

**FREQUENTLY ASKED QUESTIONS**

**COVID-19 Visiting Policy**

**Effective:** November 23, 2020

Changes from the Frequently Asked Questions version released November 16, 2020 are highlighted in blue.

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## TYPES OF VISITORS

### **Q1. Have there been changes to the definition of “essential visitors” effective November 23, 2020?**

No, there has not been a change to the definition of essential visitors, caregivers or support workers in the COVID-19 Visiting Policy updated on November 23, 2020.

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.

The COVID-19 Visiting Policy continues to clarify that essential visitors in long-term care homes include support workers and caregivers. However, an essential visitor does not need to be a support worker or caregiver, as long as they meet the definition under Directive #3.

A support worker is a type of essential visitor who is visiting to perform essential support services for the home or for a resident at the home. Examples of support workers include health care workers that are not staff of the long-term care home as defined in the *Long-Term Care Homes Act, 2007*.

A caregiver is a type of essential visitor who is designated by the resident and/or their substitute decision-maker and is visiting 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). Examples of caregivers include family members who provide meaningful connection, a privately hired caregiver, paid companions and translators.

A maximum of 2 caregivers may be designated per resident at a time.

### **Q2. Does an essential visitor have to be either a support worker or caregiver?**

No, an essential visitor must meet the definition under Directive #3. For clarity, the COVID-19 Visiting Policy highlights support workers and caregivers as types of essential visitors; however, a person could be an essential visitor without being a support worker or caregiver.

As an example, a person visiting a very ill or palliative resident is an essential visitor under Directive #3; however, this person may not be a support worker or caregiver.

Where a person does not meet the definition of a support worker or caregiver in the COVID-19 Visiting Policy, the homes need to determine whether the person meets the definition of an essential visitor under Directive #3.

**Q3. Are attending physicians and registered nurses in the extended class (i.e. nurse practitioners) considered essential visitors?**

An attending physician or registered nurse in the extended class (e.g. nurse practitioner) who meets the definition of long-term care staff under the *Long-Term Care Homes Act, 2007* is not subject to the COVID-19 Visiting Policy.

Under subsection 1 of the *Long-Term Care Homes Act, 2007*, "staff", in relation to a long-term care home, mean persons who work at the home as employees of the licensee, pursuant to a contract or agreement with the licensee, or pursuant to a contract or agreement between the licensee and an employment agency or other third party.

**Q4. Are hairdressers considered essential visitors?**

A hairdresser who meets the definition of staff under the *Long-Term Care Homes Act, 2007* is not subject to the COVID-19 Visiting Policy.

Under subsection 1 of the *Long-Term Care Homes Act, 2007*, "staff", in relation to a long-term care home, mean persons who work at the home as employees of the licensee, pursuant to a contract or agreement with the licensee, or pursuant to a contract or agreement between the licensee and an employment agency or other third party.

If the hairdresser does not meet the definition of staff under the *Long-Term Care Homes Act, 2007*, and has been designated as a caregiver by a resident or their substitute decision-maker, they are an essential visitor.

If the hairdresser does not meet the definition of staff under the *Long-Term Care Homes Act, 2007*, and has not been designated as a caregiver, they are a general visitor.

**Q5. Are volunteers and students on placement considered essential visitors?**

Under the COVID-19 Visiting Policy, volunteers and students on placement in a long-term care home are not considered visitors and are not subject to the COVID-19 Visiting Policy. Their access to long-term care homes is determined by the licensee. Screening and PPE requirements for volunteers and students should align with those for staff.

**Q6. Are inspectors essential visitors?**

Government inspectors are essential visitors under Directive #3; however, government inspectors are not support workers or caregivers under the COVID-19 Visiting Policy and are not subject to the COVID-19 Visiting Policy.

Government inspectors have legislative powers to enter long-term care homes to carry out their duties.

