## 1.0 Purpose

COVID-19 Coronaviruses (CoV) are a large family of viruses that cause illness ranging from the common cold to more severe diseases such as Middle East Respiratory Syndrome (MERS-CoV), Severe Acute Respiratory Syndrome (SARS-CoV), and COVID-19. COVID-19 is a novel coronavirus is a new strain that has not been previously identified in humans. On March 11, 2020, the WHO announced that COVID-19 is classified as a pandemic virus. Variants of Concern (VOC) require ongoing attention to IPAC protocols.

### 1.1 Definitions

An ***essential visitor*** is defined as a person performing essential support services.

A ***caregiver*** is an essential visitor who is designated by the resident and/or their substitute decision-maker and is visiting to provide direct care to the resident. For example, support feeding, mobility, personal hygiene etc.

A ***support worker*** is a type of essential visitor who is visiting to perform essential support services for the home such as physicians, nurse practitioners, maintenance workers or a person delivering food.

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 substitute decision makers; and/or, for social reasons (e.g., family members or friends) that a resident or their substitute decision maker assess as different from direct care, including care related to cognitive stimulation, meaningful connection, and relational continuity.

***PCR Test*** means a validated real-time polymerase chain reaction (PCR) assay laboratory test for the novel coronavirus known as COVID-19.

***Antigen Test*** means a point-of-care rapid antigen test for the novel coronavirus known as COVID-19.

***Molecular Point-of-Care Test*** means a point of care test for the novel coronavirus known as COVID-19 that may be used to confirm a positive test result following an Antigen test.

***Fully Immunized*** means an individual has received the full series of a COVID-19 vaccine or combination of COVID-19 vaccines approved by Health Canada or any combination of such vaccines or one or two

doses of a COVID-19 vaccine not authorized by Health Canada, followed by one dose of a COVID-19 mRNA vaccine authorized by Health Canada, or three doses of a COVID-19 vaccine not authorized by Health Canada or one dose of Janssen (Johnson & Johnson); and they received their final dose of the COVID-19 vaccine at least 14 days before providing proof of being vaccinated.

***Partially Immunized*** means an individual who has received one dose of the required full series of a COVID-19 vaccine or combination of COVID-19 vaccines approved by Health Canada and/or the World Health Organization and is scheduled for the second dose (e.g., two doses of a two-dose vaccine series, or one dose of a single-dose vaccine series) or an individual who has received one dose of the required full series of a COVID-19 vaccine or combination of COVID-19 vaccines approved by Health Canada (e.g., two doses of a two-dose vaccine series, or one dose of a single-dose vaccine series) and is not scheduled for the second dose of the two-dose series.

***Unimmunized*** means an individual has received no doses of either a full series two-dose COVID-19 vaccine or combination of COVID-19 vaccines approved by Health Canada and/or the World Health Organization or a single-dose vaccine approved by Health Canada.

***Medical Contraindication*** meaning written proof of a valid medical reason for not receiving a COVID-19 vaccine, provided by either a physician or registered nurse in an extended class that sets out that the individual cannot be vaccinated against COVID-19 and the effective time of the medical contraindication and proof/confirmation by the local public health unit as an approved criteria for medical contraindication.

**The Home will implement the following precautions and procedures to address the threat and potential risks of COVID-19:**

- Perform Active Screening of all staff and visitors at a minimum of once per day at the beginning of their shift or visit. Screening questions must be asked to screen individuals for COVID-19 before entry. This tool can be adapted based on need and the specific setting in the Home, including a screening APP but must include the minimum screening questions and be reviewed before allowing entry to assure the person seeking entry has passed all screening questions. The home may choose to increase the frequency of Active Screening of Staff and Visitors at their discretion to twice daily (at the beginning and end of day/shift/visit). No temperature screening is required as part of the screening protocol for staff and visitors.

- Perform Active Screening for all staff, students, volunteers, and visitors specific to any travel to countries covered by federal government quarantine in the last 14 days, said persons will be denied access to the home.
- This includes those persons who are visiting a palliative resident. Only first responders are exempt from active screening.
- Perform Active Screening for all Residents, at a minimum once daily including temperature checks.
- Address Admissions & Transfers in accordance with the most recent available COVID – 19 directives and MLTC & local Public Health guidelines.
- Define and approve Absences in accordance with the most recent available COVID-19 directives and MLTC & local Public Health guidelines.
- Ensure appropriate Personal Protective Equipment (PPE) in accordance with the most recent available COVID-19 directives and MLTC & local Public Health guidelines.
- Define and Manage Visitors in accordance with the most recent available COVID-19 directives and MLTC & local Public Health guidelines.
- Define and Manage outbreaks, outbreak preparedness and required steps in the event of an outbreak in accordance with the most recent available COVID-19 directives and MLTC & local Public Health guidelines.

