



POLICY

COVID-19

VISITORS

V100620

Policy:

Note: The changes to this policy are effective October 13, 2020.

Policy:

As of June 18th, 2020, Castle Peak began a careful, phased approach to the gradual resumption of resident visits during the COVID-19 pandemic, ensuring residents receive visitors safely to help protect against the risk of COVID-19. As the province moves into a second wave of COVID-19, in order to continue to balance resident and staff safety and well-being, the province has developed a risk-based response system that is reflected in the changes to this policy.

All visitors will be instructed to adhere to the requirements set out in this policy to ensure the health and safety of all residents, staff and visitors, and allow for the continuity of visits that support the mental, physical and spiritual needs of residents for their quality of life while also supporting residents in receiving the care they need and maintaining their emotional well-being.

This policy complies with current ministry requirements per Directive #3 (*September 9, 2020*) and aligns with the Ministry for Seniors and Accessibility (MSAA) *Retirement Home COVID-19 Visiting Policy (October 5, 2020)*. The rules in this policy are in addition to the requirements established in the Retirement Homes Act, 2010 and its regulation (O. Reg 166/11). Any non-adherence to the rules set out in the visitor policy could be the basis for discontinuation of visits for the non-compliant visitor.

Informed by the ongoing COVID-19 situation in the community and the residence, this policy will be reassessed and revised to allow for increased or decreased restrictions as circumstances/directives change.

Guiding Principles

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

This visitor policy is guided by the following principles:

- **Safety:** Any approach to visiting in the residence 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 wellbeing 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 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.

It is with compassion that Castle Peak Retirement Residence recognizes the need for residents' connection with loved ones, and it is through in-person visits that this can be best achieved. We will take all reasonable steps to help facilitate visits within the parameters of ministry directives. We also recognize the concepts of non-maleficence (i.e. not doing harm), proportionality (i.e., to the level of risk), transparency and reciprocity (i.e., providing resources to those who are disadvantaged by the policy). These concepts will inform the residence's decision making with regards to the scheduling and/or refusal of visits as appropriate.

Castle Peak also recognizes the concepts of non-maleficence (i.e. not doing harm), proportionality (i.e., to the level of risk), transparency and reciprocity (i.e., providing resources to those who are disadvantaged by the policy). These concepts will inform the residence's decision making with regards to the scheduling and/or refusal of visits as appropriate.

Procedures: Requirements for Visits

If the residence has begun accepting visitors and enters into an outbreak, all *non-essential* visits must be discontinued, and the residence will adhere to the requirements of any applicable directives issued by the CMOH and directions from the local public health unit (PHU).

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

1. The residence must not be currently in an outbreak.
2. The residence has developed:
 - a. 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.
 - i. 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 residence, if applicable, and ensuring visitors' agreement to comply. Residence materials must include an approach to dealing with non-adherence to residence policies and procedures, including the discontinuation of visits. **(See Appendix A)**
 - b. Dedicated areas for both indoor and outdoor visits to support physical distancing between residents and visitors.
 - c. Protocols to maintain the highest of IPAC standards prior to, during and after visits.
 - d. A list of visitors available for relevant staff to access.
 - e. **Protocols for record keeping of visitations for contact tracing purposes.**

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, the residence 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 "Access to Residence").

Additional factors that will inform decisions about visits in the residence include:

- **Adequate Staffing:** The residence must currently not have staffing shortages that would affect resident or staff safety and not be under a contingency staffing plan. There must be sufficient staff to implement the protocols related to visitors. Additionally, staffing levels must be sufficient to ensure safe visiting as determined by the home's leadership.
- **Access to adequate testing:** The residence must have 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 residence must have adequate supplies of relevant PPE.
- **Infection Prevention and Control (IPAC) standards:** The residence must have appropriate cleaning and disinfection supplies and adhere to IPAC standards, including enhanced cleaning.
- **Physical Distancing:** The residence must be able to facilitate visits in a manner aligned with physical distancing protocols.

Types of Visitors

All visitors are responsible for adhering to applicable directives including Directive #3, MSA guidelines and the residence's visitor policy. Visitors should consider their personal health and susceptibility to the virus in determining whether visiting the residence is appropriate. Outlined below are the three types of visitors.

Note that retirement home staff and volunteers are not considered visitors as their access to the residence is determined by the licensee.