The screening requirements in Directive #3 apply to government inspectors; for clarity, this includes:

- Active screening on entry for symptoms and exposures for COVID-19, including temperature checks and not to be admitted if they do not pass the screening.
- Attestation to not be experiencing any of the typical and atypical symptoms.

The screening requirements in the COVID-19 Visiting Policy do not apply to inspectors. For clarity, inspectors do not need to attest to having received a negative COVID-19 test result in order to enter the home.

Examples of government inspectors include inspectors under the *Long-Term Care Homes Act, 2007*, the *Health Protection and Promotion Act*, and the *Occupational Health and Safety Act*.

**Q7. What about visitors providing non-essential services?**

A general visitor is a person who is not an essential visitor and is visiting:

- To provide non-essential services, who may or may not be hired by the home or the resident and/or their substitute decision maker; and/or,
- For social reasons (e.g. family members or friends) that the resident or their substitute decision-maker assess as different from direct care, including care related to cognitive stimulation, meaningful connection, and relational continuity.

**Q8. Are sales representatives subject to the COVID-19 Visiting Policy?**

A sales representative is a general visitor under the COVID-19 Visiting Policy and is subject to the same screening requirements that apply under the Minister's Directive *COVID-19: Long-Term Care Home Surveillance Testing And Access to Homes*, effective November 23, 2020 ("Minister's Directive").

For homes in public health unit regions in the Green-Prevent or Yellow-Protect levels, general visitors must demonstrate that they have received a negative COVID-19 test result in the past two weeks and verbally attest to not subsequently having tested positive, before being granted entry as a visitor. General visitors are not permitted in long-term care homes in public health unit regions in the Orange-Restrict, Red-Control or Grey-Lockdown levels.

Guidance on testing visitors to LTC homes can be found in the Minister's Directive, effective November 23, 2020 or as amended.

**Q9. Will access for general visitors be revoked in the winter if COVID-19 is still ongoing?**

As the COVID-19 pandemic evolves in Ontario, the COVID-19 Visiting Policy will be continually updated, keeping the safety and emotional well-being of residents and staff at the forefront.

## NUMBER OF VISITORS

### **Q10. Can homes in public health unit regions in the Green-Prevent or Yellow-Protect levels restrict visitors, including caregivers, based on the visitor living in public health unit regions in the Orange-Restrict level or higher?**

Homes in public health unit regions in the Green-Prevent or Yellow-Protect levels may not restrict visitors, including caregivers, based on the visitor living in public health unit regions in the Orange-Restrict level or higher.

The health and safety of residents and staff in long-term care homes is paramount. Visitors should consider their personal health and susceptibility to the virus and that of the residents and staff in determining whether visiting a long-term care home is appropriate.

### **Q11. Could homes restrict the number of caregivers or general visitors in order to protect the health and safety of residents, staff and visitors?**

Yes, the policy provides guidance on the maximum number of visitors that may be permitted per resident at a time. Homes must ensure that the home is a safe and secure environment for its residents. Homes have the discretion to further restrict the number of visitors, provided they permit the following as per the COVID-19 Visiting Policy and subject to direction from the local public health unit:

- At least one caregiver per resident at a time.
- At least one visit per resident per week from at least one general visitor per resident at a time, as long as the home is in a public health unit region in the Green-Prevent or Yellow-Protect levels, the home is not in outbreak and the resident is not self-isolating or symptomatic.

In exercising this discretion, homes should consider:

- Any active outbreaks in the home.
- The physical/infrastructure characteristics of the home.
- Needs of residents, including their clinical and emotional well-being.
- The total number of visitors in the home.

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

**Q12. How many visitors are permitted for residents who are very ill or palliative?**

Under paragraph 15 of subsection 3(1) of the *Long-Term Care Homes Act, 2007*, every resident who is dying or who is very ill has the right to have family and friends present 24 hours per day.