**Cohorting Guidelines:**

Consistently practise cohorting protocols as defined by a risk assessment by the home. Examples of reasons to implement and/or maintain cohorting guidelines may include but not isolated to:

- High rate of community outbreak statistics and/or high rate of staff exposed to high-risk contacts in the community and/or subsequent high rates of positive staff.
- Outbreak status
- Physical space that limits the ability to maintain safe IPAC protocols
- Any other risk outcomes that may interfere with the ability of the home to maintain safe IPAC practices and guidelines for the residents, staff, caregivers, visitors, and the greater community.

**In the absence of the above possible risk outcomes, no cohorting is required for residents and/or staff deployment.**

**Basic Cohorting Practices (If required and/or implemented):**

- wear a mask (as tolerated); and
- Adhere to IPAC guidelines:
- Do not exceed the capacity of a room or physical space
- Maintain distancing between cohort groups while enjoying a visit or social gatherings where possible.
- Perform handwashing/hand hygiene protocols.
- Perform enhanced cleaning of social areas when cohort groups are sharing a social event.
- Cohorting residents into groups which are together consistently, where possible, for the purposes of dining.
- Cohorted groups may consist of fully immunized, partially immunized, and/or unimmunized resident.
- Cohorting where possible within a single floor/unit.
- Maintaining physical distance between one cohort group to another.
- If required, stagger scheduling of dining, indoor activities to prevent mixing of cohorted groups.
- Maintain seating arrangements in dining rooms where possible.
- Two-metre physical distancing between tables and capacity limits of the dining room/area to be reduced if two metre distancing is not possible.
- Cohort sizes will be established based on the psychosocial needs of the resident, the home's staffing capabilities and capacity limits for common areas and inclusion of essential caregivers as required.
- Staff cohorting will apply when possible, attempting to assign staff to specific resident areas and limit interaction with other staff and residents in different areas of the home when possible and practical.

**Exceptions to mixing cohorts (either indoors or outdoors):**

Exceptions to **mixing** of resident cohorts are as follows:

• In the event of a COVID-19 outbreak, residents should be cohorted for all organized activities taking place indoors, different cohorts are not to be mixed, and residents from different cohorts should not visit one another.

• Residents who are isolating under droplet and contact precautions must not interact with any other residents unless by virtual means (e.g. video conferencing).

• Cohorting during an outbreak as directed by the local PHU.

**Physical Distancing:**

Encourage Physical Distancing protocols (a minimum of 2 meters or 6 feet) when in common areas of the home and residents/visitors may be sharing the same space such as elevators, hallways and lounge areas. Maintain physical distancing between dining tables.

Physical distancing is not a consideration for:

- For the purposes of providing direct care to a resident.
- For all purposes of a compassionate/palliative visit
- During the provision of personal care services (for example, haircutting).

**Organized events and social gatherings guidelines:**

The Home will provide safe opportunities for residents to gather for group activities. The following precautions will be initiated for organized events and social gatherings:

• Masking, including for residents where possible or tolerated.

- Any entertainer must adhere to the surveillance protocols as set out in ***9.17 COVID-19 Surveillance Testing*** and provide proof of vaccination (**QR code as proof of vaccination either digitally produced or printed paper copy**), before entry into the home.

- Where live entertainment is performed that requires the removal of their mask to perform their talent, the performer must maintain a physical distance of at least two meters from the spectators or be separated from any spectators by plexiglass or other impermeable barrier.
- Caregivers & vaccinated general visitors may join residents to assisting the dining room while always remaining masked.

• Limiting room capacity to reduce the potential for crowding.

• Cleaning and disinfection of high touch surfaces between activities and room use.

• Natural ventilation wherever possible (for example, open windows) as long as thermal comfort can be maintained.

## 2. 0 Procedure:

**ROUTINE PRACTICES – COVID ENHANCED**

## 2.1 Home

- Signage will be placed at the entrances informing those entering the Home of status of the Home and any relevant COVID -19 protocols upon entering the Home.
- Limit Home entrances so that all access through the building must pass the screening location.
- Provide hand washing supplies, PPE and signage at front entrance (and/or entrances of the Home) for use by all who enter the Home.
- Post social distancing signs, respiratory etiquette signs and hand washing signs throughout the building as reminders for all residents and staff.
- Continue ongoing facility promotional campaigns to encourage good hand washing and awareness of healthy behavior (e.g., if you are feeling unwell and could infect others do not come to work).
- Permission to enter the Home beyond the screening location for essential staff, general visitors and essential caregivers will depend upon screening outcome and clinical evaluation at the Home's discretion.

