

TITLE:
VISITOR POLICY

APPROVED BY:
EXECUTIVE COMMITTEE

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LTC-ON-100-05-09

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POLICY MANUAL:
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POLICY SECTION:
RISK MANAGEMENT

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PURPOSE

To ensure a safe environment that follows provincially mandated protocols, this policy provides guidance on how visits are to be implemented.

Every resident has the right to communicate in confidence, receive visitors of their choice and consult in private with any person without interference. – Fixing Long Term Care Act, 2021, s.3(1) ss.3.

This visiting policy is guided by the following principles:

- **Safety** – Any approach to visiting must balance the health and safety needs of residents, staff, and visitors, and ensure risks are mitigated.
- **Emotional Well-Being** – Allowing visitors is intended to support the emotional well-being of residents 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 an outbreak and the current status of the home with respect to personal protective equipment (PPE) are all variables to take into account when setting home-specific policies.
- **Equality** – Residents have the right to choose their visitors. In addition, residents and/or their substitute decision-makers have the right to designate caregivers.

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

COMPLIANCE AND APPLICABILITY

Compliance with this policy is required by all AgeCare employees, members of the medical staff, students, and other persons, including contracted service providers, acting on behalf of AgeCare in the province of Ontario.

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This policy applies in all AgeCare owned or managed Long-Term Care homes in the province of Ontario.

POLICY STATEMENTS

1. The home is open to residents, their family members and significant others 24 hours a day seven days a week. To ensure safety, no individual other than a resident, employee or designated physician may enter the home between the hours of 12 midnight and 5:30 a.m. unless prior arrangements have been made with the administration of the home.
2. LTC homes are responsible for supporting residents in receiving visitors during non-outbreak situations and during outbreak situations and during an outbreak of a communicable disease or an outbreak of a disease of public health significance, an epidemic or a pandemic.
3. Homes are also required to comply with all applicable laws including any applicable directives, orders guidance, advice or recommendations issued by the Chief Medical Officer of Health, or a medical officer of health appointed under the *Health Protection and Promotion Act*.
4. Homes must have a process for documenting and keeping a written record of,
 - a. The designation of a caregiver; and
 - b. The approval from a parent or legal guardian to permit persons under 16 years of age to be designated as a caregiver, if applicable.
5. Homes are to ensure that essential visitors continue to have access to the long-term care home during an outbreak of a communicable disease, and outbreak of a disease of public health significance, and epidemic or a pandemic, subject to any applicable laws.
6. Homes must maintain visitor logs for a minimum of 30 days which include, at a minimum,
 - a. The name and contact information of the visitor,
 - b. The time and date of the visit; and
 - c. The name of the resident visited.
7. Homes must ensure that the current version of the visitor policy is provided to the Residents' Council and Family Council, if any. Homes must ensure that all visitors have access to the home's visitor policy.

PROCEDURE STATEMENTS

Access to the Home

8. All visitors to the home must receive education/training on physical distancing, respiratory etiquette, hand hygiene, IPAC practices, and proper use of PPE. Homes are to provide a copy of the *Infection Prevention and Control Handout for Visitors* and review with visitors prior to their first visit.

Additional educational resources are available on the Public Health Ontario website: <https://www.publichealthontario.ca/en/diseases-and-conditions/infectious-diseases/respiratory-diseases/novel-coronavirus/long-term-care-resources>.

9. There are no limits to the number of visitors permitted for indoor or outdoor visits. Capacity is determined by the available space and following applicable guidance and laws.
10. In the case where a local public health unit directs a home in respect to the number of visitors allowed, the home must follow the direction of the local public health unit.
11. The following apply to specific visitors:
 - a. Essential Visitors
 - i. There are no limits to the number of essential visitors allowed to come into a home at any given time.
 - ii. Essential visitors are the only type of visitors allowed when there is an outbreak in a home or area of the home.
 - b. General Visitors
 - i. General visitors are not permitted to visit:
 1. When a home or area of a home is in outbreak, or
 2. When the local public health unit so directs.
 - ii. General visitors younger than 14 years of age should be accompanied by an adult and must follow all applicable public health measures that are in place at the home (e.g., screening, hand hygiene, masking for source control).
 - c. Caregiver Designation
 - i. The decision to designate an individual as an essential caregiver is at the discretion and request of the resident and/or SDM. The home will not partake or interfere in this decision-making process.
 - ii. All caregivers need to be designated in writing by using the *Caregiver Designation Form* and designated caregivers will be identified in the Point Click Care database for the resident.
 - iii. Essential caregivers must be at least 16 years of age. In the case of an individual under 16 years of age, they must have written approval from a parent or legal guardian to be designated as a caregiver.

