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*Making Every Day Matter*

## **Nithview Community Long-term Care and Retirement Visiting Policy Effective July 19, 2021**

The goal of this policy is to minimize the potential risks associated with the ongoing COVID19 pandemic in Ontario in all long-term care homes (LTCHs) and retirement homes (RHs) while balancing mitigating measures with the need to protect the physical, mental, emotional, and spiritual needs of residents for their quality of life.

**In the Policy, LTCH refers to Long Term Care, Retirement Home and Tower Apartment Residents as they are co-located.**

**Visiting.** (see appendix A for Visiting Guideline Snapshot)

Prior to visiting any resident for the first time and at least once every month thereafter, all visitors must attest to the home that they have read/re-read the homes visitor policy and completed the infection prevention and control package that is located on the Tri-County Mennonite Homes website under the visiting tab.

All visitors will be screened and will sign in at the main entrance of Nithview Community.

**ALL** visits must be booked using the online Booking Tool which can be found on our Tri-County Mennonite Homes website.

Visitors who are **fully vaccinated (as per the definition) are not required to have the \*Rapid Antigen\* test upon arrival.** Visitors will need to provide proof of vaccination. This proof must be in the form of Ministry receipt of the 2<sup>nd</sup> dose received. (*Fully immunized definition is an individual has received the total required number of doses of a COVID-19 vaccine approved by Health Canada (e.g., both doses of a two-dose vaccine series, or one dose of a single-dose vaccine series; or an individual received their final dose of the COVID-19 vaccine at least 14 days ago).*)

Visitors who are **not Fully Vaccinated MUST complete \*rapid antigen testing\* at the front entrance on arrival.** Visitors entering the facility are required to have a “Day of” Antigen test, unless they were tested the previous day (i.e, an antigen test is valid for two days). Proof of previous day’s test must be presented upon entrance.

Visitors who do not want to show proof of vaccination will be required to complete the full rapid antigen testing.

If you receive a positive result, the visit will not take place, you will be asked to leave the premises immediately, and will be instructed to follow up with your local public health unit

**All visitors must wear a medical mask which will be provided**

Visits to take place **Monday to Sunday.** Visiting hours are from 9:00am to 7:00pm.

**Non-Adherence to these guidelines** will result in your visits being discontinued

Essential Visitor (Care Giver) Designation:

- There is no limit to the number of persons who can be designated as a caregiver for a resident
- The designation for a care giver must be submitted in writing to:  
Retirement: Stacey Zehr and Long Term Care: Candi McGraw
- The decision to designate someone as a caregiver is entirely remit of the resident or the Substitute Decision Maker.

\*\* All residents are allowed at a minimum, two general visitors and two caregivers at a time.\*\*

## **Testing.**

All individuals entering the home ages 2 and up must follow the testing requirements as stated in the Minister's Directive. Parental consent is required for minors (individuals under 18 years of age) that undergo testing. If consent is not given and/or testing is refused, the individual is not permitted to enter the home. If a minor who is eligible for vaccination (currently ages 12-17) is fully immunized, they are exempt from asymptomatic surveillance testing.

## **Absences.** (see Absence Guideline Snapshot)

There are four types of absences. The definitions/conditions for resident absences are as follows:

- **Medical absences** are absences to seek medical and/or health care and include:
  - Outpatient medical visits and a single visit (less than or equal to 24 hours in duration) to the Emergency Department
  - All other medical visits (e.g., admissions/transfers to other health care facilities, multi-night stays in the Emergency Department)
- **Compassionate/palliative absences** are absences that include but are not limited to absences for the purposes of visiting a dying loved one.
- **Short term (day) absences** are absences that are less than or equal to 24 hours in duration. Testing or self-isolation of residents is not required on return. There are two types of short term (day) absences:
  - Essential absences include absences for reasons of groceries, pharmacies, and outdoor physical activity
  - Social absences include absences for all reasons not listed under medical, compassionate/palliative, and/or essential absences that do not include an overnight stay.
- **Temporary absences** include absences involving two or more days and one or more nights for non-medical reasons.

