

Bruyère Long-Term Care Visiting Policy – October 14, 2022

Preamble

There is an ongoing need to protect long-term care (LTC) home residents and staff from the risk of COVID-19, particularly as LTC home residents are more susceptible to infection from COVID-19 than the general population due to their age and medical condition. Rules for LTC home visits continue to be in place to protect the health and safety of residents, staff and visitors, while supporting residents in receiving the care they need as well as maintaining their emotional well-being.

This policy is subject to change at any time depending on the applicable laws including any applicable directives, orders, guidance, advice or recommendations issued by the Chief Medical Officer of Health or a medical officer of health appointed under the Health Protection and Promotion Act.

These measures have been implemented to balance the need to protect against the risk of COVID-19, and support residents in receiving the care they need, including maintaining their physical and emotional well-being.

Definitions:

Essential Visitors : 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. There are three types of Essential visitors: designated care partner, compassionate-grounds visitor, and support worker.

1. **Designated Care Partner**: an individual who is designated by the resident and/or their substitute decision maker and is visiting to provide direct care to the resident (e.g., providing mealtime assistance, mobility, personal hygiene, cognitive stimulation, communication, meaningful connection, relational continuity and assistance in decision-making). Examples of care partners include family members who provide meaningful connection, a privately hired caregiver, paid companions and translators.
2. **Compassionate-grounds Visitor**: a person visiting a very ill or palliative resident.
3. **Support Worker**: a visitor who is visiting to perform essential support services for the home or for a resident at the home. Examples of support workers include healthcare workers, maintenance workers or a person delivering food, provided they are not staff of the LTC home as defined in the *LTC Homes Act*.
4. **Government inspector**: person with a statutory right to enter a long-term care home to carry out their duties. The ministry's testing requirements do not apply to these inspectors. They have separate and specific testing protocols that have been established within their ministries.

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

- a. 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,
- b. 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.

Support person (for a visitor): Support persons help people with a disability perform daily tasks that they cannot do by themselves. For example, a support person might help with communication, mobility or personal care.

Outbreak : An outbreak of a disease of public health significance or communicable disease as defined in the Health Protection and Promotion Act. This includes epidemic or pandemic situations.

Emergency: Situation requiring immediate action for the well-being of residents or the operations of the home. Examples include immediate repair of essential equipment (computer systems, lifts, fire safety systems, etc.) or immediate health requirements (X-ray technician, paramedics, police, physician, coroner, etc.).

Who is not a visitor?

LTC home staff, volunteers and placement students are not considered visitors as their access to the home is determined by the LTC Home's licensee.

Policy

1. Bruyère will support residents in receiving visitors while mitigating the risk of exposure to COVID-19 to residents and staff of the home.
2. Bruyère will establish and implement visiting practices that comply, at a minimum, with Directive #3 and align with the guidance in the relevant MLTC policies.

Individuals over five coming in the building must have received at least two doses of a Health Canada approved vaccine (or have a valid medical exemption provided by the province), show a ministry-provided immunization proof and obtain a negative rapid test result, as indicated, to be granted access to the home.

3. When in-person visits are not possible, Bruyère will work with the residents and their loved ones to find ways to facilitate interactions that ensure the satisfaction and safety of all involved, within our capabilities to offer such visits, depending on the demand.
4. Essential visitors are the only type of visitors allowed when a resident is isolating, or if the resident is in an area of the homes that is on outbreak. During an outbreak, and/or a suspected or confirmed case of COVID-19, the local public health unit will provide direction on visitors to the home, depending on the specific situation.

5. The homes will maintain a list of visitors for the purpose of contact tracing that is available for staff to access. These include the name and contact information of the visitor, the date and time of the visits and the name of the resident visited.
6. Visitors should consider their personal health and susceptibility to the virus when determining whether visiting a long-term care home is appropriate.
7. A visitor who tests positive for COVID-19 may resume visits to a home 10 days after infection and if they have been cleared by the local public health unit.
8. Visitors must wear personal protective equipment (PPE), as required. If a visitor is unable to wear the required personal protective equipment (PPE), the visitor will not be granted access to the home. Children who are younger than two years of age are not required to wear face coverings. Any other individual requesting an exception from required PPE is required to contact the home's leadership team.
9. If the home cannot provide surgical or procedure masks and/or the required personal protective equipment, visitors will not be permitted inside the home.
10. Visitors must only visit the resident they are intending to visit, and no other residents.

Process

Requirements by visitor type

Refer to Appendix A for an outline of the requirements (including screening, guidelines, PPE, number of visitors and frequency of visits, etc.) for each type of visitor.