1. Essential Visitor <i>Essential visitors include 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.</i>		2. General Visitor	3. Personal Care Service Provider
A. Support Worker	B. Caregiver		
<p>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.</p> <p>Examples of support workers:</p> <ul style="list-style-type: none"> Regulated health care professionals under the <i>Regulated Health Professions Act, 1991</i> (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. <p>Support workers do not include retirement home staff.</p>	<p>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).</p> <p>A maximum of 2 caregivers may be designated per resident (designation should be made in writing to home & home should have procedure for documenting)</p> <p>In order to limit infection spread, a resident and/or their SDM should be encouraged to change the designation of their caregiver in limited circumstances, including in response to:</p> <ul style="list-style-type: none"> 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. <p>Examples of caregivers: family members who provide direct care, a privately hired caregiver, paid companions and translators</p>	<p>A general visitor is a person who is not an essential visitor and visits:</p> <ul style="list-style-type: none"> 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 <u>tour</u> of the home. 	<p>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.</p>

1. Designated caregivers will be documented through *[include procedure for how caregiver designations will be documented]*. (See Appendix E)

2. Residents/SDMs will be encouraged to change the designation of their caregiver in limited circumstances, as noted in the above chart, in order to limit infection spread.

Access to Residence

As identified throughout this policy, essential visitors are the only type of visitors allowed when a resident is self-isolating or symptomatic, the residence is in an outbreak, or is in **High Alert status**.

1. As of June 18th, 2020, the residence began a gradual resumption of visits, beginning with outdoor visits if appropriate physical distancing can be maintained. Indoor *In-suite* visits will only be allowed for those residents who are critically ill or palliative. Management will review this policy and revise as appropriate based on circumstances in the community and within the residence.
2. A designated indoor visiting space has been established and will be identified by signage posted and by the visitor coordinator..
3. When the residence is not in an outbreak, and in accordance with MSAA policies, the number of visitors per resident, per day, will be determined by the residence in review of community and residence circumstances and as per MSAA guidelines (see chart)
4. The frequency and duration of visits will be limited for essential visitors, **excluding regulatory health professionals and PSWs**, while the residence is in outbreak. To ensure all residents are able to have at least one meaningful visit per week, visits will be limited to **30 minutes** unless otherwise approved by the Nurse Manager.
5. The residence will ensure a list of visitors is available for relevant staff to access.
6. **All visits will be documented for contact tracing purposes. (See Appendix D – Visitor Screening Tracker which may be used to document)**
7. General visitors must only visit the one resident they are intending to visit, and no other resident.
8. General visits should be pre-arranged to allow for appropriate physical distancing and staffing coverage. **(See Appendix C)**

9. Visits **should** be staggered, allowing sufficient time between visits for cleaning/disinfecting and other IPAC requirements as needed.

10. The residence will support and implement all required public health measures as well as infection prevention and control measures as required *[include provisions around the residence’s ability to support/implement]*.

11. The types of visitors and number permitted as outlined in the MSAA guidelines are as follows:

1. Essential Visitor <i>Visits for essential visitors are permitted as follows, subject to direction:</i>		2. General Visitor	3. Personal Care Service Provider (PCSP)
A. Support Worker	B. Caregiver		
<p>Any number of support workers may visit a resident in the residence.</p>	<p>A maximum of 2 caregivers per resident may visit at a time where:</p> <ul style="list-style-type: none"> 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. <p>A maximum of 1 caregiver per resident may visit at a time where:</p> <ul style="list-style-type: none"> 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. 	<p>A maximum of 2 general visitors per resident at a time may visit that resident provided:</p> <ul style="list-style-type: none"> The resident is not self-isolating or symptomatic; The residence is located in a community that has not been identified under Alert or High Alert status; and The residence is not in an outbreak. <p>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.</p> <p>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.</p>	<p>A maximum of 1 PCSP per resident at a time may visit that resident provided:</p> <ul style="list-style-type: none"> The resident is not self-isolating or symptomatic; The residence is located in a community that has not been identified under Alert or High Alert status; and The residence is not in an outbreak. <p>PCSPs 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.</p>

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

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.

The RHRA in collaboration with the MSAA will identify if the residence requires 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.

Screening Protocols & Visitor Requirements

1. Active Screening All visitors must:

- a) Be actively screened on entry for symptoms and exposure to COVID-19, including temperature checks, and
- b) Attest to not be experiencing any of the typical and atypical symptoms of COVID-19. Visitors will not be allowed to visit if they do not pass the screening. (See Appendix D)

2. COVID-19 Testing

All home care and personal care service providers should:

- a) Follow any testing guidance for retirement home staff as outlined in the [COVID-19 Testing for Retirement Homes](#). The residence is not required to provide the testing.