**Note:** The Home may exceed screening & testing guidelines as described in the most recent available directives from the MOH and local Public Health guidelines. ***(COVID-19 response framework: keeping Ontario safe and open) (COVID-19: Long-term care Home Surveillance Testing and Access to Homes) (COVID-19 Guidance: Consideration for Rapid Antigen Screening)***

## 2.2 Staff

- Reinforced hand hygiene using signage at the entrance and throughout the Home in resident care areas, as well as before and after resident care procedures.
- All staff will be screened prior to entering at a minimum of once per day at the beginning of their shift. The home may choose to increase the frequency of Active Screening of Staff at their discretion to twice daily (at the beginning and end of day/shift/visit)
  Staff who fail active screening (i.e., having symptoms of COVID-19 and/or having had contact with someone who has COVID-19), staff with febrile illnesses, or who are feeling unwell and may be infectious are to exclude themselves from work. Staff who develop a febrile illness are to notify their supervisor and be assessed by Occupational Health staff or designate. Staff with symptoms of febrile illness or any symptoms consistent with the ***COVID-19 Reference Document for Symptoms*** must not attend the workplace and must arrange testing for COVID-19 through a local COVID assessment centre. They must report back to their supervisor their COVID-19 test results as soon as they obtain them. Exceptions to those staff who may fail screening and may be permitted to the home are:
    - Staff with post-vaccination related symptoms in accordance with ***Managing Health Care Workers with Symptoms within 48 Hours of Receiving COIVD-19 Vaccine guidance.***
    - ***Staff who meet the guidelines for serious staffing shortages and/or Test to work guidelines as indicated in 9.17 COVID-19 Surveillance Testing policy***
- All Home staff must continue vigilance for possible sporadic COVID cases and report any symptoms of the disease to supervisory personnel.
- Use routine practices as directed by the Home and the most recent available COVID-19 directives and public health guidelines.

- When any healthcare worker is caring for a suspect, probable (i.e. placed in precautions as high risk contact, in an outbreak zone of the facility or recently transferred from a facility in outbreak) or confirmed resident case of COVID-19, Personal Protective Equipment (PPE) should include a fit-tested, seal-checked N95 respirator (or approved equivalent or greater protection), eye protection (goggles or face shield), gown, and gloves. When performing Aerosol Generating Medical Procedure, staff are directed to use Droplet/Contact precautions with the utilization of a fit tested N95 mask and/or a Point of Care Risk Assessment determines the need for a fit tested N95 mask.
- Personal Protective Equipment (PPE) must be effectively used, maintained and accessible (access must be provided to employees without physical or procedural barriers that may reasonably be expected to prevent an employee from accessing enhanced PPE if required) consistent with the Regulation for Health Canada and Residential Facilities under the Occupational Health and Safety Act N95 and in accordance with the most recent available
- COVID-19 directives (Directive #5) and MOH & local Public Health guidelines. The following requirements apply regardless of whether the home is in outbreak or not:
    - Universal masking – always wearing a surgical/medical mask regardless of whether providing direct resident care including during their breaks and applying physical distancing (2 meters apart) from each other when having to remove their masks for eating and drinking. (See Staff Meal & Break Periods).
- **Note:** Masks are not required for outdoors, however it is encouraged and recommended if physical distance (2 meters apart) is not being maintained between people outdoors or the physical space outdoors does not support physical distancing (2 meters apart). The Home may choose to continue the use of masks for outdoor visits, if any of the above conditions exist.
- Eye Protection – wearing appropriate eye protection (e.g., goggles or face shield) when staff are within 2 meters of a resident(s) who is on Droplet/Contact Precautions and/or directly in an outbreak setting. Otherwise, the use of eye protection will be based on Point of Care Risk Assessment.

## 2.2a) Staff Meal & Break Periods

Staff and Management must implement and maintain public heath measures during meal and breaktimes as directed by the most up to date and available COVID-19 directives and MOH & local Public Health guidelines. ***(COVID-19 response framework: keeping Ontario safe and open) and (Occupational Health and Safety Act)***

These measurements include but are not limited to:

- Positioning dining tables, chairs and other furniture in meal and break rooms to help workers keep at least 2 meters of distance from each other.
- Maintaining cohorted staffing deployment if conditions require as indicated in **Cohorting Guidelines** contained in this policy and reinforced during suspected and/or active outbreaks.
- Remove furniture from break and mealtime spaces that would lead to overcrowding if used.
- Provide more locations for eating, changing, and taking breaks if needed to meet staffing break and mealtime requirements.
- Provide doffing and donning areas for PPE removal and application in/at break and mealtime spaces.
- Provide visual markings to support physical distancing and control the flow of staff in break and mealtime spaces.
- Maintain and effectively manage HVAC systems.
- Use outdoor spaces as available.
- Limit and post the of number of staff allowed in break and mealtime spaces at one time reflective of the minimum 2-meter spacing requirements.
- Stagger break and mealtimes for staff to reflect limited staff numbers in break and mealtime spaces.
- Ensure and evidence standard cleaning and disinfection of staff break and mealtime spaces.
- Reinforce masking policies – masks to be always worn when indoors and to remove only during meal and break times.

