

Policy/Subject: Visitation Policy – Guidelines for LTCH and Retirement Lodge	Approval Authority/Issuing Authority : Administrator and Director of Care & IPAC Lead
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General Visitation / Outbreak Visitation Guidelines

The Gibson Family Healthcare Long Term Care and Lodge has implemented a visitor policy that reflects the following guiding 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** – welcoming visitors is intended to support the mental and 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 reasonable restrictions that safeguard residents.
- **Flexibility** – The physical/infrastructure characteristics of a Gibson Family Healthcare home and lodge, its workforce/human resources availability, whether the home is in an outbreak 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.
- **Equality/Autonomy** – residents have the right to choose their visitors. In addition, residents and/or their substitute decision-makers have the right to designate essential caregivers.

This policy outlines the Guidelines for General Visitation and Visitation during an Outbreak as defined by The South East Health Unit and IPAC. Best Practises for IPAC and Health & Safety measures will be maintained prior to, during and after visitation.

Policy

The Gibson Family Health Care LTC and Retirement Lodge has a responsibility to ensure residents receive visitors safely. This visitor policy will be in compliance with The Fixing Long-Term Care Act, 2021, respects the Residents Bill of Rights, and ensures general visitors, including essential caregivers, continue to have access to residents in long-term

care homes during communicable and infectious disease/illness outbreaks and pandemics/epidemics.

All visitors must comply with the requirements set out in this policy and the homes policies and procedures including Infection Control, health and safety, emergency procedures, workplace violence and harassment. Aggressive, disruptive, violent and/or harassing behaviour will not be tolerated in our home. Should this occur, we will enforce as per our Anti-Harassment and anti-Violence Policy, if necessary.

The home will have a reasonable approach that is as flexible as possible to support health and safety during visits and will ensure equitable access to visits for all residents.

Best practices for IPAC and health and safety measures will be maintained prior to, during and after visits.

This policy will continue to be reviewed and revised based on provincial requirements and the home will ensure that the current version of the Visitor Policy is provided to the Residents Council and Family Council.

Co-Located Home

The Gibson Family Health Care LTC and Retirement Lodge are co-located long-term care and retirement home that is not physically and operationally independent (i.e. there are separate entrances and no mixing of residents or staff between the retirement home and the LTC home). In the event of an outbreak, the policies for the long-term care home and the retirement home shall align where possible or follow the more restrictive requirements, unless otherwise instructed by South-East Public Health Unit (PHU) based on IPAC prevention and containment. Where applicable, the home will also comply with **Ministry of Long-Term Care (MLTC)** directives, guidance, and regulatory requirements.

In cases of spouses or immediate family members living in separate 'homes' of a co-located home (e.g., one spouse lives in a retirement home, while the other lives in a long-term care home that is on the same property), the visiting member must follow the requirements of the home they are visiting, based on whether the visitor is a General Visitor or a designated Essential Caregiver (see section Types of Visitors). Wherever possible, it is recommended that spouses or immediate family members be designated as an Essential Caregiver to facilitate visits with partners and immediate family.

Definitions

The following definitions apply:

Basic room means a room with two beds that may be occupied (regardless of whether it is connected to another separate room by a door, hallway, or a shared washroom).

Essential Caregiver is an individual designated by a resident or the residents' substitute decision maker with authority to give that designation, who provides one or more forms of support or assistance, including direct physical support or provides social, spiritual or emotional support, whether paid or unpaid.

This can be family members, friends, or a person of importance to a resident. Essential caregivers visit to provide care to a resident (e.g., supporting feeding, mobility, personal hygiene, cognitive stimulation, communication, meaningful connection, relational continuity and assistance in decision-making).

If an individual is under the age of 16 years of age, approval from a parent or legal guardian is required prior to the individual being designated as an Essential Caregiver.

General visitor means a person who is not an essential visitor and is visiting the home to provide non-essential services related to either the operations of the home or a particular resident or group of residents. This excludes children under the age of one year.

Personal Protective Equipment (PPE) means equipment worn by staff, students, volunteers and essential caregivers/visitors to minimize exposure to hazards that may cause serious injuries and illnesses. PPE shall be determined based on Routine Practices, Additional Precautions, and point-of-care risk assessment.

Private room means a room with only one bed that may be occupied with a private bathroom.