A person visiting a very ill or palliative resident is an essential visitor under Directive #3. The home has discretion to determine how many essential visitors may visit a very ill or palliative resident. In exercising this discretion, the home should consider the physical/infrastructure characteristics of the home, its staffing availability, and the current status of the home with respect to personal protective equipment (PPE).

**Q13. What are the rules for visits by multiple visitors, such as a group of relatives, seeking to see a loved-one at the same time?**

Under Directive #3, the home's visitor policy must indicate that residents may receive up to a maximum of 2 general visitors at a time, so long as the resident is not self-isolating or symptomatic and the home is located in a public health unit region in the Green-Protect or Yellow-Prevent levels and is not in outbreak.

The home may need to further limit the number of general visitors at a time to maintain safety, based on the physical/infrastructure characteristics of the home; however, at minimum, the home should allow residents 1 visit by a general visitor per week, lasting no less than 30 minutes.

**Q14. If a general visitor younger than 14 years of age has an adult accompanying them, does the adult count as a second general visitor?**

Yes, an adult accompanying a general visitor under the age of 14 years counts as the second general visitor.

**Q15. Can a resident have multiple caregivers and general visitors visiting at the same time?**

The COVID-19 Visiting Policy provides guidance on the maximum number of caregivers and general visitors that may visit a resident at a time. The home is responsible for managing visits in a manner that is consistent with the specified number of caregivers or general visitors per resident at a time.

The home should also consider physical capacity to ensure all public health measures are met including masking, physical distancing, hand hygiene, and symptom screening.

**Q16. Can two residents that reside in the same home have the same designated caregiver that visits both residents on the same day?**

Under Directive #3, long-term care homes must have a plan for and use, to the extent possible, staff and resident cohorting as part of their approach to preparedness as well as to prevent the spread of COVID-19 once identified in the home.

A person may be designated as a caregiver for multiple residents in the same home, and may visit these residents on the same day, however the residents should be of the same cohort in the long-term care home. For homes in outbreak, the local public health unit may provide direction and/or restrictions on visitors to the home, depending on the specific situation.

It is not recommended for one person to be a designated caregiver for other residents in different homes; however, this is permitted.

A caregiver may not visit any other resident or home for 14 days after visiting another resident who is self-isolating or symptomatic; and/or another home in an outbreak.

**Q17. What screening requirements must visitors meet to be able to participate in a visit?**

All visitors should pass active screening on entry for symptoms and exposures for COVID-19, including temperature checks, and attest to not be experiencing any of the typical and atypical symptoms.

All caregivers and general visitors should verbally attest to home staff that, in the last 14 days, they have not visited another home in an outbreak or a resident who is self-isolating or symptomatic.

For visitors who have previously tested positive for COVID-19, see question 20 for information on testing requirements.

**SCREENING AND SURVEILLANCE TESTING REQUIREMENTS FOR VISITORS**

INDIVIDUAL	LOCAL PUBLIC HEALTH UNIT LEVEL				
	Green-Prevent	Yellow-Protect	Orange-Restrict	Red-Control	Grey-Lockdown
Caregivers	<ul style="list-style-type: none"> <li>Provide proof of a negative COVID-19 test result in the past two weeks</li> <li>Verbally attest to not subsequently testing positive*</li> </ul>				
Support workers					
General Visitors	<ul style="list-style-type: none"> <li>Provide proof of a negative COVID-19 test result in the past two weeks</li> <li>Verbally attest to not subsequently testing positive*</li> </ul>				<ul style="list-style-type: none"> <li>Not applicable; visits not permitted.</li> </ul>

\*Unless the support worker requires immediate access in an emergency situation.

### **Q18. Where can visitors get a COVID-19 test?**

Homes are not required to offer testing on-site; however, homes are encouraged to offer testing for caregivers and/or support workers if they have sufficient capacity.

Visitors may get tested at an [Assessment Centre or participating pharmacy](#).