3. Safety Review – Essential Visitors

- a) Prior to visiting any resident in a home declared in outbreak for the first time after this policy is released, the residence 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.
- b) 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, **caregivers** should verbally attest to the home that they have:
 - i. 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 \(PPE\)](#).
 - ii. 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](#).

4. **Safety Review** - General Visitors and Personal Care Service Providers

- a) **Prior** to visiting any resident for the **first time after this policy is released, and at least once every month thereafter**, general visitors and personal care service providers should verbally attest to the home that they have:
 - i. 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 \(PPE\)](#).
 - ii. 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](#).
 - i. 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](#)

Scheduling of Visits

1. All visits must be pre-arranged to allow for appropriate physical distancing and staffing coverage. Castle Peak has created and will maintain a list of visitors. The list will be available for relevant/appropriate staff members to access. **(See Appendix C)**
2. All visits will be scheduled no less than 24 hours in advance with the visitation coordinator or by calling main reception in their absence. Visits will be scheduled between the hours of 10:00am – 6:00pm Tuesday through Saturday.
3. Visits will begin with one visitor at a time. As indicated above, the visitor must only visit the one resident they are intending to visit, and no other resident.
4. Visits will be time-limited to **30 minutes** allow the residence to accommodate all residents.
5. The highest of IPAC standards will be maintained prior to, during and after visits. Visits will be staggered, allowing sufficient time between visits for cleaning/disinfecting and other IPAC requirements as needed.
6. The needs and preferences of residents will be considered in prioritizing visits.
7. As noted above, family visits are not permitted when a resident is self-isolating or symptomatic, or when the home is in an outbreak.

Additional Protocols

1. All residents and visitors will be provided with this policy and information package, including education on all required protocols. All visitors must review the contents of the information package prior to their visit. Additional applicable policies and procedures will also be communicated to residents as appropriate.
2. All visitors 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 residence. Visitors must also follow the residence's infection prevention and control practices including respiratory etiquette and proper use of PPE.
3. Staff will monitor visits to ensure PPE and physical distancing protocols are followed. If not, the visitor will be asked to leave the premises per the policy on discontinuation of visits.
4. Visitors must identify any items brought for the resident to staff so they may be disinfected by staff, if appropriate. Visitors and residents must afford the space and time necessary for staff perform this important task.

Retirement Home Tour Requirements

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

Accessibility Considerations

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

Discontinuation of Visits

1. **Non-compliance with the residence's policies could result in the discontinuation of visits for the non-compliant visitor.**
2. A non-complaint visitor will be warned once and provided with additional education on physical distancing, respiratory etiquette, proper use of PPE and hand hygiene. If non-compliance continues, the visit will be discontinued and the visitor will be asked to leave. All non-compliances will be logged on the visitor log for follow up by management.
3. Non-complaint visitors may be permitted back for future visits at the discretion of the General Manager or designate.

Appendix A – Information Package for Visitors (Castle Peak Retirement Residence) **REVISED - 10/06/2020**

Note Visitor Requirements Identified Herein:

As part of the residence's policy on visits during COVID-19, all visitors will be provided with the information package, including education on all required protocols. All visitors must review the contents of the information package prior to their visit. Any non-adherence to the rules set out in the visitor policy will be the basis for discontinuation of visits.

The visitor policy and information package will also be shared with residents to communicate the residence's visitor policy, including the gradual resumption of family visits and the associated procedures.

Limiting Movement in the Residence

General visitors must only visit the one resident they are intending to visit, and no other resident. If the visitor wishes to see another resident, they must book another visit.

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, the residence 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**.

If the local public health unit declares an outbreak in the residence or if the residence is in a community identified under **Alert or High Alert status (see definitions below)**, additional restrictions on visitors in part or all of the home may be required, depending on the specific situation.

The RHRA in collaboration with the MSAA will identify if the residence requires additional actions due to:

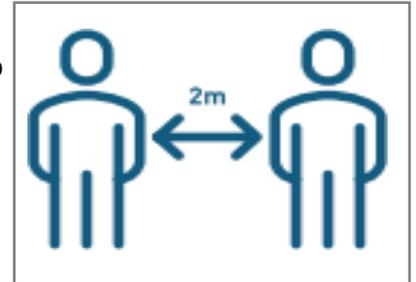
- **Widespread transmission in the community (Alert); or**
- **Widespread transmission and infection spread within the sector in the community (High Alert).**

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 whenever possible. Physical distancing, when combined with proper hand hygiene and cough etiquette, has been shown to limit the spread of COVID-19.