Visitor Logs

12. Homes to designate one point of entry and maintain one registry of all visitors entering the property to fill out the visitor *Sign-In and Out Register*.

13. During outbreak situations and during an outbreak of a communicable disease or an outbreak of a disease of public health significance, an epidemic or a pandemic the log may be adjusted to include additional screening, testing and requirements as deemed necessary by the Minister of Health or the local Public Health unit.
14. Homes to maintain all logs for a minimum of 30 days.

Screening

15. Passive Screening means that those entering the home will review screening questions themselves, and there is not verification of screening (for example, signage at entrances as a visual reminder not to enter if symptomatic).
 - a. All homes should have information posted on the entrance that inform visitors to not visit if they are feeling unwell. All individuals should self-screen before working, attending or visiting a long-term care home. Refer to *Self-Screening Poster*.
16. Active Screening includes some form of attestation/confirmation of screening. This is achieved through in-person or pre-arrival submission of online screening where applicable.
 - a. During an outbreak of a communicable disease or an outbreak of a disease of public health significance, an epidemic or a pandemic, homes are required to follow screening requirements as directed by the Ministry of Health.
 - b. When active screening is required:
 - i. The home must have a dedicated person ensuring that all people entering the home are actively screened. Individuals must be trained on the screening requirements.
 - ii. During an outbreak, the screening may include visitors completing and signing a screening form at the nursing station before commencing the visit with the resident.
 - iii. Screening questions will be updated to reflect current guidance provided by the Ministry of Health.
 - iv. If a visitor fails to participate in active screening or fails screening, they will not be permitted to enter the home.
 - v. Exceptions: (i) Paramedics/first responders visiting in an emergency situation should be permitted entry without screening. (ii) If a visitor visiting at end-of-life fails screening, they are still permitted entry but must wear a medical mask, maintain physical distance from other residents and staff and be restricted to the resident's room. (iii) If a staff member is returning on test-to-work protocols.
 - vi. The home will be encouraged to set up a schedule for completing audits of the screening set-up and screening process.

- vii. Homes will refer to active screening protocols as indicated by Public Health and utilize screening logs for visitors, staff and residents as indicated.

Surveillance Testing

- 17. The requirement to initiate asymptomatic screen testing will be done in conjunction with Ministry of Long-Term Care Directives and Public Health direction.

Visit Requirements for Infection Prevention and Control Measures

18. Masking

- a. Masks are recommended for visitors and caregivers in resident areas indoors. Personal Protective Equipment, including masks, will be required when visiting a resident who is in isolation under additional precautions; signage will be posted to direct visitors and caregivers of the requirements. During an outbreak visitors may be required to wear a medical mask during their visit.
- b. Exceptions to the masking requirements are:
 - i. Children younger than two years of age
 - ii. Any individual who is being accommodated in accordance with the Accessibility for Ontarians with Disabilities Act, 2005 or the Ontario Human Rights Code.
 - iii. If entertainment provided by a live performer (that is, a visitor) requires the removal of their mask to perform their talent.

19. Physical Distancing

- a. As continuity of activities is essential to the mental health and wellbeing of residents, homes can hold activities without adjusting to optimize for physical distancing. Home, with guidance from Public Health units, are best positioned to structure activities based on staff capacity and the individual home and resident population.

20. Activities

- a. Caregivers and general visitors may join residents during activities, both indoors and outdoors, including enjoying food and beverages during group activities, unless otherwise directed by the local public health.

Unauthorized Visitors Subject to Visitor Restrictions

- 21. The resident or Substitute Decision Maker will make the home aware of any existing restraining orders or legal orders that would require a visitation restriction to be enforced by the home.

22. The Executive Director will record this information by completing the *Visitation Restriction Request Form*, attach a copy of the legal order and place the form in the resident health record.
23. Annually, the list of unauthorized visitors indicated on the *Visitor Restriction Request Form* will be reviewed at the annual care conference.
24. In the event a restricted visitor comes to the home or attempts to remove the resident from the home, the staff member receiving the visitor will ask the person to leave the premises. If the restricted visitor refuses to leave the premises or insists on taking the resident, the staff member will:
 - a. Notify the Charge Nurse,
 - b. Contact the Executive Director or Manager on call,
 - c. Request that the person wait in the lobby until the Executive Director/Nurse in Charge arrives, and/or
 - d. Contact emergency police services for assistance.