### **Q19. How can visitors demonstrate that they have received a negative COVID-19 test result where required under the Minister's Directive?**

Caregivers, support workers, and general visitors, where required under the Minister's Directive, must demonstrate that they have received a negative COVID-19 test result by showing the home the results of the test (e.g. printout or on a mobile device showing the individual's name, test date and result).

Homes must ensure that the collection of this personal health information is in accordance with the *Personal Health Information Protection Act, 2004* (PHIPA) and that any subsequent use or disclosure complies with PHIPA.

### **Q20. If a visitor previously tested positive for COVID-19, when could they resume visits to homes and should they be retested?**

A visitor who tests positive for COVID-19 may resume visits to a home if they have been cleared by the local public health unit.

An individual that has previously had laboratory-confirmed COVID-19 AND was cleared by the local public health unit, should generally not be re-tested for surveillance purposes due to persistent shedding. Previously cleared individuals should continue to follow public health guidance for COVID-19 prevention, including self-isolating after high risk exposures to cases.

Re-testing after clearance should generally only be done with new onset of symptoms of COVID-19, and can be considered if there is exposure to a confirmed case of COVID-19 or in an outbreak and/or at the direction of the local public health unit.

**Q21. Does the home need to ask a support worker who is providing emergency maintenance services to demonstrate or verbally attest to having received a negative COVID-19 test result?**

Where a support worker requires immediate access to the home in an emergency situation, the home does not need to ask the support worker to demonstrate that they have received a negative COVID-19 test result or verbally attest to receiving a negative COVID-19 test result and not subsequently testing positive. The home must determine whether the support worker requires immediate access to the home and if the situation is an emergency.

**Q22. If the home offers on-site testing, do caregivers or support workers need to provide consent every time they are tested?**

A health practitioner administering a COVID-19 test must obtain the consent of an individual in accordance with the *Health Care Consent Act, 1996*. An individual must consent to a test for COVID-19 before the test can be administered— this includes any caregiver or support worker being tested.

**Q23. What happens if a caregiver, support worker or general visitor refuses to demonstrate that they have received a negative test result?**

Individuals must consent to providing their COVID-19 test results. If a caregiver, support worker or general visitor is required under the Minister's Directive to demonstrate that they have received a negative test result and the individual refuses to do so, the home must not grant them entry to visit, whether the visit is indoors or outdoors.

**Q24. Can homes ask a person visiting a very ill or palliative resident to verbally attest or demonstrate that they have received a negative COVID-19 test result?**

Homes may not ask a person who is visiting a very ill or palliative resident to verbally attest or demonstrate that they have received a negative COVID-19 test result and not subsequently tested positive.

## OTHER REQUIREMENTS FOR VISITORS

### **Q25. Are caregivers required to maintain physical distancing from other residents and their visitors in common areas of the home?**

Yes, all visitors must follow the home's visitor policy, including infection prevention and control measures and physical distancing during their visit.

Caregivers should maintain physical distancing at all times as much as possible, except when providing direct care to a resident. To clarify, this includes physical distancing from the resident for whom they are the designated caregiver, unless they are providing direct care.

Caregivers must also maintain physical distancing from staff, other visitors, and residents they are not visiting.

### **Q26. Can caregivers be employees of long-term care homes or other health care facilities?**

As per Ontario Regulation 146/20 (Limiting Work to a Single Long-Term Care Home) under the *Reopening Ontario (A Flexible Response to COVID-19) Act, 2020*, an employee of a long-term care home cannot perform work in another long-term care home operated or maintained by the same licensee; as an employee of any other health service provider; or as an employee of a retirement home.

If there are instances of long-term care home employees who intend to go into other long-term care homes as caregivers for specific residents, those employees will need to ensure they are following all applicable regulations, including O. Reg. 146/20.

