Government inspectors (MLTC; and Ministry of Labour, Immigration, Training and Skills Development) must be actively screened and are not to be admitted to the home if they do not pass the screening.
- C. Visitors coming to see an End-of-Life Resident are not required to follow the required surveillance testing requirements in the home.
- D. The home is responsible for providing medical /procedure masks, gloves, gowns, and eye protection as applicable.
- E. Essential visits do not need to be scheduled. The length or the frequency of visit will not be scheduled.

4.3. **Essential Caregivers**

- A. All Essential Caregivers must be registered with the home.
- B. The home will follow the COVID response guidance regarding the number of essential caregivers as follows:
 - (1) If the home or the resident home area (RHA) is in outbreak, or at the direction of the MLTC or DRPH, a maximum of one essential caregiver per resident may visit at a time.
- C. Screening requirements for Essential Caregivers are outlined in the divisional policy [IC-05-13-03 Screening and Surveillance Testing](#).
- D. Essential Caregivers will be provided with a medical/procedure mask to wear in the home.

4.4. **Other Essential Visitors (Support Workers, Contractors) and Those Visiting End of Life Residents)**

- A. Screening/surveillance for regulated and unregulated support workers is outlined in the divisional policy [IC-05-13-03 Screening and Surveillance Testing](#).
- B. The visitor policy and IPAC training is available to Support Workers and those visiting Resident at End-of-Life.

4.5. **Outdoor Visits**

- A. There will be no limits on the number of individuals permitted at outdoor visits. The home may restrict the number of visitors per resident based on the available outdoor space.
- B. Outdoor visitors will not be required to be actively screened or go through surveillance testing.

4.6. **Education and Information**

- A. All visitors and staff will have access to the following information and education
 - (1) [Recommended steps to putting on personal protective equipment guidance](#)

- (2) [Putting on personal protective equipment video](#)
- (3) [Taking off personal protective equipment video](#)
- (4) How to [hand wash](#) and [hand rub](#).

4.7. **Non-Compliance with Visitor Guidelines (See Appendix 1)**

- A. Staff will refer any visitor who does not comply with the visit guidelines to a manager/supervisor and follow the process outlined.
- B. The manager/supervisor will review the policy and MLTC documents with the General or Essential Visitor.
- C. Assist the visitor to understand the importance of complying with the visiting guidelines.
- D. Visitors who do not comply with the screening and/or surveillance requirements will not be permitted into the home.
- E. If a visit has had to be discontinued, ensure a letter is issued to back up this decision.
- F. If a visitor has been temporarily prohibited from visiting, clearly identify the reasons why and identify the requirements that the visitor would have to meet for visits to be resumed.
- G. Screeners must be provided with an updated list of any visitors who have been suspended from the home.

5. **Roles and Responsibilities**

5.1. **Nursing will:**

- A. Ensure that General Visitors and Essential Caregivers do not remove their masks.
- B. Follow the outlined process for visitor noncompliance (See Appendix 1).

5.2. **IPAC Practitioner will:**

- A. Ensure the IPAC training is organized and available for all visitors.

5.3. **Surveillance Supervisor/Designate Will Ensure Screeners:**

- A. Maintain a daily list of General Visitors and contact information (if applicable).
- B. Maintain the visitor log for a minimum of 30 days.
- C. Ensure each visitor answers the questions outlined on the screening form/app.
- D. Ensure that each visitor has access to IPAC information.
- E. Ensure that each visitor sanitizes hands before and after each visit.
- F. Ensure that the visitor is provided with a medical/procedure mask for indoor visits.
- G. Have an updated list of any visitors who are not permitted in the home due to noncompliance.

5.4. **Environmental Services Will:**

- A. Ensure there is enough hand sanitizer and disinfectant available in the indoor visiting area (if applicable).

- B. Provide guidance to environmental staff on the method of cleaning following visits.
- C. Ensure the designated public indoor washrooms have an enhanced cleaning schedule.

5.5. Director of Care/designate will:

- A. Review issues of noncompliance for visitors and determine outcome as per the process in Appendix 1.

5.6. Administrator/designate will:

- A. Ensure that visitors are following the outlined rules.
- B. Ensure there is outdoor and indoor space designated for visiting.
- C. Ensure there is indoor space for visitor screening and surveillance.
- D. Ensure there is regular communication with residents and families regarding any changes to the visitor policy.
- E. Ensure that staff are following the noncompliance process and non-adherence to the rules will be the basis for discontinuation of visits.

6. References

- 6.1. Fixing Long Term Care Act and Regulations, 2021, O Reg 246/22 s 102
- 6.2. Update to COVID-19 guidance on visiting Long Term Care homes, February 4, and 17th, 2022., March 9, 2022, October 14, 2022
- 6.3. Update to COVID-19 guidance on visiting Long Term Care homes, December 30, 2021.
- 6.4. Update to Visitor policy, July 7, 2021
- 6.5. Ministers Directive -3 Update May 22, June 3, 2021
- 6.6. Ministers Directive – 3 Update, May 4, 2021
- 6.7. Ministers Directive – COVID-19 Long Term Care Home Surveillance Testing and Access to Homes – March 15, 2021
- 6.8. Ministers Directive – COVID-19 Long Term Care Home Surveillance Testing and Access to Homes – February 16, 2021
- 6.9. IC-05-13-03 Surveillance Testing
- 6.10. IC-05-13-07 Management of COVID -19 Immunization

7. Attachments/Appendices

- 7.1. Appendix 1 – Visitor Compliance Escalation Process

Appendix 1 – Visitor Compliance Escalation Process