- Reinforce eye protection policies – wearing appropriate eye protection (e.g., goggles or face shield) when staff are within 2 meters of a resident(s) who is on Droplet/Contact Precautions and/or directly in an outbreak setting. Otherwise, the use of eye protection will be based on Point of Care Risk Assessment.
- Posting visible signage in break and mealtime spaces that reinforce and remind staff to:

Never share cups, cigarettes, utensils, food.

- Label personal lunch items and drinks.
- Open a window or door to get fresh air – only if NOT in outbreak.
- Always stay 2 meters apart from others – especially when removing masks to eat and/or drink.
- Follow proper PPE doffing and donning when removing and replacing a mask before and after breaks and mealtimes.
- Practice handwashing and hand hygiene protocols.
- Distance and do not congregate at storage and/or utensil areas in break and mealtime spaces.

## 2.3 Residents

- Hand washing agents, hand sanitizer must be accessible in resident rooms and other common areas such as dining facilities.
- Masks will be provided to all residents and encourage to be used when:
  - Receiving direct care from staff
  - When in common areas with other residents (except for mealtimes)
  - Receiving a visitor as tolerated

  And as directed by the province, the local public health unit, and/or municipal bylaws.
  **Note:** Masks are not required for outdoors, however it is encouraged and recommended if physical distance (2 meters apart) is not being maintained between different groups of visitors or the physical space outdoors does not support physical distancing (2 meters apart). The Home may choose to continue the use of masks for outdoor visits, if any of the above conditions exist.
- COVID screening must be incorporated into the nursing admission history of all new admissions and readmissions as indicted by the most recent and available directives and MOH & local Public

Health guidelines. This includes history of exposure to affected areas and facilities as well as signs and symptoms of COVID.

- Regular surveillance screening for signs and symptoms of COVID-19 and Active Screening of resident's temperatures at a minimum of once daily will be completed.

Active screening of all residents will occur when returning from an absence at entry upon their return from said absence and if failure of screening occurs, isolation precautions to be initiated under Droplet and Contact Precautions as directed by ***COVID-19 Guidance: Long-Term Care homes and Retirement Homes for Public Health Units.***

## 3.0 Visitor Procedures:

Visitors are an important role in sustaining the well being of the residents. To ensure a safe environment, the Home will follow the most recent available directives, MOH guidelines and complies with all applicable laws, including the Act and O. Reg. 246/22. Visiting protocols are guided by the following principles:

***Safety*** – any approach to visiting must balance the health and safety needs of residents, staff, and visitor and ensure risks are mitigated.

***Emotional Well-Being*** – Allowing visitors is intended to support the emotional well-being of resident 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 the home, its staffing availability, whether the home is in outbreak and the status of the home with response to Personal Protective equipment (PPE) are all variables to consider when setting home specific policies.

***Equality – Resident have the right to choose their visitors. In addition, residents and/or substitute*** decision-makers have the right to designate caregivers.

Visitors should consider their personal health and susceptibility to the virus in determining whether visiting the home is appropriate.

The Home will support the residents in receiving visitors while mitigating the risk of exposure to COVID-19 and will act in accordance with the most recent available directives and MOH & local Public Health guidelines in relation to visitors.

## The Home will assure:

- Appropriate signage is present and visible for all visitors regarding required PPE, physical distancing, hand hygiene, respiratory etiquette and any relevant infection presentation and control practices in place.
  Visiting protocols and guidelines are reviewed with all new visitors and monthly thereafter and/or as new directives and MOH & Local Public Health guidelines evolve with regards to visiting. This will include but are not limited to screening protocols, testing guidelines and PPE education. The visitor will be asked to verbally attest they are aware and understand the information. ***(Guidance may be found through Public Health Ontario resources)***
    - Coordination and scheduling of visits, if directed by the home – indoor and outdoor – consistent with MOH directives and/or local public health guidelines.

Visiting Considerations:

- Guidelines for **general visitors** will meet the most up to date guidelines as indicated in **MOH COVID-19 Visiting Policy** and **COVID-19 Guidance Document for Long-Term Care homes in Ontario**. These may be enhanced by the home, if the safety of the residents, staff and/or visitors is at risk.
- All general visitors are allowed as per the vaccination guidelines as set out in **3.1b** of this policy.
- Indoors visitors (including caregivers) can occur with a maximum of 4 visitors per resident.
- No limits on outdoor visits unless the outdoor physical space does not safely facilitate multiple groups visiting simultaneously.
- Visits must be pre-arranged if directed by the home.
- Visitors are encouraged to only visit the resident they are intending to visit, and no other resident. If the visitor is participating in a social event/group activity, practice physical distancing from other residents where possible.

