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1. POLICY

1.1. This policy was developed for essential and non-essential visitors during the COVID-19 pandemic to reduce the risk of transmission at CLG congregate living settings (group homes). Current guidelines “ COVID-19 – Guidance for Congregate Living for Vulnerable Populations V1, May 28, 2020” from the Ontario Ministry of Health and direction from Ministry of Children, Community and Social Services “Resuming visits in Congregate Care Settings, June 12, 2020” ; Visitor’s Guidelines: Re-Opening of Congregate Care Settings, July 30, 2020 and “Re-Opening of Congregate Living Settings: Short Stay Absences and Outings and Essential Overnight Absences”, August 28, 2020 were used to develop this policy. Community Living Glengarry recognizes the importance of essential and non-essential visitors in order to maintain operations as well as deliver needed and desired services that promote the well-being of people supported.

2. DEFINITION OF ESSENTIAL AND NON-ESSENTIAL VISITOR

2.1 An **essential visitor** is defined as a person (including a contractor) who performs essential services to support the ongoing operation of a service agency or is a person considered necessary by a service agency to maintain the health, wellness and safety, or any applicable legal rights, of a resident. Who is considered an essential visitor and the way in which the visit is exercised (e.g. in-person, virtual) may change depending on whether there is an active outbreak, the nature of the congregate living setting, the individuals served, as well as advice provided by a local public health unit. Agency employers should take careful consideration as to when and whether an in-person visitor is truly vital to maintain the health, wellness and safety of a resident. This should include whether the support or care provided by the visitor can be reasonably, safely, and fully assumed by agency staff. Examples of essential visitors would include:

- 2.1.1 direct care employees (all CLG employee)
- 2.1.2. maintenance,
- 2.1.3 healthcare professionals.
- 2.1.4 someone acting in the capacity of Substitute Decision Maker, siblings, guardians or parents of people supported by CLG when one of the following conditions below apply:
 - 2.1.4.1 They may be required to perform an essential support services and/or provide assistance to the CLG staff providing specialized health care requirements
 - 2.1.4.2 When end of life is expected and palliative support/care is provided
 - 2.1.4.3 A crisis situation, that is detrimental to the health, safety & well-being of the person supported. These requests will be reviewed on an individual basis by CLG management

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2.2 A **non-essential visitor** is defined as family members, friends. Although the direction on non-essential visitors (MCCSS – Resuming visits in congregate living settings, June 12, 2020) does not place a blanket prohibition on all visitors, it is intended to greatly limit entry into the congregate living setting to help prevent transmission of COVID-19 and to protect people supported and staff during the outbreak, by having visits take place outdoors. Visitor’s Guidelines: Re-Opening of Congregate Care Settings, dated July 15, 2020, now allows for indoor visits, in a designated area. The role that families, visitors and loved ones play in providing caregiving and emotional supports is important in the quality of life for those living in congregate living settings. To support visits while protecting people supported and staff, the ministry is proposing resumption of personal visits, provided they are guided by the following principles:

3. STANDARD

- 3.1. To provide essential and non-essential services in a safe manner, whereby protecting the well-being of people supported, employees, family members, and all others who access Community Living Glengarry properties/sites.
- 3.2. All visitors are to be actively screened for COVID-19 symptoms, to maintain infection prevention and control (IPAC) standards to minimize the transmission of covid-19. (no testing required)
- 3.3. All visitors are to wear masks for source protection.
- 3.4. A log of all essential and non-essential visitors who are given entry, with whom they visit, and/or what areas of the residence they occupy should be maintained.
- 3.5. To adhere to Ministry of Health (MOH) guidelines “Guidance for Congregate Living for Vulnerable Populations, Version 1-May 29-8, 2020” and MCCSS’ “Resuming visits in congregate living settings” dated June 12, 2020 and “Visitor’s Guidelines: Re-Opening of Congregate Care Settings”, dated July 15, 2020. As the COVID-19 outbreak evolves across the province, the direction regarding visits will be adjusted as necessary, to comply with the three reference documents, keeping the safety, health and emotional wellbeing of people supported and employees as the priority.

