



**Department:** Infection Control

**Section:** V

**Subject:** Visiting Policy

**Page:** 1 of 6

**Approval Date:** May 1, 2020

**Revised Date:** March 11, 2026

**Review Date:**

## Visiting Policy

### Purpose

Visitors are needed to maintain and contribute to residents' quality of life. Hillcrest Village strives to protect residents, their families, staff and the community by reducing exposure and transmission of infection, which ensures safety, emotional well-being, equitability, and flexibility.

### Policy

All visitors must consider their personal health and susceptibility to the virus to determine whether visiting the home is appropriate. Where it is not possible, or advisable, to do an in-person visit, the home will provide virtual visiting options.

The facility may set a limit to the number of visitors per resident at one time (unless the resident is isolated or in an area of a home with an outbreak, see below). This is to ensure that public health measures are being followed.

**Vaccinations** – While vaccinations for COVID/Influenza are not mandatory for entrance into the facility, it remains to be the most effective means to prevent the transmission of infectious disease. All visitors are encouraged to be vaccinated and stay up to date with recommended COVID vaccines (when eligible) and seasonal vaccinations (influenza). Staying up to date means “a person has received recommended COVID -19 vaccine doses within the last 6 months or seasonal flu vaccine”.

**Indoor/outdoor Visits** – There are no restrictions for indoor/outdoor visits (this could change based on directions received from Public Health or the Ministry of Long-term Care).

### Visitor Logs

All visitors are required to sign the visitors' log when entering and exiting the facility. The visitor log includes:

- the name and contact information of the visitor
- time and date of the visit
- The purpose of the visit (for example, name of resident visited)

These visitor logs are kept for a period of at least 30 days and are available to the local public health unit upon request.

**Passive Screening** - Prior to allowing visitors to enter the home, the visitors shall follow the facilities passive screening protocols, and in the last 14 days, they have not visited another:

- resident who is self-isolating or symptomatic
- home in an outbreak where the caregiver was in a portion of the home affected by the outbreak.



**Department:** Infection Control

**Section:** V

**Subject:** Visiting Policy

**Page:** 2 of 6

**Approval Date:** May 1, 2020

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## **Types of Visitors**

LTC homes staff, volunteers, and placement students are not considered visitors.

## **Essential Visitors**

Essential Visitors are people 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.

A Resident can have several family members or visitors deemed essential caregivers. There is no limit on the number, however, the home will follow directions received from Public Health

Essential visitors are allowed when there is an outbreak or when a resident is in isolation.

## **There are four types of essential visitors:**

**People visiting very ill or palliative residents** - for compassionate reasons, hospice services, end-of-life care, etc.

**Government inspectors** have a statutory right of entry. Government inspectors who have a statutory right to enter long-term care homes to carry out their duties must always be granted access to a home. Examples of government inspectors include inspectors under the Fixing Long-Term Care Act, 2021, the Health Protection and Promotion Act, the Electricity Act, 1998, the Technical Standards and Safety Act, 2000 and the Occupational Health and Safety Act.

**Support workers** - support workers are people who visit a home to provide support for the critical operations of the home or to provide essential services to residents. Essential services provided by support workers include but are not limited to:

- assessment, diagnostic, intervention or rehabilitation and counselling services for residents by regulated health professionals such as physicians and nurse practitioners
- moving to a resident in or out of a home
- social work services
- legal services
- post-mortem services
- emergency services (for example, such as those provided by first responders)
- maintenance services such as those required to ensure the structural integrity of the home and the functionality of the home's HVAC mechanical, electrical, plumbing systems and services related to exterior grounds and winter property maintenance.
- food delivery
- Canada Post mail services and other courier services



**Department:** Infection Control

**Section:** V

**Subject:** Visiting Policy

**Page:** 3 of 6

**Approval Date:** May 1, 2020

**Revised Date:** March 11, 2026

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**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 18 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 (for example, eating, bathing, and dressing) or providing social and emotional support.

Examples of direct care provided by caregivers include but are not limited to the following:

- supporting activities of daily living such as bathing, dressing, and feeding assistance
- assisting with mobility
- assisting with personal hygiene
- providing cognitive stimulation
- fostering successful communication
- providing meaningful connection and emotional support
- offering relational continuity assistance in decision-making

Examples of caregivers include:

- family members who provide meaningful connections
- a privately hired caregiver
- paid companions
- translator

### **Designating a Caregiver**

Caregivers must be designated. The decision to designate an individual as a caregiver is the responsibility of the residents or their substitute decision-maker and not the home. If the caregiver is under the age of 16, the approval from a parent or legal guardian must be received.

There is no limit of designated caregivers for a resident.

The designation of a caregiver should be made in writing to the home. The decision to designate an individual as a caregiver is entirely the remit of the resident or their substitute decision-maker and not the home.

A resident or their substitute decision-maker may change a designation in response to a change in the:

- Resident's care needs that are reflected in the plan of care
- availability of a designated caregiver, either temporary (for example, illness) or permanent
- Residents or their substitute decision-makers should inform the home when they want to add or remove a designation of a person as a caregiver. The home will document such changes in designation.



**Department:** Infection Control

**Section:** V

**Subject:** Visiting Policy

**Page:** 4 of 6

**Approval Date:** May 1, 2020

**Revised Date:** March 11, 2026

**Review Date:**

### **Caregivers – Education and Training**

Prior to visiting any resident for the first time, the caregiver is to read the posted information that addresses how to safely provide direct care, including putting on and taking off required PPE and hand hygiene. The home will send out education annually on IPAC practices that include hand hygiene, universal masking, respiratory etiquette, routine practices, donning and doffing PPE and immunization.