- Visitors are **not** required to wear a face covering if the visit is outdoors, however it is encouraged and recommended if physical distance (2 meters apart) is not being maintained between different groups of visitors or the physical space outdoors does not support physical distancing (2 meters apart). If the visitor continues to wear a mask for an outdoor visit, the face covering may be reusable for outdoor visits only. The Home may choose to continue the use of masks for outdoor visits, if any of the above conditions exist.
- If the visit **is indoors**, a surgical/procedure mask **must** be always worn. Eye protection may be required. See specific instructions under visitor categories below.
- The Home may supervise a visit if the Home ascertains that the health and safety of a resident or residents is at risk.
- The Home may discontinue permission for a visitor to visit if the visitor is non-compliant to the Home's visiting protocols and guidelines.

The Home may end a visit if the visitor demonstrates non-compliance during the visit and has been given sufficient information and support by the Home to comply with the visiting protocols and guidelines.

- The Home may prohibit a visitor if non-compliance to visiting guidelines and protocols are repeatedly breached and flagrantly ignored. The home will provide the reason for the discontinuation in writing.

Active screening of all visitors occurs upon entry to the Home for symptoms and exposures for COVID-19. All visitors will be screened prior to entering at a minimum of once per day at the beginning of their visit. The home may choose to increase the frequency of Active Screening of Visitors at their discretion to twice daily (at the beginning and end of visit).

Visitors who fail active screening (i.e., having symptoms of COVID-19 and/or having had contact with someone who has COVID-19 and/or having visited one of the countries covered by federal government quarantine in the last 14 days, resulting in denial of entry into the home), visitors with febrile illnesses, or who are feeling unwell and may be infectious are to exclude themselves from visiting. Visitors who develop a febrile illness during their visit must leave immediately and notify the home of presenting symptoms. Visitors with symptoms of febrile illness or any symptoms consistent with the ***COVID-19 Reference Document for Symptoms*** must not attend the home and must arrange testing for COVID-19

through a local COVID assessment centre. They must report back to the home their COVID-19 test results as soon as they obtain them.

Exceptions to those visitors who may fail screening and may be permitted to the home are:

- Visitors for imminently palliative residents (must wear a medical surgical/procedural mask and maintain physical distance from other residents and staff). Visitors who have visited a country covered by federal government quarantine in the last 14 days will not be allowed entry into the home despite the palliative status of the resident.

- All other visitors outside of the exceptions described above will not be admitted if they do not pass the screening.

All visitors verbally attest to not be experiencing any typical and atypical symptoms.

All visitors to the Home meet the COVID-19 testing requirements as directed by the most recent and available directives by the MOH & local Public Health Guidelines. ***(COVID-19 response framework: keeping Ontario safe and open) (COVID-19: Long-term care home surveillance testing and access to homes).*** See Policy 9.17 COVID-19 Surveillance Testing
**Note:** The Home may exceed screening & testing guidelines as described in the most recent available directives from the MOH and local Public Health guidelines. ***(COVID-19 response framework: keeping Ontario safe and open) (COVID-19: Long-term care Home Surveillance Testing and Access to Homes) (COVID-19 Guidance: Consideration for Rapid Antigen Screening)***

## 3.1 Types of Visitors:

Staff of the Home, volunteers and student placements are not considered visitors as their access to the home is determined by the licensee.

## 3.1a) Essential Visitors

An essential visitor is defined as a person performing essential support services. For example, food delivery, inspector, maintenance or health care services or a person who is visiting a resident who is extremely ill and/or palliative. An essential visitor also includes support workers and caregivers although the essential visitor does not need to be a support worker or caregiver.

A **support worker** is a type of essential visitor who is visiting to perform essential support services for the home such as physicians, nurse practitioners, maintenance workers or a person delivering food.

A **caregiver** is an essential visitor who is designated by the resident and/or their substitute decision-maker and is visiting to provide direct care to the resident. For example, support feeding, mobility, personal hygiene etc.

## Caregiver(s) Guidelines:

- Must be at least 16 years of age.
- Essential Caregivers must show proof of being fully vaccinated (**QR code as proof of vaccination either digitally produced or printed paper copy) AND** comply with the most up to date guidelines in ***Minister's Directive: Long-term care home COVID-19 Immunization policy*** as contained in ***Policy 9.20: COVID-19 Mandatory Immunization Policy*** to gain access to the home.
- In the interim, any essential caregivers who are not fully vaccinated need to restrict their visit to the resident's room.