4. STAFF ROLES AND RESPONSIBILITIES - ESSENTIAL VISITORS

- 4.1. **On-Site visits:** The employee will need to ensure that they are prepared to make the visit proceed as smoothly as possible. Greet the visitor and advise them you have to go through a few steps with them before they enter:
 - 4.1.1. Complete the visitor screening checklist, including taking their temperature with the infrared thermometer. If they pass the screening, they are allowed entry. If they display symptoms they are not to enter and should

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be directed to contact the assessment centre (613-935-7762)

- 4.1.2. A log of all essential visitors who are given entry will be maintained indicating, with whom they visit, and/or what areas of the residence they occupy
- 4.1.3. Have the visitor(s) sanitize their hands at the entrance of the site.
- 4.1.4. Explain to the visitor(s) they need to wear a mask. Non-medical mask such as a double layer cloth mask is fine. If they do not have their own mask, then give them one. Refer to the poster showing donning and doffing of PPEs
- 4.1.5. Physical distancing between people supported, employees and essential visitors – at a minimum, 2 meters should be kept between all individuals regardless if they are well or unwell.
- 4.1.6. Upon exiting the site, the employee will have the essential visitor(s) dispose of PPEs (mask etc) in the garbage can at the entrance, sanitize their hands and double check with them to confirm they are still symptom free.

4 **STAFF ROLES AND RESPONSIBILITIES – NON-ESSENTIAL VISITORS (FAMILIES & FRIENDS)**

- 4.1 **Virtual:** employees will assist people supported to maintain connections with family and friends, ensuring that methods for safe and responsible visiting is followed by:
 - 4.1.5 Assisting people supported to communicate by regular phone call, texting, email, Facetime, ZOOM etc.
 - 4.1.6 Sending or dropping off cards, letters, flowers or gifts for special occasions or just because
 - 4.1.7 Taking pictures of activities or with messages and send them to family/friends
 - 4.1.8 Sending pictures/stories to the appropriate person for CLG's communication emails and Facebook page
 - 4.1.9 Encourage everyone to give physical distance virtual: hugs, high fives, thumbs up etc
- 4.2 **On-site visits:** Visits can take place in the designated outdoor area (as of June 18/20) and indoor areas (as of July 30/20) at each congregate care (group home) setting. It is strongly recommended that visits take place outdoors, however indoor visits are permitted. Personal visits should be arranged ahead of time to ensure a smooth and safe visit and that there is available space & staffing. The baseline requirements for the congregate living setting must be met prior to the home being able to accept any personal visitors:

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- 4.2.5 The setting must NOT be currently in outbreak. Visits cannot occur in instances where a symptomatic employee or person supported is awaiting COVID-19 test results, until those tests results are known
- 4.2.6 Each congregate care setting will identify a dedicated outdoor and indoor area where visitors can meet with loved ones, that allows for a minimum of 2 metres (6 feet) physical distance.
- 4.2.6.1 If there is no suitable outdoor space identified on-site, then a nearby public space may be used, where a minimum of 2 meter physical distance from members of the public is maintained
- 4.2.6.2 Visits of people supported to the family residence (ie. Visits home) remain prohibited.
- 4.2.6.3 The outdoor/indoor space must be a sufficient size and layout to allow for a minimum of 2 meters physical distance between the person supported, visitor(s) and employee.
- 4.2.6.4 The outdoor space must provide for seating/shade as appropriate to support a comfortable and safe visit.
- 4.2.6.5 All furniture must be wipeable, and fully cleaned and disinfected after each use. The employee needs to chart on the appropriate disinfecting list (indoor or outdoor – whichever area was used) for the visit
- 4.2.7 Employees are to actively screen the visitor, using the visitor screening checklist. The visitor must pass the checklist. The checklist also consists of:
- 4.2.7.1 Giving the visitor information on proper hand hygiene, respiratory etiquette, physical distancing (being 2 meters apart from the person supported for the whole visit) and proper mask use.
- 4.2.7.2 Ensure the visitor has their own mask. If they do not have one, CLG will provide one
- 4.2.7.3 Advising the visitor of areas (for in-door visits) that are off limits to them (example: bathrooms – except for hand hygiene purposes as needed and common areas etc)
- 4.2.8 The employee must be available to transfer the person supported out of and into the congregate living setting (taking the person supported to and from the visiting area) and remain within visual contact of the visitor(s) and person supported for the full duration of the visit
- 4.2.9 Any concerns regarding the visit must be documented by the employee
- 4.2.10 List of visitors should be maintained and available for relevant/appropriate staff members to access.
- 4.2.11 A schedule must be created that allows for:
- 4.2.11.1 Maximum of 2 visitors at a time per person supported
- 4.2.11.2 Time-limited visits, but not restricted to less than 30 minutes
- 4.2.11.3 At minimum one visit per week per person supported.