On September 2, 2020, the Ministry of Long-Term Care released its "Resuming Visits in Long-Term Care Homes" Policy (COVID-19 Visiting Policy). Under that policy, if a long-term care home employee is designated as a caregiver for a resident in another home, they may enter that other home as a caregiver as long as they are in compliance with O. Reg. 146/20. As per the COVID-19 Visiting Policy, a caregiver may not visit any other resident or home for 14 days after visiting another resident

who is self-isolating or symptomatic, and/or another home in an outbreak, including a long-term care home at which they are employed.

**Q27. Are visitors required to bring their own PPE?**

General visitors are responsible for bringing their own non-medical mask (e.g. cloth masks, or face coverings) for outdoor visits.

The home is responsible for providing all other required PPE, including supplying surgical/procedural masks as outlined in the COVID-19 Visiting Policy. Homes should avoid accessing the provincial pandemic stockpile for this purpose.

**Q28. What is the minimum age required for a visitor?**

A designated caregiver must be at least 18 years of age.

There is no minimum age required for general visitors. General visitors younger than 14 years of age should be accompanied by an adult and must follow all applicable infection prevention and control precautions (IPAC) that are in place at the home.

**Q29. Can a visitor bring in outside food or gifts for the resident?**

The visitor should work with the home to determine how outside food or gifts can be safely brought into the home.

**Q30. Can a visitor use the washroom at the long-term care home?**

Homes should permit essential visitors to use a washroom at the home since these visitors need to be at the home for an extended period of time.

Homes are also encouraged to allow general visitors to use a washroom.

For any general visitor who is entering the home to use the washroom, the home should:

- Ensure the general visitor passes active screening on entry for symptoms and exposures for COVID-19, including temperature checks.
- Ensure the general visitor is wearing a surgical/procedure mask

- Ask the general visitor to attest to not be experiencing any of the typical and atypical symptoms.
- As required under the Minister's Directive *COVID 19: Long-Term Care Home Surveillance Testing and Access to Homes* for homes located in public health unit regions in the Green-Prevent or Yellow-Protect levels, general visitors must demonstrate that they have received a negative COVID-19 test result in the past two weeks, and verbally attest to not subsequently having tested positive, before being granted entry as a visitor.

The home may specify which washroom is used and should include appropriate infection prevention and control practices in its visitor policy which may include:

- Requiring visitors to clean the space before and after each use.
- Visitors to agree not to visit any other indoor spaces other than the washroom, etc.

**Q31. What can a home do if a visitor does not comply with the home's visitor rules, including IPAC or PPE protocols?**

Long-term care homes are required to follow directives issued by the Chief Medical Officer of Health under the *Health Protection and Promotion Act*, requirements under the *Long-Term Care Homes Act, 2007*, and other applicable laws to ensure that the home is a safe and secure environment for its residents. As a result, homes should ensure that they take steps to enforce the rules around visitors, including restricting access to their properties as appropriate.

A home's process for communicating with residents, families and staff should include information that includes an approach to dealing with non-adherence to home policies and procedures. Repeated non-adherence to visitor rules could be the basis for discontinuation of visits. Under the Minister's Directive, a home must prohibit entry where a caregiver, or a support worker has not demonstrated that they have received a negative COVID-19 test result in the past week and verbally attested to not subsequently having tested positive.

## ACCESSIBILITY

### **Q32. If a visitor requires a support person for accessibility reasons, what requirements apply to the support person?**

Support persons help people with a disability perform daily tasks. Often, people who need the help of a support person are not able to do certain things by themselves. For example, a support person might help with communication, mobility or personal care.

A visitor may require a support person to help them visit a long-term care home. A support person for any visitor should adhere to the home's visitor policy and follow the same screening and PPE requirements as visitors to the home. For clarity, if a support person is accompanying a support worker, caregiver, or accompanying a general visitor, that support person must demonstrate that they have received a negative COVID-19 test result and verbally attest to not subsequently having tested positive. (in accordance with the guidance in question 17).

A support person for any visitor does not count towards the maximum number of visitors. A support person for a designated caregiver does not need to be designated.

Visitors who need a support person should inform the home in advance so that the home can prepare accordingly.