A resident may designate any number of caregivers (unless previously designated). The designation should be made in writing to the home through completion of the ***Essential Caregiver Designation*** form. The home will have the caregiver sign the purpose of the essential visit, acknowledge training in PPE donning and doffing and appropriate task specific training as indicated by the direct care task assigned or agreed to.

- In the event that the resident has high support needs which may require more frequent switching of caregivers to allow caregivers to have a break, the home will establish reasonable timelines for changing the essential caregiver destination with the resident's substitute decision maker on a individual basis to assure IPAC protocols are in place and being followed by the various designated caregivers.
- The Home will have each new designated caregiver sign an ***Essential Caregiver Designation*** form separately and if a resident and/or substitute decision-maker change a designation, the new designation will sign a separate ***Essential Caregiver Designation*** form from the previous designated caregiver.

## The Home will:

Provide training to the designated caregiver(s) that address how to safely provide direct care, donning and doffing of PPE, hand hygiene and must always use a surgical/procedure mask while in the Home. Wear appropriate PPE in accordance with the ***most up to date requirements issued by the Chief Medical Officer of Health,*** (this may include use of an N95 mask), if in contact with a resident who is suspect or confirmed with COVID-19.

The following requirements apply regardless of whether the home is in outbreak or not:

- Universal masking – always wearing a medical/surgical mask when indoors. **Note:** Masks are not required for outdoors, however it is encouraged and recommended if physical distance (2 meters apart) is not being maintained between different groups of visitors or the physical space outdoors does not support physical distancing (2 meters apart). The Home may choose to continue the use of masks for outdoor visits, if any of the above conditions exist.
  Eye Protection for Essential Caregivers as directed by the home, MLTC and local public health unit**:** wear appropriate eye protection (e.g., goggles or face shield) when within 2 meters of a resident(s) as part of provision of care and/or when interacting with a resident(s) in an indoor area and/or as directed by the home.
- Review and/or re-train and/or train if a new direct care task is assumed by the caregiver(s) as the new task arises and/or ***monthly***.
- Review visiting protocols and guidelines ***monthly*** and/or as new directives and MOH & local Public Health guidelines evolve. This will include but are not limited to screening protocols, testing guidelines and PPE education. The caregiver will be asked to verbally attest they are aware and understand the information. ***(Guidance may be found through Public Health Ontario resources).***

**Essential Visitors** – defined as a support worker and/or caregiver:

- Must pass active screening and participate in surveillance testing before entering the building as directed in **9.17 COVID-19 Surveillance Testing.**

Must show proof of being fully vaccinated. (**QR code as proof of vaccination either digitally produced or printed paper copy**) unless visiting for attending the home to provide timely medical care, or for the sole purposes of making a delivery subject to any restrictions or requirements contained in the ***most up to date requirements issued by the Chief Medical Officer of Health.***

- Permitted both indoors and outdoors – maximum of 4 per resident (including general visitors) at a time indoors and unlimited numbers for outdoor visits unless the outdoor physical space does not support safe simultaneous visiting amongst different residents' groups and unless in outbreak or quarantine. Eating & drinking are **NOT** permitted unless in a designated area.

- Any number of support workers are permitted to visit.
- For indoor visits, essential caregivers/support workers can provide proof of fully immunized (as defined in this policy) status and passing active screening questions, including to attesting to not travelling outside of Canada in the last 14 days, will participate in Rapid Antigen Testing at the frequency directed by the home. The essential caregiver/essential visitor/support worker will be allowed entry to the Home, pending RAT results assuring adherence to IPAC protocols as directed by the home, MOH guidelines and directives and local Public Health.
- Essential caregivers and support workers must continue to follow all current IPAC measures.
- Essential caregiver is the **ONLY** type of visitors allowed in the Home when a resident is self-isolating or symptomatic, or the Home is in outbreak. In the event of the resident self-isolating or symptomatic, or the Home is in outbreak, only 1 essential caregiver per visit is allowed. If the resident is unaffected by the outbreak, the essential caregiver may support the resident outside of the resident's room **UNLESS** the essential caregiver has visited one of the countries covered by federal government quarantine in the last 14 days, and therefore will not be allowed entry into the home despite the status of the home.
- In the event of an outbreak, the home may consider allowing fully vaccinated caregivers to support up to two residents who are COVID-19 positive, provided the home obtains consent from all the involved residents (or their substitute decision makers).
- The home may also allow a fully vaccinated caregiver to support more than one resident in a non-outbreak situation, with consent from all the involved residents (or their substitute decision makers).
- The Home may choose to temporarily stop all visitors in the event of the home's inability to support and implement all required public health measures as well as infection prevention and control (IPAC) practices.