Physical distancing means making changes in your everyday routines in order 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)



Physical distancing of 2 metres must be practiced during all visits on the residence property to reduce the risk of COVID-19 transmission.

Things to avoid



Non-essential trips outside your home



Hugging or shaking hands



Crowds or gatherings



Visiting friends



Sharing food or utensils



Engaging in group activities or sports



Visiting popular destinations

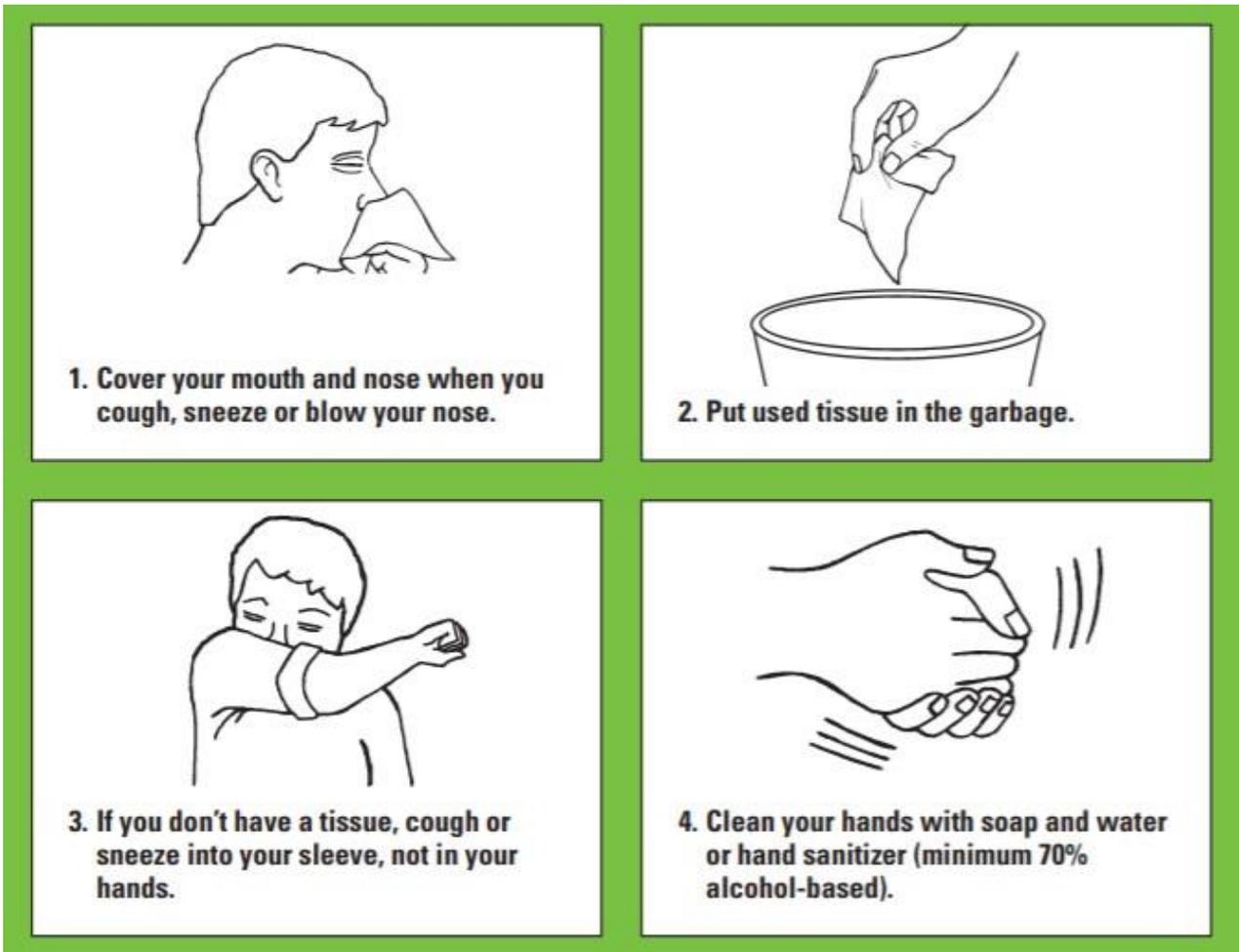


Play dates, parties or sleepovers

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 and sneezing.