### **Q33. Are there exceptions to the requirements for physical distancing where the resident has hearing impairments?**

General visitors in public health unit regions in the Green-Prevent or Yellow-Protect levels and who have passed all screening requirements, including demonstrating they have received a negative COVID-19 test result within the past two weeks and verbally attested to not subsequently having tested positive, could engage in close physical contact (i.e. less than 2 metres) with a resident to support communication provided the visitor wears a surgical/procedure mask (regardless if the visit is indoor or outdoor) as source control. The surgical/procedure mask is in addition to other measures expected to be in place such as, but not limited to, screening of all visitors

entering the facility and hand hygiene. Homes need to provide appropriate information to visitors to support safety measures.

**Q34. What procedures should be in place where a visitor is unable to wear the required PPE?**

If a visitor is unable to wear the required PPE, the visitor should not be permitted to have close physical contact (i.e. less than 2 metres) with a resident.

**ORGANIZING VISITS**

**Q35. Can homes require scheduling or manage the frequency of visits by essential visitors who are not caregivers?**

In some cases, homes may need to implement scheduling to manage visits by essential visitors who are not caregivers. This includes essential visitors who are or are not support workers. Homes have discretion to manage these visits as appropriate to balance the safety of residents, staff and visitors with the needs of the home and its residents. Homes should also take into account any requirements under the *Long-Term Care Homes Act, 2007*.

A person visiting a very ill or palliative resident is an essential visitor under Directive #3. The home has discretion to determine how many essential visitors may visit a very ill or palliative resident. In exercising this discretion, the home should consider the physical/infrastructure characteristics of the home, its staffing availability, and the current status of the home with respect to personal protective equipment (PPE).

The local public health unit may provide direction and/or restrictions on visitors to the home, depending on the specific situation. This direction may include restricting the length or frequency of visits by caregivers, in order to manage the situation in the home.

**Q36. Can homes implement visiting restrictions on caregivers (i.e. length and frequency) and limit them to specific areas of the home?**

The Ministry's policy recognizes that caregivers need more flexibility for their visits. Visits by caregivers may need to be longer than 30 minutes and occur more than once a week to meet the resident's care needs.

Homes may not require scheduling, or restrict the length or frequency, of visits by caregivers. Homes have discretion to specify where caregiver visits may take place to maintain safety; however, in exercising this discretion, homes should consider the type of direct care the caregiver is providing and the most appropriate area to provide that care.

The local public health unit may provide direction and/or restrictions on visitors to the home, depending on the specific situation. This direction may include restricting the length or frequency of visits by caregivers, in order to manage the situation in the home.

Homes and caregivers should work together to manage health and safety during these visits.

**Q37. If a visitor indicates they have visited a long-term care home or a hospital in an outbreak, can the long-term care home prevent them from entering the home?**

A caregiver or general visitor may not visit any other resident or home for 14 days after visiting another:

- Resident who is self-isolating or symptomatic; and/or,
- Home in an outbreak.

In accordance with Directive #3, all visitors must undergo active screening on entry for symptoms and exposures for COVID-19, including temperature checks, and attest to not be experiencing any of the typical and atypical symptoms. Anyone showing symptoms of COVID-19 must not be allowed to enter the home and must be advised to go home immediately to self-isolate and be encouraged to be tested.

The Ministry of Health's COVID-19 Screening Tool for Long-Term Care Homes and Retirement Homes (version 3 – May 6, 2020) recommends that if any visitor has close contact with anyone with respiratory illness or a confirmed or probable case of COVID-19, and the visitor was wearing the required and/or recommended PPE according to the types of duties they were performing when they had the close contact, they have passed the screening.

**Q38. If a resident is self-isolating, does this mean their caregiver can only visit them in the resident's room?**

Yes, self-isolation means the resident is staying in a separate room away from other people under Droplet and Contact Precautions and can only receive essential visitors. The visitor must be provided with and wear appropriate personal protective equipment in accordance with Directive #3.