Process for becoming a Designated Care Partner

The resident or SDM may designate up to four designated care partners. The decision to designate an individual as a care partner is entirely the remit of the resident and/or their substitute decision maker and not the home.

The designation should be made in writing to the home (see Appendix B for Designation Form).

The home will keep a record of care partner designations for each resident.

A resident and/or their substitute decision maker may change a designation in response to a change in the: 1) Resident's care needs that are reflected in the plan of care. 2) Availability of a designated care partner, either temporary (e.g., illness) or permanent. It is requested that a short-term change of DCP be for at least a month.

DCPs receive a formal training session and identification badge.

As of November 15, 2021, DCPs must have received at least two doses of a Health Canada approved COVID-19 vaccine or have a valid medical exemption provided by the province.

Visitors requiring a support person

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 (e.g., symptoms screening).

A support person for any visitor does not count towards the maximum number of visitors.

A support person for a designated care partner 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.

Responding to Non-Adherence by Visitors

Bruyère recognizes that visitors are critical to supporting a resident's care needs and emotional well-being. Bruyère considers the impact of discontinuing visits on the resident's clinical and emotional well-being. Any consequences of non-adherence are done in order to protect residents, staff and visitors in the home from the risk of COVID-19.

Visitors are provided the home's visitor policy and asked to attest that they have read and understood it. The home supports the visitor in their learning needs, as required.

If the visitor does not adhere to the visitor policy, Bruyère considers the severity of the non-adherence.

Where Bruyère has previously ended a visit or temporarily prohibited a visitor, Bruyère will specify any education/ training the visitor may need to complete before visiting the home again.

Ending a Visit

Bruyère has the discretion to end a visit by any visitor who repeatedly fails to adhere to the home's visitor policy, provided:

- The home has explained the applicable requirement(s) to the visitor;
- The visitor has the resources to adhere to the requirement(s) (e.g., there is sufficient space to physically distance, the home has supplied the PPE and demonstrated how to correctly put on PPE, etc.); and
- The visitor has been given sufficient time to adhere to the requirement(s).
- Homes should document in the resident's chart (Family Communication type progress note) where they have ended a visit due to non-adherence.

Temporarily Prohibiting a Visitor

Bruyère has the discretion to temporarily prohibit a visitor in response to repeated and flagrant non-adherence with the home's visitor policy. In exercising this discretion, homes should consider whether the non-adherence:

- Can be resolved successfully by explaining and demonstrating how the visitor can adhere to the requirements.
- Is within requirements that align with instruction in Directive #3 and guidance in this policy.
- Negatively impacts the health and safety of residents, staff and other visitors in the home.
- Is demonstrated continuously by the visitor over multiple visits.
- Is by a visitor whose previous visits have been ended by the home.
- Any decision to temporarily prohibit a visitor should:
 - Be made only after all other reasonable efforts to maintain safety during visits have been exhausted;
 - Stipulate a reasonable length of the prohibition;
 - Clearly identify what requirements the visitor should meet before visits may be resumed (e.g. reviewing the home's visitor policy, reviewing specific Public Health Ontario resources, etc.); and,
 - Be documented by the home in the resident's chart (Family Communication type progress note).

Where the home has temporarily prohibited a designated care partner, the resident and/or their substitute decision maker may need to designate an alternate individual as care partner to help meet the resident's care needs.

Education Resources

The following guidance resources from [Public Health Ontario resources](#) should be reviewed by all visitors to the home:

Guidance document entitled [Recommended Steps: Putting on Personal Protective Equipment \(PPE\)](#).

Video entitled [Putting on Full Personal Protective Equipment](#).

Video entitled [Taking off Full Personal Protective Equipment](#).

Video entitled [How to Hand Wash](#).