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Frequency and time frames of visits will be determined by the family. CLG will make every effort to accommodate visits as per the wishes of the family and person supported

4.2.11.4 Staffing and space capacity (appropriate on-site outdoor space or nearby public space and appropriate indoor space) to maintain safety of people supported, employees and visitors.

4.2.11.5 Enhanced cleaning in between visit space use

4.2.12 Visits will be guided using the following principles:

4.2.12.1.1 Safety: Any approach to visiting in a congregate living setting must consider, balance, and meet the health and safety needs of people supported, employees, and visitors, and ensure risks are mitigated

4.2.12.1.2 Emotional Wellbeing: Allowing visitors is intended to support the emotional wellbeing of people supported and their families/friends, through reducing any potential negative impacts related to social isolation. Homes must make every effort to ensure that visits are meaningful and equitable by scheduling visits of a sufficient duration and maintaining the visiting schedule. Any cancellations should be due to extraordinary circumstances

4.2.12.1.3 Equitable Access: All visitor(s) seeking to visit a person supported will be given equitable visitation access, consistent with the person supported's preference and within reasonable restrictions that safeguard people supported.

4.2.12.1.4 Flexibility: The physical/infrastructure characteristics of the congregate living setting (for indoor & on-site outdoor) and/or nearby public space (space capacity) and its current status with respect to staffing, and any other key factors must be considered

5. VISITOR ROLES AND RESPONSIBILITIES

All visitors must adhere to the following:

- 5.1 Visitors should consider their personal health and susceptibility to the virus in determining whether visiting is appropriate. Where it is not possible or advisable for in-person visits homes should continue to provide virtual visiting options
- 5.2 Must pass active screening every time they are on the premises and attest that they are not experiencing any of the typical and atypical symptoms of COVID-19. They should not be allowed to visit if they do not pass the screening
- 5.3 Visitors must read and agree to the parameter of the visit set out by the agency in compliance with this document and public health direction.
- 5.4 Comply with the congregate setting's IPAC protocols, including proper use of face masks:

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- 5.4.1 Visitors are to use a face covering at all times. This may include a cloth mask while maintaining a minimum of 2 metres (6 feet) physical distance. Visitors are responsible for bringing their own face covering
- 5.4.2 Visitors must maintain a minimum of 2 metres (6 feet) physical distance from the person supported for the full duration of the visit
- 5.4.3 Visitors must adhere to protocols for hand hygiene and respiratory Etiquette
Gifts are permitted, only if they can be easily cleaned and disinfected (e.g. hard surfaces, original packaging). The gift needs to be given to the employee first, for proper sanitizing and then will be given to the person supported
- 5.4.4 Visitors will directed to the outdoor location and/or be taken to the indoor space by the employee . Visitors are not permitted to enter common areas of the congregate living setting, the only exception is the bathroom for hand hygiene purposes only , as needed.

6. ESSENTIAL OVERNIGHT ABSENCES

An essential overnight absence (e.g. to a family home) is one considered necessary to maintain the health, wellness and safety, or any applicable legal rights, of a person supported. Agencies should take careful consideration as to whether an overnight absence is truly vital to maintain the health, wellness and safety of a person supported. This should include whether the support or care to be provided during the absence could be reasonably, safely, and fully assumed by agency staff, or reasonably, safely and fully assumed by an essential visitor to the person supported at the residence under the existing visitor policy (instead of through an absence).