**Q39. Could the local public health unit deny essential visitors access to homes?**

The local public health unit may provide direction to homes on all types of essential visitors, in addition to Directive #3 and the Ministry's COVID-19 Visiting Policy. This direction could include restricting access for some or all types of essential visitors, depending on the situation.

**Q40. How often can a general visitor come to visit a loved one in a long-term care home?**

Homes may require general visitors to limit the frequency of their visits, provided at least one visit from a general visitor is allowed per resident per week, as long as the home is not in outbreak, the resident is not self-isolating or symptomatic and the home's local public health unit is in the Green-Prevent or Yellow-Protect level.

This will depend on the home's ability to schedule in an equitable manner.

**Q41. Are outdoor visits by general visitors permitted for homes in the Orange-Restrict level or higher?**

No, if a home is located in the Orange-Restrict, Red-Control or Grey-Lockdown levels, general visitors are not permitted to visit indoors or outdoors.

**Q42. Is a visit required to be 30 minutes from the time a general visitor is screened?**

Homes have the discretion to limit the length of visits by general visitors; however, each visit should be at least 30 minutes long, starting from the time the visitor and resident have arrived in the visiting area.

When exercising discretion to limit the length of visits by general visitors, homes should consider the:

- Needs of residents, including their clinical and emotional well-being.
- The total number of visitors in the home.
- Space available in the location for physical distancing.

**Q43. Will visiting hours need to change?**

We are not requesting that homes make any changes to their regular visiting hours. However, we do ask that homes make every effort to accommodate all visitors while following applicable requirements from Directive #3, the Minister's Directive and guidance from the Ministry so that each resident may receive visitors in a timely fashion.

Visits by general visitors can be time-limited to allow the home to accommodate more residents/visitors — however, these visits should be no less than 30 minutes.

**SAFETY DURING VISITS**

**Q44. Do visits need to be supervised?**

The successful resumption of visits in homes is dependent on trust. Similar to the verbal attestations that are given at the time of active screening, homes will be trusting that visitors will comply with all rules and that there is no need for supervision. In some cases, though, homes may need to supervise visits to support residents.

Any necessary supervision practices implemented by the home should fully respect and promote the resident's right to communicate in confidence, receive visitors of

their choice and consult in private with any person without interference under paragraph 14 of subsection 3(1) of the *Long-Term Care Homes Act, 2007*.

**Q45. Can residents and visitors make contact? For example, hug?**

General visitors and residents are encouraged to practice physical distancing for the duration of their visit.

However, general visitors, who in public health unit regions in the Green-Prevent or Yellow-Protect levels and who have passed all screening requirements, including demonstrating they have received a negative COVID-19 test result within the previous two weeks and have verbally attested to not subsequently having tested positive, could engage in close physical contact (i.e. less than 2 metres) with a resident to support their emotional well-being provided the visitor wears a surgical/procedure mask (regardless if the visit is indoor or outdoor) as source control. The surgical/procedure mask is in addition to other measures expected to be in place such as, but not limited to, screening of all visitors entering the facility and hand hygiene. Homes need to provide appropriate information to visitors to support safety measures.

**Q46. What if a home goes into an outbreak?**

In the event that a home enters into an outbreak:

- The home must end all general visits immediately.
- Essential visitors, including caregivers, are the only visitors permitted in the home.
  - A maximum of 1 caregiver per resident may visit at a time.

A caregiver may not visit any other resident or home for 14 days after visiting another:

- Resident who is self-isolating or symptomatic; and/or,
- Home in an outbreak.

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

Homes must comply with all Chief Medical Officer of Health directives pertaining to outbreaks and follow directions from the local public health unit.

## **RESIDENT REQUIREMENTS FOR VISITING**

### **Q47. What about residents who have cognitive issues and may not be able to physically distance? How can they get visits?**

This should be reviewed on a case-by-case basis to determine what strategies can be implemented to support a visit.

