

Ministry of
Long-Term Care

Resuming Visits in Long-Term Care Homes



Resuming Visits in Long-Term Care Homes

Introduction

On March 13, 2020, guidance was given on restricting visits to homes to essential visitors to reduce the probability of disease spread into long-term care homes. This was subsequently upgraded to a directive from the Chief Medical Officer of Health (CMOH) (Directive 3).

Although this policy was tough on residents and loved ones, it was necessary to protect residents and staff during the pandemic. The role that families, visitors and loved ones play in providing caregiving and emotional supports is important in the quality of life for long-term care residents. To support long-term care residents, the ministry is proposing a gradual, staged resumption of visits guided by the following principles:

- **Safety:** Any approach to visiting in long-term care home must consider balance and meet 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 and their families/friends, through reducing any potential negative impacts related to social isolation.
- **Equitable Access:** All individuals seeking to visit a resident will be given equitable visitation access, consistent with resident preference and within reasonable restrictions that safeguard residents.
- **Flexibility:** The physical/infrastructure characteristics of the long-term care home, its staffing availability, and the current status of the home with respect to Personal Protective Equipment (PPE) levels for staff and residents.

Visitors should consider their personal health and susceptibility to the virus in determining whether visiting a long-term care is appropriate. Where it is not possible or advisable for in-person visits homes should continue to provide virtual visiting options.

As the pandemic situation evolves in Ontario, this direction regarding visits at long-term care homes will be adjusted as necessary, keeping the safety and emotional well-being of residents and staff at the forefront.

This document is being issued to provide guidance to long-term care homes and is intended to supplement the updated Directive #3. To the extent that anything in this document conflicts with the Directive, the Directive prevails, and long-term care homes must take all reasonable steps to follow the Directive.

Home Requirements

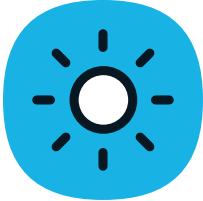
The following baseline requirements for the home must be met prior to the home being able to accept any visitors:

1. The long-term care home must **NOT** be currently in outbreak [has never been in outbreak or the outbreak has been declared resolved by the Public Health Unit (PHU)].
 - a) In the event that a home has relaxed visitor restrictions and enters into an outbreak, all non-essential visitations must end. Homes must establish compliance with all CMOH directives for homes in outbreak and follow directions from the local PHU.
2. The home has developed procedures for the resumption of visits and a process for communicating these procedures with residents, families, visitors and staff, including but not limited to infection prevention and control (IPAC), scheduling and any setting-specific policies.
 - a) The process must include sharing an information package with visitors on IPAC, masking 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.
 - b) Protocols in place to maintain the highest of IPAC standards prior to, during and after visits.
 - c) Each home should create and maintain a list of visitors. The list will be available for relevant/appropriate staff members to access.

**Visitor
Requirements**

3. Prior to each visit, the visitor must:
 - a) Pass an active screening questionnaire administered by home staff
 - b) Attest to home staff that the visitor has tested negative for COVID-19 within the previous 2 weeks and subsequently not tested positive. The home is not responsible for providing the testing.
 - c) Comply with long-term care home infection, prevention and control (IPAC) protocols, including proper use of face or surgical/procedural masks.
 - (i) Visitors should use a face covering if the visit is outdoors. If the visit is indoors, a surgical/procedure mask must be worn at all times.
 - (ii) Visitors are responsible for bringing their own face covering for outside visits. The home is responsible for supplying surgical/procedure masks to indoor visitors and to outdoor visitors who do not have a face covering. Homes should avoid accessing the provincial pandemic stockpile for this purpose.
 - (iii) Any non-adherence to these rules will be the basis for discontinuation of visits.

Timeline



Subject to the requirements above, the gradual reopening of long-term care homes to visitors will be in accordance with the following schedule and reflective of regional COVID-19 prevalence and local risks.

Phase 1: Outdoor Visiting Only

Effective Date: One week after issuance of directive.