All residents, regardless of immunization status, may go on short term (essential and social) and temporary absences unless the resident:

- is in isolation on droplet and contact precautions
- resides in an area of the home that is in an outbreak
- is otherwise directed by the local public health unit

Residents do not need to seek approval to go on short-term absences however, prior approval is required from the home for a temporary absence. Request for approval does not need to be in writing.

For all absences, residents must be:

- provided with a medical mask when they are leaving the home
- reminded to practice public health measures such as physical distancing and hand hygiene when outside of the home
- actively screened upon their return to the home

As per Directive #3, residents will not be restricted or denied absences for medical or palliative or compassionate reasons at any time. This includes when a resident is in isolation or when a home is in an outbreak. In these situations, the home will consult with the Local Public Health Unit.

For **fully immunized residents** testing and self-isolation is not required following an absence. For **partially immunized or unimmunized residents**, a negative lab-based PCR test is required upon return to the home. The resident must be placed in isolation on Droplet and Contact Precautions if their test result is pending, and if their test result is negative, isolation on Droplet and Contact Precautions can be discontinued.

### **Universal Masking.**

All staff and visitors must always comply with universal masking and must wear a medical mask for the entire duration of their shift/visit. The following requirements apply regardless of whether the LTCH is in an outbreak or not.

Staff are required to comply with universal masking at all times, even when they are not delivering direct patient care, including in administrative areas. During their breaks, to prevent staff-to-staff transmission of COVID-19, staff must remain two meters away from others at all times and be physically distanced before removing their medical mask for eating and drinking. Masks must not be removed when staff are in contact with residents and/or in designated resident areas.

Visitors must wear a medical mask at all times during indoor and outdoor visits.

Residents must be encouraged and assisted to wear a medical mask or non-medical mask, as tolerated, when receiving direct care from staff, when in common areas with other residents (with the exception of meal times), and when receiving a visitor. Any additional directions provided by the province, the local public health unit, and/or municipal bylaws will be followed.

Exceptions to the masking requirements are as follows:

- Children who are younger than 2 years of age;
- Any individual (staff, visitor, or resident) who is being accommodated in accordance with the Accessibility for Ontarians with Disabilities Act, 2005; and/or
- Any individual (staff, visitor, or resident) who is being reasonably accommodated in accordance with the Human Rights Code.

### **Eye protection.**

Appropriate eye protection requirements (for example, face shields or eye goggles) are part of an individual's PPE to protect themselves against other people's potentially infectious respiratory droplets. As per Directive #3, eye protection is required for all staff and all essential visitors (including caregivers) when they are:

- providing care to residents who are self-isolating due to suspected/confirmed COVID-19 case
- providing direct care to residents within two meters in an outbreak area
- In all other circumstances (for example, when providing care in non-outbreak settings and/or to residents in self-isolation), the use of eye protection based on the point-of-care risk assessment when within two meters of a resident(s).

### **Active Screening of All Persons.**

(including Staff, Visitors, and Residents Returning to the Home).

All individuals must be **actively screened** for symptoms and exposure history for COVID-19 before they are allowed to enter the LTCH. For clarity, staff and visitors must be actively screened **once per day at the beginning of their shift or visit.**

Exception: First responders must be permitted entry without screening in emergency situations.

Any resident returning to the LTCH following an absence who fail active screening must be permitted entry but isolated on Droplet and Contact Precautions and tested for COVID-19 as per the COVID-19: Provincial Testing Requirements Update.

Any staff or visitor who fails active screening (i.e., having symptoms of COVID-19 and/or having had contact with someone who has COVID-19) must not be allowed to enter the LTCH, advised to go home immediately to self-isolate, and encouraged to be tested.

There are two exceptions where individuals who fail screening may be permitted entry to the home:

- Staff with post-vaccination related symptoms may be exempt from exclusion from work where expressly permitted under and in accordance with the Managing Health Care Workers with Symptoms within 48 Hours of Receiving COVID-19 Vaccine guidance.
- Visitors for imminently palliative residents must be screened prior to entry. If they fail screening, they will be permitted entry, and we will ensure that they wear a medical (surgical/procedural) mask, eye protection, gown and maintain physical distance from other residents and staff.