Appendix A – Outline of requirements by visitor type

Appendix B – Designated Care Partner Designation Form

Appendix A

Outline of requirements by visitor type -Bruyère LTC visit guidelines

Categories	ESSENTIAL VISITOR <u>Designated Care Partner</u>	ESSENTIAL VISITOR <u>Compassionate Grounds</u>	ESSENTIAL VISITOR <u>Support Worker</u>	GENERAL VISITOR
<p>Screening and COVID-19 rapid antigen testing. On entry, all indoor visitor categories must pass screening as well as obtain a negative rapid test result.< (they cannot enter if they do not pass screening).</p> <p>Testing of children (ages 2-18) Children must follow the testing requirements as stated in the directives. 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.</p>	<p>Must have received two doses unless they have a valid medical exemption provided by the ministry.</p> <p>A valid immunization proof must be given to the administration team and a sticker will be given as proof of vaccination. As of January 4, 2022, a QR code issued by the province, or the sticker given by the residence will be the only proofs accepted.</p> <p>Must be rapid tested as per the ministry guidance.</p> <p>Must have a valid proof to enter without retesting.</p> <p><i>Please refer to testing schedule for the home.</i></p>	<p>Does not need to be vaccinated for entry on compassionate grounds, but it is strongly recommended that all individuals coming for compassionate visits are fully immunized.</p> <p>The home does not require a rapid antigen testing although it is encouraged, if possible, particularly, if proof of full vaccination cannot be demonstrated.</p>	<p>Must have received two doses unless they have a valid medical exemption provided by the ministry.</p> <p>A valid proof must be shown upon entry. As of January 4, 2022, a QR code issued by the province must be presented.</p> <p>Must be rapid tested, as per the ministry directives.</p> <p>Must have a valid proof from the previous day to enter without retesting and must wait for their results.</p> <p>*in an emergency situation where they require immediate access to the home, the home may grant access on a case-by-case basis. E.g., police or fire personnel.</p>	<p>Indoor visitors :Must have received two doses unless they have a valid medical exemption provided by the ministry.</p> <p>As of January 4, 2022, a QR code issued by the province must be presented.</p> <p>Must be rapid tested, as per the ministry directives.</p> <p>Must have a valid proof from the previous day to enter without retesting and must wait for their results .</p> <p>Outdoor visitors: Must pass screening, but are not required to provide proof of vaccination or to do a rapid test. Note that the residence will not facilitate outdoor visits except in exceptional cases.</p>
Education and guidelines	<p>Prior to their first visit as a DCP, the home provides training on how to safely provide direct care, including putting on and taking off required PPE and hand hygiene.</p>			

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	Must attest they have read the Visiting policy when it comes into effect, and at least once every month thereafter.			
Retraining on guidelines	Ongoing training resources will be shared with the DCPs via email and must be regularly reviewed. Monthly: must attest they have reread the home's visitor policy.			
Number of Visitors	Maximum of four visitors at a time indoors (combination of DCPs and visitors). If the home area is on outbreak or the resident is isolating, only one DCP at a time is permitted.	Maximum four visitors at a time in the resident's room.		Indoor visits: Maximum of four visitors at a time indoors (combination of DCPs and visitors). Outdoor visits: Maximum of 10 visitors at a time (combination of DCPs and visitors).
Personal Protective Equipment (PPE) Visitors: The home is responsible to provide a procedure mask, gloves, gowns and eye protection as required for all indoor visits. Residents are encouraged to wear a KN95 mask, where tolerated.	A mask (BYD or KN95) provided by the home, must be worn at all times indoors except when a DCP or visitor is alone with a resident in a room with the door closed. If another resident or staff member enters the room the persons mask must be put back on. DCPs must wait 30 minutes before removing their masks when alone with a resident. This is to allow time for processing the rapid test and ensuring the result is negative. Eating and drinking are permitted when alone with a resident. Although masks are not required outdoors, we strongly recommend masking at all times on the property.			
Visiting Hours and booking	No schedule or limit on the length or frequency of visits, however, it is appreciated that visits end by 9 p.m. if the resident is not dying or very ill, and that DCPs of residents in two-bed room consider the well-being of the roommate with the length of their visits.	Every resident who is dying or who is very ill has the right to have family and friends present 24 hours per day. The home can, at its discretion, schedule or manage the frequency of visits by essential visitors who are not DCPs.	The home can, at its discretion, schedule or manage the frequency of visits by essential visitors who are not DCPs.	Visiting hours are between 10 a.m. and 8:30 p.m. (At ÉBR, visitors must arrive before 7 p.m.) There is no limit to the length or frequency of visits.

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Physical distancing	Can engage in close physical contact (i.e., less than two metres) with a resident to support communication and well-being,	Can engage in close physical contact (i.e., less than two metres) with a resident to support communication and well-.	Can engage in close physical contact (i.e., less than two metres) with a resident to support communication and well-being provided the visitor wears the proper PPE .	Can engage in close physical contact (i.e., less than two metres) with a resident to support communication and well-being .
Supervision of visits	No supervision, but staff may ask the DCP to respect the guidelines.	Supervision of the visit may be required if the individual is not fully immunized.		No supervision, but staff may ask the visitors to respect the guidelines.
Length of visit	No limit	Every resident who is dying or who is very ill has the right to have family and friends present 24 hours per day.	No limit	No limit
Location of visit In all cases - Privacy curtain should be closed if the resident is in a room with more than one bed	Can access common areas like dining rooms. DCPs must wait 30 minutes before accessing common areas on the unit. This is to allow time for processing the rapid test and ensuring the result is negative.	In resident's room	In resident's room	Can access common areas like dining rooms.
Age Visitors are asked to consider their personal health and susceptibility to the virus in determining whether visiting a long-term care home is appropriate	Must be over 16 years	An individual does not need to be vaccinated for entry on compassionate grounds, but it is strongly recommended that all individuals coming for compassionate visits are fully immunized, meaning we recommend that these visitors be over five years of age.		