### **Q48. Can there be more than one resident outside visiting at a time with their loved ones?**

Yes, this will be dependent on the size of the space and the ability to maintain physical distancing between the parties.

### **Q49. Will residents need to wear surgical/procedural masks, or just visitors?**

If physical distancing can be achieved and maintained, only visitors will need to wear surgical/procedural masks. If physical distancing cannot be achieved or maintained, all individuals should wear masks within reason. As an example, for essential caregivers involved in feeding, having a resident wear a mask is not feasible.

General visitors will be required to wear cloth masks or face coverings for outdoor visits. If the visit is indoors, a surgical/procedure mask must be worn by visitors at all times.

## **HOME CAPACITY**

### **Q50. How will homes get the additional staff they will need to supervise and assist with these visits?**

Homes are encouraged to establish scheduling practices that consider the staffing and space capacity available to the home to maintain the safety of residents, staff

and visitors. This includes staff capacity to support the transfer of residents out of and into the visiting area, which may be indoor or outdoor.

**Q51. Will there be funding to support the cost of appropriate PPE for both staff and visitors?**

General visitors are responsible for bringing their own non-medical mask (e.g. cloth masks, or face coverings) for outdoor visits.

The home is responsible for providing all other required PPE, including supplying surgical/procedural masks as outlined in the COVID-19 Visiting Policy.

Homes should avoid accessing the provincial pandemic stockpile for this purpose.

**CO-LOCATED HOMES**

**Q52. If a couple lives on the same campus (one spouse in the long-term care home and one spouse in the retirement home), does the spouse on the retirement home side have to demonstrate they have received a negative COVID-19 test result in order to visit their spouse in the long-term care home?**

Yes, if the home's local public health unit is in the Green-Prevent or Yellow-Protect level, the spouse in the retirement home side (as a general visitor) must demonstrate that they have received a negative COVID-19 test result within the previous two weeks, and verbally attest to not subsequently having tested positive, before being granted entry as a visitor. (for further information on this attestation, including the timing, please see question 17).

**Q53. What visiting rules should a home follow if it is co-located with a retirement home?**

Any retirement home that is co-located with a long-term care home would implement the long-term care home's visitor policy if the visit is occurring on the long-term care home floor/space.

## OTHER

### **Q54. What is the difference between the visiting requirements in the COVID-19 Directive #3 for Long-Term Care Homes, the Minister's Directive, and the Ministry's COVID-19 Visiting Policy and the?**

COVID-19 Directive #3 for Long-Term Care Homes (Directive #3) under the *Long-Term Care Homes Act, 2007* issued by the Chief Medical Officer of Health establishes requirements for visits to long-term care homes.

The Minister's Directive issued by the Minister of Long-Term Care includes requirements for long-term care homes pertaining to the testing of certain visitors.

This COVID-19 Visiting Policy is provided to support homes in implementing the requirements in Directive #3 to safely receive visitors while protecting residents, staff and visitors from the risk of COVID-19.

This policy is intended to supplement the Minister's Directive and Directive #3. To the extent that anything in this policy conflicts with Directive #3, Directive #3 prevails, and homes must follow Directive #3. To the extent that anything in this policy conflicts with the Minister's Directive, the Minister's Directive prevails, and homes must follow the Minister's Directive.

### **Q55. Do homes need to collect or disclose any statistical information on caregiver or support worker testing if conducted on-site?**

Pursuant to the Minister's Directive, homes are required to collect and maintain statistical data on the number of caregivers and support workers tested in the home and the date on which they were tested. Homes must disclose this information, upon request, to the Ministry of Long-Term Care, the local public health unit and/or to Ontario Health, and in doing so must ensure that no personal information or personal health information is disclosed

In collecting, using or disclosing this information, homes must continue to adhere to the requirements of the *Freedom of Information and Protection of Privacy Act* and the *Personal Health Information Protection Act, 2004*.