Support workers who are health care professionals are allowed in the home when the Home is in outbreak and/or a resident is isolating or symptomatic if they adhere to active screening at the entry to the home and surveillance testing as directed by the home and the most recent and up to date MOH guidelines and directives and the local public health.

The Home will act in accordance with the ***Ontario regulation 146/20 made under the Reopening Ontario (A flexible Response to COVID-19) Act, 2020, COVID-19 Long Term Care Guidance Document, Directive #3, and COVID-19 Long Term Care Visitor Policy.***

## 3.1b) General Visitors

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 substitute decision makers; and/or,

For social reasons (e.g., family members or friends) that a resident or their substitute decision maker assess as different from direct care, including care related to cognitive stimulation, meaningful connection, and relational continuity.

**General Visitor Guidelines:**

- General Visitors (as permitted) must comply with participating in active screening and Rapid Antigen testing as directed in **9.17 COVID-19 Surveillance Testing** for indoor visits and as directed by the home.
- General visitors younger than 14 years of age must be accompanied by an adult and must follow all applicable public health measures that are in place at the home (for example, proof of fully vaccinated, active screening, physical distancing, hand hygiene, masking for source control).
- Proof of vaccination for general visitors 5 years and older is required for indoor visits, indicating 2 COVID-19 vaccine doses. (**QR code as proof of vaccination either digitally produced or printed paper copy**). **Note: The Home takes into consideration the viability of maintaining the safety of all residents in requiring vaccination compliance for visitors for indoor visits,**

**acknowledging that limited physical space and/or ability to safely distance between different residents and visitors has proven to increase risk of transmissible variants of COVID-19.**

No proof of vaccination is required for outdoor visits.

- Permission for general visits may need to be scheduled and will be permitted based on the scheduling abilities of the home and ability to maintain safe distancing protocols for the general population of residents, staff, and visitors.
- **Note:** Masks are not required for outdoors, however it is encouraged and recommended if physical distance (2 meters apart) is not being maintained between different groups of visitors or the physical space outdoors does not support physical distancing (2 meters apart). The Home may choose to continue the use of masks for outdoor visits, if any of the above conditions exist.
- All general visitors who choose to wear a mask or face covering that covers their mouth, nose, and chin for the duration of their outdoor visit are responsible for bringing their own cloth mask or face covering for outdoor visits.
- General visitors must wear a medical mask when indoors and maybe required to use eye protection based on the directive of the home and the recommendations of the MOH and local public health guidelines.
- Unimmunized or partially immunized general visitors are not permitted for indoor visits. They are only permitted for outdoor visits.
- Eye protection may be required for visits as directed by the home. Residents should also be masked, if tolerated.
- All general visitors (as permitted) must participate in and adhere to IPAC protocols as directed by the home, MLTC guidelines and directives and local Public Health.
- Fully vaccinated general visitors (as permitted) are permitted to visit residents provided the resident is not symptomatic or isolating under droplet and contact precautions or does not reside in an area of the home that is in an outbreak.

## 4. 0 Outbreak Definition(s) and Steps

Local Public Health units have the discretion to declare an outbreak based on investigation, including defining the outbreak area in the home and where outbreak measures must be applied. (e.g., a single

affected unit vs. the whole home). **Note: PHU have the authority to use RAT results as a mitigating reason to declare an outbreak.**

***Suspect Outbreak:*** One positive Rapid Antigen Test in a resident and/or a single lab-confirmed COVID-19 case in a resident.

***Confirmed Outbreak:*** Two or more residents and/or staff/other visitors in a home (e.g., floor/unit) each with a positive PCR test OR rapid molecular test OR rapid antigen test result AND with an epidemiological link with a 10-day period, where at least one case could have reasonably acquired their infection in the home:

Note: Staff cases are those whose COVID-19 infection was deemed due to workplace exposure (i.e., acquisition in the home) by workplace health & safety, the PHU or the IPAC team.

***Symptomatic persons in the home:*** At least one resident or staff has presented with new symptoms compatible with COVID-19, the Home will immediately initiate an outbreak assessment and take the following steps:

1. In the event of a Symptomatic Resident:
    a. Place the symptomatic resident in isolation under appropriate Droplet and Contact Precautions.
    b. Medically assess for signs and symptoms of COVID-19
    c. Test the symptomatic resident immediately with a Rapid Antigen Test and a PCR test as per ***(COVID-19: Provincial Testing Requirements Update)***
    d. Place any roommates of the symptomatic resident in isolation under appropriate Droplet and Contact precautions.
1. In the event of a staff or visitor:
    a. Advise the staff or visitor to go home immediately to self isolate.
    b. Test for COVID-19 immediately with a Rapid Antigen Test and a PCR test – this may be done on site if resources warrant before the staff or visitor leaves the Home to self isolate (COVID-19: Provincial Testing Requirements Update).
2. Contact the local public health unit to notify of the symptomatic individual(s).
3. As directed by the local public health unit, test and self isolate any individuals who are deemed as high-risk contacts of the symptomatic individual.