### **Physical Distancing.**

Physical distancing (a minimum of 2 meters or 6 feet) must be practiced at all times by every individual in the LTCH to reduce the transmission of COVID19.

The following are exceptions to physical distancing:

- for the purposes of providing direct care to the resident;
- for a fully immunized resident to have physical contact with their fully immunized essential caregiver(s) (e.g., holding hands, hugs); or
- for the purposes of a compassionate/palliative visit

## References

- Ministry of Health, *COVID-19 Directive #3 for Long-Term Care Homes under the Long Term Care Homes Act, 2007 Issued under Section 77.7 of the Health Protection and Promotion Act (HPPA), R.S.O. 1990, c. H.7.*, July 14, 2021. Effective: July 16, 2021. [COVID-19 Directive #3 for Long-Term Care Homes under the Long-Term Care Homes Act, 2007 \(gov.on.ca\)](#)
- Ministry of Long-Term Care, *COVID-19 guidance document for long-term care homes in Ontario*, Effective July 16, 2021. [COVID-19 guidance document for long-term care homes in Ontario | Ontario.ca](#)
- Ministry of Long-Term Care, *Directive #3, COVID-19 Guidance Document for LTCHs, and Rapid Testing Merged FAQs*, July 13, 2021, Effective: July 16, 2021. [Pandemic Response FAQs July 13 FINAL.pdf \(ltchomes.net\)](#)
- Ministry of Long-Term Care, *Long-Term Care Visitor, Absences & Social Gatherings Snapshot*, Effective July 16th, 2021. [LTC Visitor Absences Social Gatherings Snapshot July 13 FINAL.pdf \(ltchomes.net\)](#)
- Ministry of Seniors and Accessibility (MSAA) and the Retirement Homes Regularory Authority (RHRA), *Retirement Homes Policy to Implement Directive #3*, July 14, 2021, Effective July 16<sup>th</sup>, 2021.

## Appendix A – Visiting Guideline Snapshot

REQUIREMENTS		FULLY IMMUNIZED	PARTIAL/ UNIMMUNIZED	OUTBREAK / RESIDENT IN
<b>VISITORS</b> <i>*Masks required at all times</i>  <i>No sector specific limitations on number of caregivers and visitors.</i>	ESSENTIAL – CAREGIVER	May have physical contact, including for non-care related reasons with fully immunized resident.  May support in dining room, join in activity  <i>Surveillance testing is not required</i>	Physical distancing 2m required when not providing direct care, however brief physical contact (hugs) are permitted  Unable to join in dining room/ activities  Participate in surveillance testing for indoor visits	May support in resident's room / isolation room (1 per visit)  <i>Must wear eye protection when providing direct care</i>
	NON-ESSENTIAL GENERAL VISITOR	Close contact with fully immunized resident allowed. No eye protection required  <i>Surveillance testing is not required</i>	Physical distancing 2m required however brief physical contact (hugs) are permitted  Participate in surveillance testing for indoor visits	Not permitted unless resident in area unaffected by outbreak
	Personal care services (e.g. haircutting) may resume			



## Appendix B – Absence Guideline Snapshot

Absences	Requirements
<p><b>Short term (day) absence</b> Essential outing and Social outing</p>	<ul style="list-style-type: none"> <li>-Permitted unless the resident is self-isolating</li> <li>-Residents must follow public health measures during the absence</li> <li>-Active screening on return</li> <li>-Testing or self-isolation not required upon return</li> </ul>
<p><b>Temporary (overnight) absence</b></p>	<ul style="list-style-type: none"> <li>- Permitted unless the resident is self-isolating</li> <li>- Residents must follow public health measures during the absence</li> <li>- Active screening on return</li> <li>- <b>Fully immunized residents</b> do not require testing or self-isolation upon return.</li> <li>- <b>Partially immunized or unimmunized residents</b> require a negative lab-based polymerase chain reaction (PCR) test upon return to the home. The individual must be placed in isolation on Droplet and Contact Precautions if their test result is pending. If their test result is negative, isolation on Droplet and Contact Precautions can be discontinued.</li> </ul>