Student means a person working in the long-term care home as part of a placement requirement of an educational program of a college or university, or as part of a training program, who does not meet the definition of "staff" or "volunteer".

An Outbreak is defined as two or more residents that have an epidemiological link and have been tested positive for the same infection within 48 hrs of each other or as determined by the Public Health Unit"

Required Precautions and Procedures

When assessing for the symptoms below the focus should be on evaluating if they are new, worsening, or different from an individual's baseline health status (usual state). Symptoms should not be chronic or related to other known causes or conditions.

Individuals with any of the below symptoms are recommended to stay at home until fever is resolved and their symptoms have been improving for at least 24 hours (48 hours for gastrointestinal symptoms).

- Fever and/or chills
- Cough
 - Not related to other known causes or conditions (e.g., chronic obstructive pulmonary disease)
- Shortness of breath
 - Not related to other known causes or conditions (e.g., chronic heart failure, asthma, chronic obstructive pulmonary disease)
- Decrease or loss of smell or taste
 - Not related to other known causes or conditions (e.g., nasal polyps, allergies, neurological disorders)
- Extreme fatigue (general feeling of being unwell, lack of energy, extreme tiredness)
 - Not related to other known causes or conditions (e.g., depression, insomnia, thyroid dysfunction, anemia, malignancy, receiving a COVID-19 or flu vaccine in the past 48 hours)
- Muscle aches or joint pain
 - Not related to other known causes or conditions (e.g., osteoarthritis, fibromyalgia, receiving a COVID-19 or flu vaccine in the past 48 hours)
- Gastrointestinal symptoms (i.e., nausea, vomiting and/or diarrhea)
 - Not related to other known causes or conditions (e.g., transient vomiting due to anxiety in children, chronic vestibular dysfunction, irritable bowel syndrome, inflammatory bowel disease, side effect of medication)
- Sore throat (painful swallowing or difficulty swallowing)
 - Not related to other known causes or conditions (e.g., post-nasal drip, gastroesophageal reflux)
- Runny nose or nasal congestion
 - Not related to other known causes or conditions (e.g., returning inside from the cold, chronic sinusitis unchanged from baseline, seasonal allergies)
- Headache
 - Not related to other known causes or conditions (e.g., tension-type headaches, chronic migraines, receiving a COVID-19 or flu vaccine in the last 48 hours)

- Abdominal pain
 - Not related to other known causes or conditions (e.g., menstrual cramps, gastroesophageal reflux disease)
- Conjunctivitis (pink eye)
 - Not related to other known causes or conditions (e.g., blepharitis, recurrent styes)
- Decreased or lack of appetite
 - For young children and not related to other known causes or conditions (e.g., anxiety, constipation).

If a resident is in isolation or is symptomatic, or if the resident resides in a declared outbreak area, then the resident may only have one caregiver visit at a time.

In cases where a resident is receiving end of life care, there are no restrictions of number of visitors permitted.

All visitation shall comply with Routine Practices and Additional Precautions as per PHO/PIDAC guidance.

Long-Term Care Visitor, Absences & Social Gatherings Snapshot Requirements

VISITORS

CCC/HHCC visitors required to perform a passive self symptom check.

All visitors sign in required as per Health and Safety and Fire Safety Policies.

Category	Regular Routine	Outbreak / Reception Not Affected	Outbreak / Reception Affected
Essential Caregivers	Maximum two designated caregivers. May have physical contact with resident. May support in dining room and participate in activities.	No restriction.	Must adhere to the Home's precaution requirements during the outbreak. Ensure N95 mask fit testing is up to date every 2 years if indicated (applicable to staff, not visitors).

Category	Regular Routine	Outbreak / Reception Not Affected	Outbreak / Reception Affected
General Visitors	Unlimited visitors permitted. May have physical contact with resident. May support in dining room and participate in activities.	Restricted as directed by SEHU (South East Health Unit).	Not permitted unless visiting a resident receiving end-of-life care.
Medical, Compassionate, or Palliative Absences	Permitted.	Permitted.	Permitted.
Short Term – Essential Absences (<24 hours)	Permitted.	Permitted.	Permitted.
Short Term – Social Absences (<24 hours)	Permitted for all residents.	Permitted for residents residing on unaffected receptions.	Not permitted.
Temporary – Social Absences (2+ days or overnight)	Permitted for all residents.	Permitted for residents residing on unaffected receptions.	Not permitted.