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



Following these steps is important:

1. Cover your mouth and nose when you cough, sneeze or blow your nose.
2. Put used tissue in the garbage.
3. If you don't have a tissue, cough or sneeze into your sleeve, not in your hand.
4. Clean your hands with soap and water or hand sanitizer.

Hand Hygiene

Hand hygiene is a general term referring to any action of hand cleaning. Hand hygiene relates to the removal of visible soil and removal or killing of transient microorganisms from the hands. Hand hygiene may be accomplished using an alcohol-based hand rub or soap and running water.

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.

Prior to beginning each visitor with a resident, visitors must perform hand hygiene. Additionally, any time your hands become soiled for any reason during the visit, you must perform hand hygiene. Wash or sanitize your hands at the end of the visit as well.

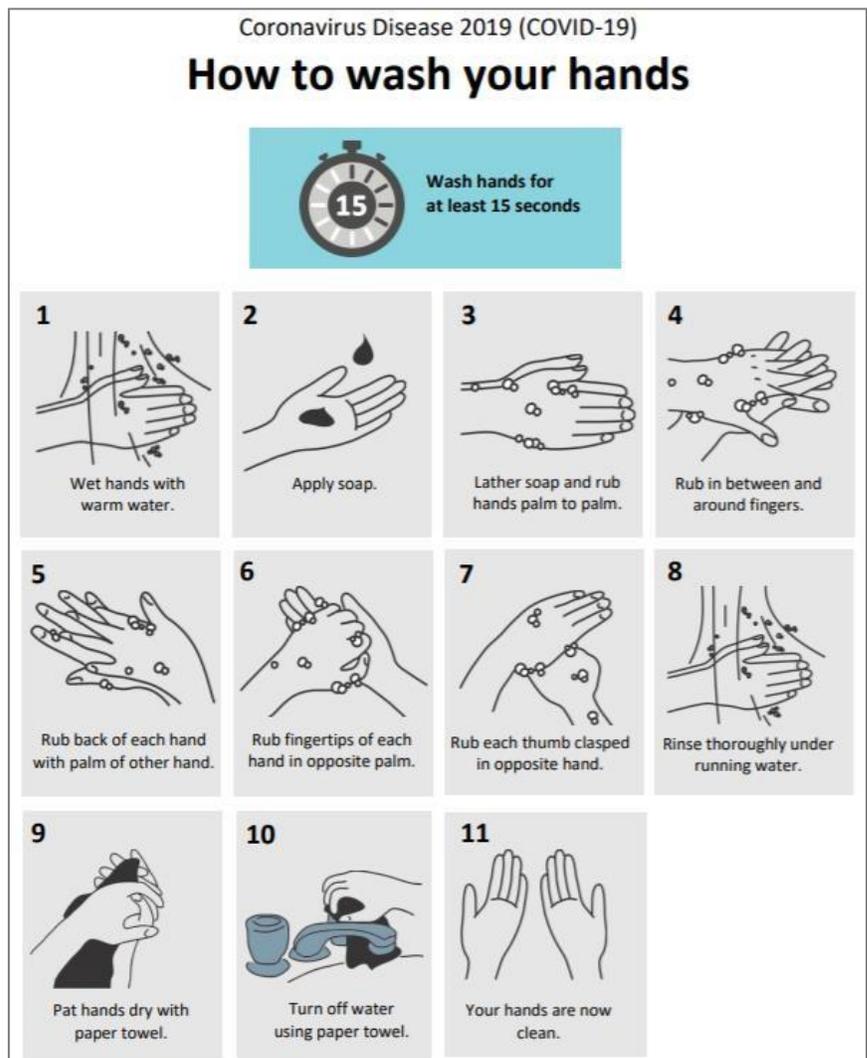
A. Handwashing

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.

Follow these steps for hand washing: (hand wash for at least 15 seconds)

1. Wet hands with warm water.
2. Apply soap.
3. Lather soap and rub between fingers, back of hands, fingertips, under nails.
4. Rinse thoroughly under running water.
5. Dry hands well with paper towel.
6. Turn taps off with paper towel.