Responding to Safety Concerns

25. The Executive Director or designate reserves the right to limit visitation to residents when there are demonstrated safety concerns.
26. All concerns regarding a visitor to the home will be investigated by the Executive Director or delegate. Following investigation of a concern should the Executive Director or designate determine that there are safety risks associated with a person visiting the home, visitation to the home can be either restricted or terminated after consultation with the Regional Director of Operations.
27. Restrictions that can be imposed include but are not limited to:
 - a. Visitation during the hours that the Executive Director is in the home,
 - b. Supervised visitation with another family member being present,
 - c. Set hours for visitation, or
 - d. Other visitation restrictions as decided in consultation with the Regional Director of Operations.
28. The Executive Director will meet with people who are having visitation restricted to outline the reason for the restriction and the home's expectation regarding their visitation.
29. Visitation restrictions imposed by the home will be reassessed by the Executive Director on a monthly basis.

Responding to Non-Adherence by Visitors During Outbreaks/Pandemics

30. Any non-adherence to this protocol will be the basis for discontinuation of visits or caregiving.

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31. The home recognizes that visits and caregiving are critical in supporting a resident's care needs and emotional wellbeing. The home will consider the impact that discontinuing visits will have on the resident and will make every reasonable effort to ensure that any disruption to visiting/caregiving is reflective and proportionate to the severity of the non-adherence.
32. The home will include the Residents' Council and Family Council on procedures for addressing non-adherence by visitors/caregivers.
33. The home will provide all visitors with education explaining the necessary requirements and will ensure that visitors are provided with the sufficient time and resources to adhere to the requirements. If a visitor demonstrates repeated incidents of non-adherence, the home may end a visit or temporarily prohibit the visitor from coming into the home.
34. The Executive Director will make the final determination to discontinue visiting/caregiving and will advise the visitor/caregiver of this finding in writing. The home will indicate the timeframe in which the visitor is not able to visit the home. Records will be kept by the home of all incidents where discontinuation of visits has been exercised.
35. If the home is prohibiting an essential caregiver from coming into the home, the resident and/or SDM may need to designate an alternate individual as caregiver to assist with meeting the needs of the resident.
36. When the home reinvokes a visitor's/caregiver's privileges, the home will provide additional education to the visitor/caregiver prior to their resumption of visiting in the home.

DEFINITIONS

Caregivers means an individual who,

- a) Is a family member or friend of a resident or a person of importance to a resident,
- b) Is able to comply with all applicable laws including any applicable directives, orders, guidance, advice or recommendations issued by the Chief Medical Officer of Health or a medical officer of health appointed under the *Health Protection and Promotion Act*,
- c) Provides one or more forms of support or assistance to meet the needs of the resident, including providing direct physical support such as activities of daily living or providing social, spiritual or emotional support, wither on a paid or unpaid basis,
- d) Is designated by the resident or the resident's substitute decision-maker with authority to give that designation, if any, and
- e) In the case of an individual under 16 years of age, has approval from a parent or legal guardian to be designated as a caregiver.

Essential Visitors means:

- a) A caregiver,
- b) A support worker who visits a home to provide support to the critical operations of the home or to provide essential services to residents,
- c) A person visiting a very ill resident for compassionate reasons including, but not limited to, hospice services or end-of-life care, or

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- d) A government inspector with a statutory right to enter a long-term care home to carry out their duties.

General Visitor is a person who is not an essential visitor and is visiting to provide non-essential services related to either the operations of the home or a particular resident or group of residents. General visitors include those persons visiting for social reasons as well as visitors providing non-essential services such as personal care services, entertainment, or individuals touring the home.

Government Inspectors includes individuals who are inspectors under the *Fixing Long Term Care Act*, the *Health Protection and Promotion Act*, and the *Occupational Health and Safety Act*.

Not Considered Visitors – Long term care home staff (as defined under the Act), volunteers and student placements are not considered visitors as their access to the home is determined by the licensee. Infants under the age of 1 are also not considered visitors and are excluded from testing requirements.

Support Workers are individuals who perform essential support services for the care community or for a resident (i.e., physicians, nurse practitioners, maintenance workers, person delivering food, provided they are not staff of the LTC home/care community as defined in the FLTCA).

REFERENCES

Fixing Long Term Care Act, 2021 and the Regulations under the Act (Ontario)

Policy: Leave of Absence – Social (LTC-ON-100-02-11)

Form: Caregiver Designation Form (LTC-ON-100-09-05.8)

Form: Infection Prevention and Control Handout for Visitors (LTC-ON-100-09-05.8)

Form: Visitor Restriction Request Form (LTC-ON-100-09-05.9)

Poster: Self-Screening Poster (IPAC Manual - Section 10).

Ministry of Health Recommendations for Outbreak Prevention and Control in Institutions and Congregate Living Settings