SOCIAL GATHERINGS

Organized Events or Social Gatherings

Limited to room capacity.

Social group activities should be in small groups (up to 10). Group sizes will be determined based on current risk assessment and PHU guidance.

DINING

Visitors can attend dining rooms with loved ones.

Family can reserve any dining area in the Home.

Activation Team to organize reservations.

Dining practices may be modified during outbreaks based on IPAC risk assessment and PHU direction.

Communal Dining

- Buffet and family-style dining are permitted.
- Visitors may join residents in the dining room.
- Residents may be cohorted by reception area, where feasible.
- Physical distancing between tables is not required; however, spacing between dining tables should be maintained as much as possible.
- Residents who are symptomatic, on additional precautions, or identified as affected during an outbreak must remain isolated in their rooms and receive tray service.

Resident Exposure Monitoring

If a resident has been in close contact with an individual who is symptomatic or has been diagnosed with a respiratory or gastroenteric illness, the Home will monitor the resident closely for symptoms. Additional precautions, activity restrictions or dining restrictions, may be implemented based on IPAC best practices, outbreak status, and the need to protect the health and safety of other residents and staff within the Home.

Absences

All Gibson Family Healthcare Homes have policies and procedures in place to permit residents to go on absences that account for the various needs of residents while balancing the need to ensure the ongoing health and safety of the staff and residents in the home. This includes the allowance for residents to go for a walk in the immediate area.

Homes cannot restrict or deny absences for medical, palliative, or compassionate reasons at any time. This includes when a resident is in isolation or when a home is in an outbreak.

Residents who are in isolation may not participate in essential, social or temporary absences. Homes should seek the advice of South-East Public Health Unit if self-isolation must be broken for these reasons.

When a resident who is isolating is required to leave the home for a medical absence, homes should notify the health care facility so that care can be provided to the resident with the appropriate additional precautions in place.

Outbreak Communication

In the event of an outbreak, The Gibson Family Health Care LTC and Retirement Lodge has developed procedures for the resumption of visits and a process for communicating these procedures with residents, families, and staff.

This process includes sharing information 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 include an approach to dealing with non-adherence to home policies and procedures, including the discontinuation of visits.

Social media is also used as a tool to keep the public informed of our standing and to highlight activities of our residents.

This keeps the public and families informed and enhances the morale of our residents.

Cell phones, Skype, Facebook, Gibson Family Healthcare websites, and FaceTime will be used routinely to keep our residents in touch with their loved ones during times when visiting is interrupted.

An appointment arranged through the Activation Department is required for Skype and FaceTime visits to ensure residents are available and staff can facilitate the visit.

Email updates regarding resident health and activity levels and the home's response to outbreak management are communicated to families and loved ones by the Administrator and Director of Care over the course of the outbreak.

Public Health Authority

The local public health unit is responsible for managing the outbreak response.

Local public health units have the authority and discretion to coordinate outbreak investigations, declare an outbreak based on their investigation, and direct outbreak control measures.

All Gibson Family Healthcare Homes/Lodges must follow the guidance provided by the local public health unit with respect to any additional measures that must be implemented to reduce the risk of infection transmission in the setting.

Gibson Family Healthcare must also ensure that any health system partners and/or external agencies that participate in the care of any suspect or confirmed outbreak inform their local public health unit and the Outbreak Management Team of their involvement.

These external agencies must also follow any directions provided by the local public health unit to them.

Tours

Individuals who wish to tour the home are considered General Visitors and must comply with the general visitor requirements as set out in this policy and as set by Public Health.

All in-person tours should be paused if a home goes into outbreak.

Hand Hygiene

Gibson Family Healthcare educates and trains residents and visitors using the “Four Moments of Hand Hygiene”.

Signage is posted throughout the Home.

The activation department ensures that all cognitively aware residents are educated in the program annually.

Hand hygiene agents are accessible at all points of care.

Alcohol-Based Hand Rubs (ABHRs)

Alcohol-based hand rubs containing 70% alcohol are the preferred method of hand hygiene when hands are not visibly soiled, and soap and water is not readily available.