4. Upon receiving a positive lab-based PCR test, the home will respond according to the definitions contained in Directive # 3 pertaining to suspect or confirmed outbreak and proceed as follows:
    - ***Management of a Single Case in a Resident:***
        - Consider the home in Suspect Outbreak.

      Place the positive resident in isolation under appropriate Droplet and Contact Precautions.
        - Notify local public health and proceed as directed.
    - ***Management of a Single Case in Staff:***
        - Must remain at home.

Will return to work following resolution of symptoms and/or negative lab-based PCR test and/or as directed by local public health unit. ***(COVID-19 Quick Reference Public Health Guidance on Testing and Clearance)***

Will **NOT BE** considered a Confirmed Outbreak **UNLESS** the positive staff coincides with a positive resident or other positive staff and the criterion of epidemiological link is met and/or directed by the local public health unit.

**Required Steps in an Outbreak:**

1. Activate Outbreak Management Team
2. Admissions and transfers may take place if approved by the local public health unit.
3. If a resident is taken out of the home by family, they may not return.
4. If a resident leaves the home for an out-patient medical visit, the home must provide a mask for the resident and the resident must wear the mask, if tolerated while out and be screened upon their return but does not need to be self-isolated rather follow applied outbreak protocols as directed by local public health directives.
5. Discontinue all non-essential activities, including non-medical absences.

In addition to the above precautionary routine steps; the Home is required to follow the detailed instructions outlined in the Chief Medical Officer of Heath's directives for COVID-19 (see documents listed below).

These instructions will be incorporated as indicated in the home's policies through referencing the most recent and available directives and MOH & local Public Health guidelines.

Specifically, the Home will ensure they follow the most ***up to date versions*** of the following documents:

1. **Ministry of Health: Guidance for mask use in long term care homes and retirement homes.**

2. **Ministry of Health: COVID-19 Outbreak Guidance for Long Term Care Homes (LTCH)**

3. **COVID-19 Directive #1 for Health Care Providers and Health Care Entities regarding PPE use.**

4. **COVID-19 Directive #3 for Long-Term Care Homes under the Long-Term Care Homes Act, 2007**

5. **COVID-19 Directive #5 for Hospitals within the meaning of the Public Hospitals Act and Long-Term Care Homes within the meaning of the Long-Term Care Homes Act, 2007.**

6. **Public Health - IPAC Recommendations for Use of Personal Protective Equipment for Care of Individuals with Suspect or Confirmed COVID-19**

7. **MOH COVID-19 Reference Document for Symptoms of COVID-19**

8. **Public Health Ontario resources**

9. **MOH COVID-19 Visiting Policy**

10. **MOH COVID-19 Long-term care Home Surveillance Testing and Access to Homes.**

11. **COVID-19 response framework: keeping Ontario safe and open**

12. **Ontario regulation 146/20 made under the Reopening Ontario (A flexible Response to COVID-19) Act, 2020**

13. **Occupational Health and Safety Act (https://www.ontario.ca/laws/statue/90o01)**

14. ***COVID-19* Quick Reference Public Health Guidance on Testing and Clearance**

15. **COVID-19 Guidance Document for Long-Term Care homes in Ontario**

16. **Minister's Directive: Long-term care home COVID-19 immunization policy**

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<tr><td colspan="2">SUBSECTION: 9.16 COVID-19 - General COVID-19 & Visiting Protocols</td><td>Approved by: Infection Control Practitioner</td></tr>
<tr><td>Date of origin:02/2020</td><td>Date last revised: 12/20, 01/21, 04/21, 05/21, 06/21, 06/21/21, 07/01/21, 07/17/21, 08/31/21, 09/06/21, 10/05/21, 12/06/21, 12/16/21, 12/20/21, 12/27/21, 12/29/21, 01/03/22, 01/16/22, 02/08/22, 02/14/22, 02/21/22, 03/13/22, 04/11/22, 04/25/22, 06/13/22</td><td>Date last Reviewed: 04/20, 05/20, 12/20, 01/21</td></tr>
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These documents represent the most up to date and evolving evidence-based precautions and procedures to be followed in handling the COVID-19 pandemic.

The Home will incorporate these documents as their policies and procedures as they evolve.

When the directives are changed, the Home will ensure that the staff are informed of the change as applicable and will implement the directives at the time they are released.