Video: [How to Hand Wash](#)



B. Hand Sanitizing

Hand sanitizers are very useful when soap and water are not available. When your hands are not visibly dirty, then a 70-90% alcohol-based hand sanitizer/rub should be used. It has been shown to be more effective than washing with soap (even using an antimicrobial soap) and water when hands are *not* visibly soiled.

Hand hygiene with alcohol-based hand sanitizer – correctly applied – kills organisms in seconds.

It is important when using an alcohol-based hand sanitizer to apply sufficient product such that it will remain in contact with the hands for a minimum of 15 seconds before the product becomes dry.

**Follow these steps for sanitizing your hands:
(rub hands for at least 15 seconds)**

1. Apply 1-2 pumps of product to palms of dry hands.
2. Rub hands together, palm to palm, between and around fingers, back of hands, fingertips, under nails.
3. Rub hands until product is dry.
Do not use paper towels.
4. Once dry, your hands are clean.



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

Proper Use of Personal Protective Equipment (PPE) Including Face Coverings/ Masks

PPE is clothing or equipment worn for protection against hazards. Examples of PPE include gloves, gowns, facial protection and/or eye protection. Using, applying and removing personal protective equipment correctly is critical to reducing the risk of transmission of COVID-19.

All visitors must comply with the residence's IPAC protocols, including wearing a face covering or mask as required, donning and doffing of PPE and following instructions on use provided by the residence.

General Visitors and Personal Care Service Providers:

- 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.
- General visitors and personal care service providers are responsible for bringing their own face covering/mask. If visitors
- do not bring their own face coverings/masks (and the residence is not able to provide surgical/procedure masks if the visit is indoors), they cannot visit.

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 the home to source the appropriate PPE to comply with these requirements, if needed.
- 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.

Public Health Ontario:

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

Videos:

[Putting on Full Personal Protective Equipment](#)

[Taking off Full Personal Protective Equipment](#)

HOW TO WEAR A NON-MEDICAL FABRIC MASK SAFELY

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

Do's →



Clean your hands before touching the mask



Inspect the mask for damage or if dirty



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



Cover your mouth, nose, and chin



Avoid touching the mask



Clean your hands before removing the mask



Remove the mask by the straps behind the ears or head



Pull the mask away from your face



Store the mask in a clean plastic, resealable bag if it is not dirty or wet and you plan to re-use it



Remove the mask by the straps when taking it out of the bag



Wash the mask in soap or detergent, preferably with hot water, at least once a day



Clean your hands after removing the mask

Don'ts →



Do not use a mask that looks damaged



Do not wear a loose mask



Do not wear the mask under the nose



Do not remove the mask where there are people within 1 metre



Do not use a mask that is difficult to breathe through



Do not wear a dirty or wet mask



Do not share your mask with others

A fabric mask can protect others around you. To protect yourself and prevent the spread of COVID-19, remember to keep at least 1 metre distance from others, clean your hands frequently and thoroughly, and avoid touching your face and mask.



HOW TO WEAR A MEDICAL MASK SAFELY

who.int/epi-win

Do's →



Wash your hands before touching the mask



Inspect the mask for tears or holes



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 1 metre distance from others and wash your hands frequently and thoroughly, even while wearing a mask.

EPI·win



Source: World Health Organization ([Medical Mask](#))

Appendix B – Signage Posted for Visitors

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 the following restrictions as per the Ontario Chief Medical Officer of Health ([September 9, 2020](#)) (CMOH, Directive #3). The home has begun a careful phased approach to the gradual resumption of resident visits that meets the health and safety needs of residents, staff, and visitors. Please refer to [Ontario Government's Retirement Home COVID-19 Visiting Policy](#) for more information ([October 5, 2020](#)).

The following requirements must be met for visits to happen, they include:

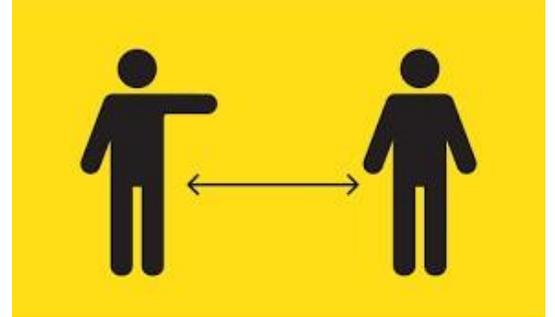
- ✓ There will be a limit of [2 \(Two\)](#) visitors per resident for outdoor visits
- ✓ Visits can only be arranged if there is adequate staffing to ensure safe visiting
- ✓ Visits can only be arranged if there is adequate testing in the event of a suspected outbreak
- ✓ Visits can only be arranged if there is enough staffing support to coordinate and assist residents to/from dedicated visit areas
- ✓ Visits can only be arranged if there is enough personal protective equipment (PPE) for staff and residents
- ✓ Visits [may](#) be scheduled/pre-arranged and time limited to ensure the health and safety needs of residents, staff and visitors is maintained
- ✓ Visitors must leave promptly at the end of the scheduled visit time to prevent overlap of scheduled visitors
- ✓ Visitors must leave promptly at the end of the scheduled visit time to prevent overlap of scheduled visitors
- ✓ Visits can only be held in dedicated areas identified by the retirement home
- ✓ Visitors must pass the screening process every time they visit and must attest that they are not experiencing any typical/atypical symptoms of COVID-19
- ✓ Visitors must comply with the retirement home's infection and prevention control protocols (IPAC)

which includes:

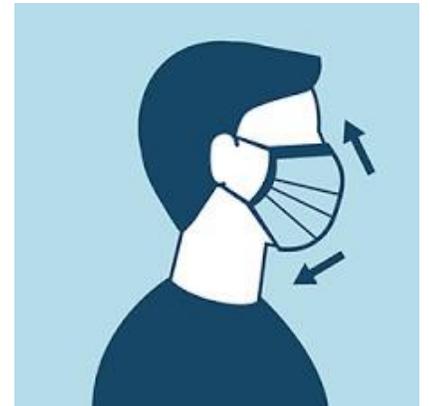
- Visitors must bring and wear a face covering/mask at all times
 - Visitors must wash/sanitize hands before and after each visit
 - Visitors must practice physical distancing (2 metres/6 feet apart)
 - No hugging, kissing, hand holding, or shaking hands; this increases the risk for transmission)
 - **General** visitors cannot visit more than 1 resident at a time
- ✓ **Essential visitors are the only type of visitors allowed when a resident is self-isolating or symptomatic, the residence is in an outbreak, or is in High Alert status.**

Guidelines for Outdoor Visits During COVID-19

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



- ✓ Mask wearing is a MUST at all times
- ✓ Don't touch your face or others



Wash or sanitize your hands before and after your



Appendix C - Visiting Schedule

Time of Visit (45 minute intervals)	Resident Name and Suite #	Visitor Name(s)	Visitor Screening	Visitor Temperature	Visitor Negative COVID (within 2 weeks)	Visitor's Initials
10:00 - 10:45			Screened: <input type="checkbox"/>		Negative: <input type="checkbox"/>	
10:00 - 10:45			Screened: <input type="checkbox"/>		Negative: <input type="checkbox"/>	
10:00 - 10:45			Screened: <input type="checkbox"/>		Negative: <input type="checkbox"/>	
10:00 - 10:45			Screened: <input type="checkbox"/>		Negative: <input type="checkbox"/>	
10:45 - 11:00	SANITIZE					
11:00 - 11:45			Screened: <input type="checkbox"/>		Negative: <input type="checkbox"/>	
11:00 - 11:45			Screened: <input type="checkbox"/>		Negative: <input type="checkbox"/>	
11:00 - 11:45			Screened: <input type="checkbox"/>		Negative: <input type="checkbox"/>	
11:00 - 11:45			Screened: <input type="checkbox"/>		Negative: <input type="checkbox"/>	
11:45 - 12:00	SANITIZE					
12:00 - 12:45			Screened: <input type="checkbox"/>		Negative: <input type="checkbox"/>	
12:00 - 12:45			Screened: <input type="checkbox"/>		Negative: <input type="checkbox"/>	
12:00 - 12:45			Screened: <input type="checkbox"/>		Negative: <input type="checkbox"/>	
12:00 - 12:45			Screened: <input type="checkbox"/>		Negative: <input type="checkbox"/>	
12:45 - 1:00	SANITIZE					
1:00 - 1:30	ADMIN					
1:30 - 2:00	LUNCH					
2:00 - 2:45			Screened: <input type="checkbox"/>		Negative: <input type="checkbox"/>	
2:00 - 2:45			Screened: <input type="checkbox"/>		Negative: <input type="checkbox"/>	
2:00 - 2:45			Screened: <input type="checkbox"/>		Negative: <input type="checkbox"/>	
2:00 - 2:45			Screened: <input type="checkbox"/>		Negative: <input type="checkbox"/>	
2:45 - 3:00	SANITIZE					