If there is visible soiling, hands must be washed with soap and running water.

If soap and running water are not available, cleanse hands first with moistened towelettes to remove visible soil, let hands dry and then use ABHR.

During enteric outbreaks, soap and water is the preferred method of hand hygiene.

Four Moments for Hand Hygiene

1. Before initial resident/resident environment contact
2. Before invasive/aseptic procedures
3. After body fluid exposure risk and contact with blood, body fluids, secretions, and excretions
4. After Patient/Resident or Environment Contact

The home will conduct audits of hand hygiene, PPE compliance, visitor adherence, and outbreak measures.

Types of Visitors

All visitors are responsible for adhering to applicable legislated directives and the home's visitor policy.

If a resident is in isolation or is symptomatic, or if the resident resides in a declared outbreak area, then the resident is allowed to have one caregiver visit at a time.

General Visitors

A general visitor is a person who is not an essential visitor/caregiver and is visiting to provide non-essential services related to either the operations of the home or a particular resident or group of residents.

General visitors younger than 14 years of age must be accompanied by an adult (someone who is 18 years of age or older).

General visitors include those persons visiting for social reasons as well as visitors providing non-essential services such as personal care services, entertainment, or individuals touring the home.

Homes should prioritize the mental and emotional well-being of residents and strive to be as accommodating as possible when scheduling visits with general visitors.

Requirements

1. Prior to visiting any resident, Gibson Family Healthcare homes must ask visitors to perform a passive self-check of symptoms.
2. At the time of the visit if the resident does not wish to visit, then the visit will not take place and may be rescheduled for another try at a later date.
3. All Visitors must comply with all IPAC requirements of the home.
4. When visiting a resident, please arrive at the main nursing home or lodge entrance for passive screening and sign in. Visitors must not enter the home if experiencing symptoms of illness and must follow current home screening requirements.
5. Infection Prevention and Control (IPAC) refers to evidence-based practices and procedures that can prevent or reduce the risk of transmission of microorganisms to residents, staff, and visitors.

6. Non-compliance can result in a discontinuation of visits for the non-compliant visitor.
7. Hand hygiene both before and after visiting is mandatory. Hand sanitizer will be provided by Gibson Family Healthcare homes.
8. After blowing your nose, touching eyes, mouth, coughing or sneezing clean hands with the hand sanitizer provided.

Essential Visitors

Essential visitors are persons visiting a home to meet an essential need related to the operations of the home or residents that could not be adequately met if the person does not visit the home.

There are no limits on the number of essential visitors allowed to come into a home at any given time.

Essential visitors are the only type of visitors allowed when there is an outbreak in a home or area of a home.

There are four types of essential visitors:

- people visiting very ill or palliative residents who are receiving end-of-life care for compassionate reasons
- government inspectors with a statutory right of entry
- support workers providing services to the home
- essential caregivers providing direct resident support

Examples of support workers include:

- physicians and nurse practitioners
- Assistive Devices Program vendors
- social work services
- emergency services
- maintenance services
- food and nutrition deliveries
- Canada Post and courier services
- election officials/workers

Essential Caregivers

A caregiver is a type of essential visitor who is visiting the home to provide direct care to meet the essential needs of a particular resident.

Caregivers must be at least 16 years of age and must be designated by the resident or his/her substitute decision-maker.

Direct care includes providing support or assistance to a resident that includes:

- providing direct physical support such as eating, bathing, dressing
- providing cognitive stimulation
- fostering communication
- providing emotional support
- offering relational continuity
- assisting with decision making

Examples of essential caregivers include:

- friends and family members who provide meaningful connection
- privately hired caregivers
- paid companions
- translators

An important role of the essential caregiver is that of providing meaningful connection and emotional support.

A person should not be excluded from being designated as a caregiver if they are unable to provide direct physical support.

Filing a Complaint or Concern Regarding Visitor Policy

Any person wishing to file a concern or a complaint in regard to the home's visitation policy may contact the home's Administrator and/or Director of Care or the Ministry of LTC

Accountability

The Administrator, Director of Care, and IPAC Lead are responsible for:

- Implementation of this policy
- Ensuring staff and visitors comply with IPAC practices
- Communication of visitation requirements
- Monitoring and auditing compliance

- Updating the policy based on PHU and Ministry direction