Type of Visit: Outdoor Visiting Only. Homes will create a dedicated area outside the building where visitors can meet with loved ones. Staff will support the transfer of residents out of and into the home.

Number of Visitors* Allowed: One visitor at a time per resident

Scheduling of Visits Required: Yes. This will allow for appropriate physical distancing and staffing coverage.

Visits can be time-limited to allow the home to accommodate more families/visitors; however, visits must not be restricted to less than 30 minutes.

Homes should establish scheduling practices that:

1. Provide meaningful and equitable access to visits for all residents; and,
2. Consider the staffing and space capacity available to the home to maintain safety of residents, staff and visitors.

Homes may consider the needs of residents in prioritizing visits for example due to relative clinical or emotional decline.

A sufficient block of time should be made available by homes to allow for, at minimum, one visit per week per resident.

** Visitor is defined as any family member, close friend or neighbour*



Phase 2A: Outdoor Visiting Expanded

Effective Date: One week post lifting of emergency in Ontario under the Emergency Management and Civil Protection Act due to the outbreak of COVID-19 in Ontario

Type of Visit: Outdoor Visiting

Number of Visitors Allowed: Up to 2 visitors at a time per resident for outdoor visiting.

Scheduling of Visits Required: Yes. This will allow for appropriate physical distancing and staffing coverage.

Homes should establish scheduling practices that:

1. Provide meaningful and equitable access to visits for all residents; and,
2. Consider the staffing and space capacity available to the home to maintain safety of residents, staff and visitors.

Visits can be time-limited to allow the home to accommodate more families/visitors however, visits must not be restricted to less than 30 minutes.

Homes may consider the needs of residents in prioritizing visits for example due to relative clinical or emotional decline.

A sufficient block of time should be made available by homes to allow for, at minimum, one visit per week per resident.

** Visitor is defined as any family member, close friend or neighbour*



Phase 2b: Indoor Visiting for Essential Family Caregivers Only Started

Effective Date: One week post lifting of emergency in Ontario under the Emergency Management and Civil Protection Act due to the outbreak of COVID-19 in Ontario.

Type of Visit: Indoor Visiting for essential family caregivers only

1. An essential family caregiver is a person capable of providing caregiving support (feeding, social support etc.) and has done this before in the home prior to COVID-19
2. The person can be a family member, friend, neighbour.

Number of Visitors Allowed: One visitor at a time per resident for indoor visiting.

Scheduling of Visits Required: Yes. This will allow for appropriate physical distancing and staffing coverage.

Homes should establish scheduling practices that:

1. Provide meaningful and equitable access to visits for all residents; and,
2. Consider the staffing and space capacity available to the home to maintain safety of residents, staff and visitors.

Visits can be time-limited to allow the home to accommodate more families/visitors however, visits must not be restricted to less than 30 minutes.

Homes may consider the needs of residents in prioritizing visits for example due to relative clinical or emotional decline.

Upon resumption of indoor visiting, homes should establish a procedure to escort visitors to a resident room. If visits will happen in the resident room, scheduling must ensure no overcrowding of room occurs especially for shared rooms.

A sufficient block of time should be made available by homes to allow for, at minimum, one visit per week per resident. For essential family caregivers, on agreement with the home, a more frequent schedule should be permitted.



Phase 3: Outdoor Visiting + Indoor Visiting Expanded

Effective Date: At maximum one month post lifting of emergency declaration (homes that can accommodate visitors earlier may do so).

Type of Visit: Outdoor Visiting and Indoor Visiting

Number of Visitors* Allowed: Up to two visitors at a time per resident for both indoor and outdoor visiting provided that current directives on physical distancing can be accommodated

Scheduling of Visits Required:

Homes should establish practices that:

1. Provide meaningful and equitable access to visits for all residents; and,
2. Consider the staffing and space capacity available to the home to maintain safety of residents, staff and visitors.

Homes will have discretion in scheduling and must take into account the directives in place at the time.

Homes may regulate the number of visitors to the home at any one time.