MANUAL: ACTIVATION	HOME SPECIFIC NAME: ○ Fairfield Park ○ Brouillette Manor ✓ LaPointe-Fisher Nursing Home ○ Corporate
TITLE: VISITOR POLICY	SECTION: V
	PAGES: 5

EFFECTIVE DATE: July 2020

REVISED: June 2023, July 2023, May 2024, June 2024

POLICY

The home shall have a process for visitor access during non-outbreak situations and during an outbreak of a communicable disease or an outbreak of a disease of public health significance, an epidemic or a pandemic.

Visits shall be documented, and a written record kept of,

- (i) the designation of a caregiver; and
- (ii) the approval from a parent or legal guardian to permit persons under 16 years of age to be designated as a caregiver, if applicable.

Visiting procedures in the Home shall comply with all applicable laws including any applicable directives, orders, guidance, advice or recommendations issued by the Chief Medical Officer of Health or a medical officer of health appointed under the *Health Protection and Promotion Act*; and

Essential visitors shall continue to have access to the Home during an outbreak of a communicable disease, an outbreak of a disease of public health significance, an epidemic or a pandemic, subject to any applicable laws.

Visitors who are unwell should reschedule their visit for another day to minimize the risk of a spread of infection in the home.

GUIDING PRINCIPLES

The visiting policy is guided by the following 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

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- ✓ 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 and infrastructure characteristics of the home, its workforce, or 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 consider when setting home-specific policies.
- ✓ Equality residents have the right to choose their visitors. In addition, residents, or their substitute decision-makers, applicable, have the authority to designate caregivers.

DEFINITIONS / TYPES OF VISITORS

Not considered a Visitor - Long-term care home staff (as defined under the Act), volunteers and student placements are not considered visitors as their access to the home is determined by the licensee. Infants under the age of one are also not considered visitors.

Essential Visitors - Essential visitors are the only type of visitors allowed when there is an outbreak in a home or area of a home or when a resident has failed screening, is symptomatic or in isolation. As per O.Reg.246/22 under the Fixing Long Term Care Act 2021, there are four types of essential visitors:

- a caregiver, as defined under section 4 of O.Reg.246/22
- a support worker who visits a home to provide support to the critical operations of the home or to provide essential services to residents
- a person visiting a very ill resident for compassionate reasons including, but not limited to, hospice services or end-of-life care
- a government inspector with a statutory right to enter a long-term care home to carry out their duties

Caregivers- As per section 4 O.Reg.246/22 is

- (a) a family member or friend of a resident or a person of importance to a resident,
- (b) is able to comply with all applicable laws including any applicable directives, orders, guidance, advice or recommendations issued by the Chief Medical Officer of Health or a medical officer of health appointed under the Health Protection and Promotion Act,
- (c) provides one or more forms of support or assistance to meet the needs of the resident, including providing direct physical support such as activities of daily living or providing social, spiritual or emotional support, whether on a paid or unpaid basis,
- (d) is designated by the resident or the resident's substitute decision-maker with authority to give that designation, if any, and

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(e) in the case of an individual under 16 years of age, has approval from a parent or legal guardian to be designated as a caregiver.

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

PROCEDURES

VISITOR LOG

In accordance with section 267(2) of O. Reg. 246/22, the home shall maintain visitor logs of all visits to the home that includes at a minimum.

- 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 or records must be kept for a period of at least 30 days and be readily available to the local public health unit for contact tracing purposes upon request.

COMMUNICATION

The home shall ensure visitors have access to a copy of the Visitor Policy by posting a copy on the website, as well as the resident / family bulletin board.

EDUCATION/TRAINING

IPAC and PPE education for visitors can be found about respiratory etiquette, hand hygiene, IPAC practices, and proper use of PPE by following the below links to Public Health Ontario Resources

- guidance document: recommended steps: putting on personal protective equipment
- video: putting on full personal protective equipment
- video: taking off full personal protective equipment
- video: how to hand wash and how to hand rub
- video: Cover Your Cough

A copy of this Visitor policy with the above links is posted on the Home's website, as well as various signage is posted throughout the home to educate visitors on the above topics.

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DESIGNATING A CAREGIVER

Designation of a caregiver must be made in writing to the Home. Approval from a parent or legal guardian is required to permit persons under 16 years of age to be designated as a caregiver. See Appendix A for documentation that must be completed.

Should the caregiver be required immediately, such as during an emergency, outside of business hours, a written request should be made to the RN on duty using the caregiver contract form. The RN will communicate with the manager on call to complete the necessary paperwork.

A resident and/or their substitute decision maker may make a temporary or permanent change to a designation in response to a change in the resident's care needs that are reflected in the plan of care or the availability of a designated caregiver.

The essential caregiver shall be provided with education on Infection Prevention and Control Measures.

ACCESS TO THE HOME

Prior to entering the Home all visitors are required to sign into the logbook located at the entrance of the Home and sanitize their hands before coming into the home.

Limits on the number of visitors (including caregivers) that a resident may visit with at a time for indoor or outdoor visits is subject to available space and in accordance with applicable guidance and laws, including requirements under the Fixing Long-Term Care Act, 2021 and Regulation.

Non-Outbreak Situations

Essential visitors, caregivers and general visitors are allowed in the home when there is not an outbreak situation. They shall be required to follow the home's protocols with respect to PPE if visiting a resident who is unwell.

Recognizing there are caregivers who want to volunteer to support more than one resident, this is allowed, provided the home obtains consent from all involved residents (or their substitute decision makers).

Outbreak of a Communicable Disease, Health Significance, an Epidemic or a Pandemic Situation

Essential visitors may be the only type of visitor allowed. This decision will be made in consultation with Public Health.

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Visiting may be restricted to certain areas of the home. This decision will be made in consultation with Public Health.

Recognizing there are caregivers who want to volunteer to support more than one resident, caregivers may support up to two residents, during an outbreak, provided the home obtains consent from all involved residents (or their substitute decision makers).

Visitors should consider their personal health and susceptibility when determining whether visiting the Home is appropriate.

In the case where the Public Health unit directs the home in respect of the number of visitors allowed, the home must follow the direction of the local public health unit.

PROCEDURE FOR RESPONDING TO NON-ADHERENCE TO VISITATION POLICY

Any non-compliance or inappropriate conduct during a visit can result in a termination of privilege and visitation could be revoked.

- 1. 1st Warning Visitor will be reminded to adhere to the homes policy and protocols. Education will be provided to the visitor as required.
- 2. 2nd Warning Visitor will be reminded to adhere to the homes policy and protocols. Education will be provided to the visitor as required.
- 3. 3rd Warning Visit will be terminated. Education will be provided to the visitor as required.
- 4. 4th Warning Visit will be terminated, and visitation temporarily suspended.
 - This decision will be made after all other reasonable efforts to maintain safety during visits have been exhausted.
 - Documentation will be provided to the visitor that will stipulate a reasonable length of the prohibition and identify clear requirements the visitor should meet before the visits may be resumed.
- 5. Escalation to termination of visitation will be dependent on the severity of non-compliance as determined by the home. Note: There warnings will be issued for every episode of non-compliance whether in a single visit or over multiple.

Should the visitation infraction compromise the health and safety of our residents and/or staff, stricter visitation guidelines may be implemented at the discretion of the Leadership team regardless of the above warning level structure. If a situation is determined to be of high risk, the Leadership team will assess and implement a higher warning.

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