Appendix D – Visitor Screening

COVID-19 ACTIVE SCREENING TOOL – VISITORS

Screening Questions

Visitor Name: _____

Visiting: _____

1. Do you have a fever?(take temperature; fever is a temperature of 37.8°C or greater) YES NO

BODY TEMPERATURE: _____

2. Do you have any of the following symptoms or signs?

New or worsening cough	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Shortness of breath	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Sore throat	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Runny nose or sneezing	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Nasal congestion	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Hoarse voice	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Difficulty swallowing	<input type="checkbox"/> YES	<input type="checkbox"/> NO
New smell or taste disorder(s)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Nausea/vomiting, diarrhea, abdominal pain	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Unexplained fatigue/malaise	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Chills	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Headache	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Croup	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Conjunctivitis	<input type="checkbox"/> YES	<input type="checkbox"/> NO

3. Have you travelled or had close contact with anyone that has travelled in the past 14 days? YES NO

4. Have you had close contact with anyone with respiratory illness or a confirmed or probable case of COVID-19?
 YES NO

COVID-19 SAFETY REVIEW – VISITORS

Prior to visiting any resident for the first time after this policy is released, and at least once every month thereafter, the caregiver, general visitor/personal care service providers verbally attests that they have:

1. Read/Re-Read the following documents:
 - I. The home's visitor policy YES NO
 - II. Public Health Ontario's document entitled Recommended Steps: Putting on Personal Protective Equipment (PPE) YES NO
2. Watched/Re-watched the following Public Health Ontario videos:
 - I. Putting on Full Personal Protective Equipment YES NO
 - II. Taking off Full Personal Protective Equipment YES NO
 - III. How to Hand Wash YES NO

Visitor Signature: _____ Date: _____

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*A close contact is defined as a person who provided care for the individual, including healthcare workers, family members or other caregivers, or who had other similar close physical contact (e.g. shaking hands, face-to-face contact within 2 metres and greater than 15 minutes, coughed on) or who lived with or otherwise had close prolonged contact (e.g. in a close environment such as a meeting room or hospital waiting room, in an aircraft sitting within two seats) with a probable or confirmed case of COVID-19 while the person was ill.

Screening Passed

When the visitor passes the active screening process

The following steps should be taken by the **home**:

- The visitor should be told to self-monitor for symptoms
- Education on all required protocols will be provided
- The visitor should be reminded about required re-screening when they leave the home

The following steps must be taken by the **visitor**:

- Use hand sanitizer upon entering
- If visiting a resident, they must only visit the one resident they are intending to visit and no other resident
- Must use a mask at all times if the visit is outdoors. If the visit is indoors, a surgical/procedure mask is required. Visitors are responsible for bringing their own masks.

Any non-adherence to these rules could be the basis for discontinuation of visits.

Screening Failed

In cases where a visitor fails the active screening process,

The following steps should be taken by the **home**:

- The visitor should be told to contact a primary care provider, local public health unit or Telehealth to discuss their symptoms and/or exposure and seek testing.

The following steps must be taken by the **visitor**:

- The visitor should go home to self-isolate immediately

Note:

- Screening must include twice daily (on entry and when leaving the home) symptom check including temperature check

Appendix E – MSAA Reopening Retirement Homes Chart

Note: Directive issued June 11, 2020

Timeline	Type of Activity	Number of Family Members/Friends Allowed	Scheduling of Visits Required
One week after issuance of directive	Outdoor Visiting + Indoor Visiting in designated areas or resident suites (if appropriate physical distancing can be maintained).	<p>The number of visitors per resident, per day, to be determined by the home, provided that current CMOH guidance on physical distancing can be accommodated.</p> <p>For outdoor visits, the visitor may bring an outdoor/lawn chair, or one may be provided by the retirement home. Staff will clean and disinfect the visiting area after each visit</p>	<p>Yes. This will allow for appropriate physical distancing and staffing coverage.</p> <p>Visits can be time-limited to allow the home to accommodate all residents.</p> <p>Homes should consider the needs of residents in prioritizing visits.</p> <p>If visits will occur in a resident room, scheduling must ensure that overcrowding does not occur especially for shared rooms.</p> <p>A sufficient block of time should be made available by homes to allow for at least one meaningful weekly visit per resident at a minimum.</p>
One week after issuance of directive	Short Absences: Homes will allow residents to leave for short absences.	N/A	N/A