### **Caregivers – Visits**

The facility has asked that caregivers visit between the hours of 0900 and 2100 hours (hours may change based on outbreak status and directions from PH). Special circumstances may be considered, for example when a caregiver has asked to provide service outside of this time frame, i.e. assistance with breakfast feeding, or with bedtime care, for example.

### **General Visitors**

A general visitor is a person who is not an essential visitor and is visiting to provide non-essential services related to either the operations of the home or a particular resident or group of residents. There are two broad categories of general visitors:

- visitors providing non-essential services which include but are not limited to:
  - personal care service providers (for example, hairdressers, barbers, manicurists, etc.)
  - entertainers (singers, musicians, etc.)
  - recreational service providers
  - animal handlers (for example, as part of therapy animal program)
  - individuals who are touring the home to inform decisions regarding application for admission
- persons visiting for social reasons that the resident or their substitute decision-maker assess as different from “direct care” as described in the section on caregivers

General visitors should postpone non-essential visits to client(s) who are symptomatic and/or self-isolating, or when the home is in outbreak and or when the local public health unit so directs.

General visitors younger than 14 years of age must be accompanied by an adult (someone who is 18 years of age or older) and must follow all applicable public health measures that are in place at the home (for example, active screening, physical distancing, hand hygiene, masking for source control).

### **Screening of All Visitors**

Any visitor who fails passive screening (for example, having respiratory or enteric symptoms) must not enter the home, they should immediately self-isolate. There are exceptions where visitors who fail screening may be permitted entry to a long-term care home:

- If visitors have failed screening, they must be permitted entry to visit a resident who is imminently palliative but must ensure that they wear a medical (surgical or procedural) mask and maintain physical distance from other residents and staff.



**Department:** Infection Control

**Section:** V

**Subject:** Visiting Policy

**Page:** 5 of 6

**Approval Date:** May 1, 2020

**Revised Date:** March 11, 2026

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### **Personal Protective Equipment**

The home ensures that visitors must wear personal protective equipment (PPE) as required or recommended.

### **Masking**

- **Indoors** – Masking is no longer required indoors but still encouraged/recommended. The facility may introduce mandatory masking based on increased community virus activity to prevent/reduce the risk of outbreaks or in accordance with Public Health recommendations. Notification of mandatory masking will be shared with visitors via email and signage around the facility.
- **Outdoors** – visitors are not required to wear masks outdoors, however, it is still recommended and encouraged to protect others during respiratory season
- **Children** - children who are younger than two years of age do not have to wear a mask, however, we do encourage and have pediatric masks available on site.
- **Accommodations for individuals that have a medical condition that inhibits their ability to wear a mask** - any individual (staff, visitor or resident) who is being accommodated in accordance with the Accessibility for Ontarians with Disabilities Act, 2005 or the Ontario Human Rights Code.

**Eye Protection** - From an occupational health and safety perspective, regardless of immunization status, appropriate eye protection (e.g. goggles or face shield) is required for all staff and essential visitors when providing care to residents with suspect/confirmed infection and in the provision of direct care within 2 meters of residents in an outbreak area. In all other circumstances, the use of eye protection is based on the point-of-care risk assessment when within 2 meters of a resident(s).

**Physical Distancing** – Currently there is no restriction on physical distancing, however, this could change based on current Public Health.

### **General Visitors – Scheduling, Length and Frequency of Visits**

General visitors are not required to schedule their visits in advance, nor limit the length of the visit, however, are to abide by current visiting hours which are 0900 – 2100 hrs. There is no limit to the number of visits a resident may have per week / day.

**Visits may occur** - in bedrooms, lounges, walks in hallways (without going outdoors) or outdoor gardens and patios (if available).



**Department:** Infection Control

**Section:** V

**Subject:** Visiting Policy

**Page:** 6 of 6

**Approval Date:** May 1, 2020

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**IPAC Breach** - Any notation of breach of the home's IPAC policies will result in discussion and health teaching with the visitor regarding such policies. Visitors with ongoing non-compliance with the home's policies will receive a written letter for IPAC Non-Compliance that will be signed, and if the visitor continues to be non-compliant, then the home may discontinue visits for the non-compliant visitor.

**Restrictions during outbreaks or when resident is isolating:**

In case where a resident is symptomatic or isolated under droplet and contact precautions, visitors must follow IPAC precautions in place (discussion with PH at time of outbreak to determine how many visitors and the type of visitors that are allowed during an outbreak).

In the case where a local public health unit directs a home in respect to the number of visitors allowed, the home is to follow the direction of the local public health unit.

A visitor may not visit any other resident in the facility when visiting an isolated resident or the outbreak unit.

The local public health unit may provide directions or restrictions on visitors to the home, depending on the specific situation.

**Video Devices**

The use of video devices, mobile phones, tablets and cameras, are permitted as per the Hillcrest Village Care Centre "**Use of Video Devices in Resident Rooms**" policy. Visitors and caregivers are to reference this policy prior to use of any device. Please refrain from taking video or photos of residents without the consent of the SDM/POA.

This policy is implemented in a manner consistent with the precautionary principle as set out in the Infection Control standards and protocols issued by the MOHLTC Director.