- 6.3.1. Preparing for the essential overnight visit:
 - 6.3.1.1 The family must contact the manager to arrange for the overnight visit
 - 6.3.1.2 The manager and family will determine if the visit is truly vital to maintain the health, wellness and safety of a person supported and to develop a return plan (refer to 6.3.2), if the overnight absence is deemed essential
 - 6.3.1.2.1 The visit (going home to the family's place) will not be approved if:
 - 6.3.1.2.1.1 it is determined that the visit is not truly essential
 - 6.3.1.2.1.2 The home has a suspected (waiting test results) and/or positive case of covid-19
 - 6.3.1.2.1.3 The family member is symptomatic (waiting test results) and/or tested positive

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- 6.3.2 Upon return from any overnight absence the person supported must:
- 4.3.2.1 Pass active screening questionnaire (checklist) that screens for signs and symptoms of and potential exposures to Covid-19
 - 4.3.2.2 Only receive outdoor visitors during the 14 days
 - 4.3.2.3 Avoid using common areas; however, if common area cannot be avoided, the person supported must use a face covering/mask
 - 4.3.2.4 Limit contact with other people supported
 - 4.3.2.5 Only participate in group activities if physical distancing is maintained (ie. a distance of 6 feet or 2 metres) and the use of a face covering/mask
 - 4.3.2.6 Practice proper hand hygiene by washing their hands often (using soap and water, or use alcohol-based hand sanitizer)
 - 4.3.2.7 Adhere to respiratory etiquette
 - 4.3.2.8 Continue to follow appropriate physical distancing guidelines (ie. maintaining a distance of 6 feet or 2 metres)

7. DISCONTINUATION OF VISITS

- 7.1 Any non-adherence to these rules will be the basis for discontinuation of visits. In the event this happens:
- 7.1.1 The employee is obligated to report any non-compliance to their manager
 - 7.1.2 The manager will discuss the non-compliance issues with the visitor(s) and determine future action for visits.

8. OUTBREAK MANAGEMENT AND REPORTING

- 8.1. Definition of outbreak: an outbreak within a congregate living setting is defined as one laboratory confirmed case in a person supported or employee. Outbreaks are declared by the local medical officer of health or their designate in coordination with the administrator (Executive Director) of the congregate care setting
- 8.1.1. Once an outbreak has been declared, the local public health unit will direct testing and associated public health management of all those impacted (employees, people supported and visitors)
 - 8.1.1.1. The visitors log will be given to the Health Unit to facilitate contact tracing
 - 8.1.2. The local public health unit will provide guidance with respect to any additional measures that should be implemented to reduce the risk of COVID-19 transmission in the setting
 - 8.1.3. The congregate living setting (CLG) will notify individuals/agencies about the outbreak
 - 8.1.4. People supported, employees and visitors will be made aware of the outbreak measures being implemented at the congregate living setting.

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9. COMMUNICATION/TRAINING

Prior to the visit, the visitor is to be provided with the following information:

9.1. The policy and procedures on Essential and Non-Essential Visitors

9.2. Visitors will be provided with an information package, educating visitor(s) on IPAC:

9.2.1. Masking: <https://www.ontario.ca/page/face-coverings-and-face-masks>

When and How to Wear a Mask – diagram:

<https://www.publichealthontario.ca/-/media/documents/ncov/factsheet/factsheet-covid-19-how-to-wear-mask.pdf?la=en>

Putting on PPE video: <https://www.publichealthontario.ca/en/videos/ipac-fullppe-on>

Taking off PPE video: <https://www.publichealthontario.ca/en/videos/ipac-fullppe-off>

9.2.2. physical distancing of a minimum of 2 metres (6 feet)

<https://www.publichealthontario.ca/-/media/documents/ncov/factsheet/factsheet-covid-19-guide-physical-distancing.pdf?la=en>

9.2.3. hand hygiene

<https://www.publichealthontario.ca/-/media/documents/ncov/factsheet/factsheet-covid-19-hand-hygiene.pdf?la=en>

9.2.4. respirator etiquette

<https://www.publichealthontario.ca/-/media/documents/c/2013/clincial-office-cough-signage.pdf?la=en>



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