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<p>Resident is isolating (on precautions), or the home is on outbreak or suspect outbreak.</p> <p>During an outbreak and/or suspected or confirmed case of COVID-19, the local public health unit will provide direction on visitors to the home, depending on the specific situation.</p> <p>***Face shields may be required and will be distributed at screening, as needed.</p>	<p>Can visit, one at a time, during an outbreak or when resident is on precautions (local public health may provide further direction on specific situation).</p> <p>* A DCP may not visit any other resident or home for 14 days after visiting a resident on isolation or a home on outbreak (where they were in a portion of the home affected by an outbreak)</p>	<p>Visits can continue during an outbreak.</p> <p>Public health may provide further direction on specific situations.</p>	<p>Public health may provide further direction on specific situations.</p>	<p>General visitors are not allowed during an outbreak or if the resident is under contact and droplets precautions, except for isolation following an admission.</p>

Appendix B

Designation Form – Designated Care Partners

DEFINITION Designated Care Partners (DCP)

A DCP is an individual 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 care partners include family members who provide meaningful connection, a privately hired caregiver, paid companions and translators. DCPs are distinct from casual “visitors.” Because they know their loved one best, they are uniquely attuned to subtle changes in their behaviour or status.

DCP VISITING

DCPs can visit the home without visiting time and frequency restrictions. Essential visitors (DCPs fall within this category of visitor) are the only type of visitors allowed when a resident is isolating, or the home is in an outbreak. During an outbreak, the local public health unit will provide direction on visitors to the home, depending on the specific situation.

ELIGIBILITY TO BE A DCP

The DCP must meet the criteria outlined in the definition above and must be over 16 years of age. It is generally expected that the DCP will spend at least five hours per week supporting the resident.

The DCP must participate in a training session and receive their DCP identification badge

The DCP must follow the rules and regulations of Bruyère Continuing Care.

The DCP must have received at least two doses of a Health Canada approved vaccine or have a ministry-provided medical exemption. If the DCP requires a medical exemption, they must contact the home’s management.

The DCP must be screened each time they enter the home for typical and atypical symptoms and exposures to COVID-19 (cannot enter if they do not pass screening). They must also agree to undergo rapid antigen testing at the frequency required by the directive.

Upon entry to the home they must verbally attest to not have, in the last 14 days, visited another resident who is self-isolating or symptomatic and/or a home on outbreak (where they were in a portion of the home affected by the outbreak).

HOW TO DESIGNATE A DCP?

The resident or SDM may designate up to four designated care partners. The decision to designate an individual as a DCP is entirely the remit of the resident and/or their substitute decision maker and not the home.

The designation should be made in writing to the home using the form below.

A resident and/or their substitute decision maker may change a designation in response to a change in the: 1) Resident’s care needs that are reflected in the plan of care. 2) Availability of a designated care partner, either temporary (e.g., illness) or permanent. We ask that if a DCP changes for any of these reasons, it is for a minimum of a month.

Please refer to the Bruyère Long-Term Care Visiting Policy for additional information.

This information and policy are subject to change at any time upon direction from the Ministry of Public Health or the Ministry of Long-Term Care.

Designation Form Designated Care Partner

Name of long-term care home: _____

Name of resident: _____

Name of person completing the form (if not the resident): _____

Relationship to the resident (indicate 'self' if resident completes): _____

I have read the information above and the Bruyère Long-Term Care Visiting Policy. I wish to designate the following DCPs.

	Name	Relationship to resident	Phone number	Email
1				
2				
3				
4				

Please indicate if these DCPs require a support person to assist them with communications, mobility or personal care.

Please send this form to Kim Durst-Mackenzie (kdurstmackenzie@bruyere.org) via email or by mail (43 Bruyère St, Ottawa, ON, K1N 5C8).

Designated care partners will be contacted within three business days of receiving the form to schedule a training session.

Thank you!