

ARIRANG KOREAN LONG TERM CARE INFECTION AND CONTROL MANUAL

SECTION: : 9 Infectious Disease Protocols	PAGE: 1	
SUBSECTION: 9.16 COVID-19 - General COVID-19 & Visiting Protocols	Approved by: Infection Control Practitioner	
Date of origin:03/21	Date revised: 03/23	Date Reviewed: 03/23

1.0 Purpose

The purpose of this document is reflect as defined in the Fixing Long-Term Care Act, 2021 (the Act), with general information on enforceable requirements set out by the Province of Ontario with respect to the COVID-19 guidance documents for Long Term Care Homes in Ontario, including those set out in the Minister’s Directive issued by the Minister of Long-Term Care, and homes in developing approaches for operating safely while providing the greatest possible opportunities for maximizing resident quality of life.

Asymptomatic screen testing is no longer required for staff, students, volunteers, support workers, caregivers and visitors.

Homes are no longer required to actively screen residents returning from an absence.

The passive screening requirements for staff, visitors and caregivers continue,

Home is continue to promote self-monitoring for symptoms of COVID-19 and other respiratory or infectious diseases to prevent the spread of illness in LTC home and ensure appropriate signage is in place.

The limit of one caregiver at a time during a COVID-19 outbreak or when a resident is symptomatic or isolating under Additional Precautions is no longer required.

During an outbreak, home continues to be subject to public health unit (PHU) direction per the Ministry of Health COVID-19 Guidance: Long-Term Care Homes, Retirement Homes.

Everyone in a long-term care home, whether staff, student, volunteer, caregiver, support worker, general visitor or resident, has a responsibility to ensure the ongoing health and safety of all by practicing these measures at all times.

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.

ARIRANG KOREAN LONG TERM CARE INFECTION AND CONTROL MANUAL

SECTION: : 9 Infectious Disease Protocols	PAGE: 2	
SUBSECTION: 9.16 COVID-19 - General COVID-19 & Visiting Protocols	Approved by: Infection Control Practitioner	
Date of origin:03/21	Date revised: 03/23	Date Reviewed: 03/23

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.

ARIRANG KOREAN LONG TERM CARE INFECTION AND CONTROL MANUAL

SECTION: : 9 Infectious Disease Protocols	PAGE: 3	
SUBSECTION: 9.16 COVID-19 - General COVID-19 & Visiting Protocols	Approved by: Infection Control Practitioner	
Date of origin:03/21	Date revised: 03/23	Date Reviewed: 03/23

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.

Passive Screening Passive screening means that those entering the setting review screening questions themselves, and there is no verification of screening (for example, signage at entrances as a visual reminder not to enter if symptomatic).

2. Visitor

Home is set up the visitor policy as per section 7 of the Minister's Directive, licensees are required to ensure that the visitor requirements as set out in this guidance document are followed and residents have a right under the Fixing Long-Term Care Act, 2021, to receive visitors and homes should not develop policies that unreasonably restrict this right.

2.1 Visitor Procedures:

Visitors are an important role in sustaining the wellbeing 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.

ARIRANG KOREAN LONG TERM CARE INFECTION AND CONTROL MANUAL

SECTION: : 9 Infectious Disease Protocols	PAGE: 4	
SUBSECTION: 9.16 COVID-19 - General COVID-19 & Visiting Protocols	Approved by: Infection Control Practitioner	
Date of origin:03/21	Date revised: 03/23	Date Reviewed: 03/23

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.

2.2 The Home will assure:

- Appropriate signage is present and visible for all visitors regarding Passive Screening, required PPE, physical distancing, hand hygiene, respiratory etiquette and any relevant infection presentation and control practices in place.
Visiting protocols and guidelines are available for review by all visitors. This will include but are not limited to screening protocols, testing guidelines and PPE education.
 - Coordination and scheduling of visits may be required, if directed by the home – indoor and outdoor – based on the ability of the home to meet IPAC standards consistent with MOH directives and/or local public health guidelines.
- Visiting protocols and guidelines are available for review by all visitors. This will include but are not limited to screening protocols, COVID19 guidelines and PPE education.
 - Coordination and scheduling of visits may be required, if directed by the home – indoor and outdoor – based on the ability of the home to meet IPAC standards consistent with MOH directives and/or local public health guidelines.
- Homes must provide education or training to all visitors about respiratory etiquette, hand hygiene, IPAC practices, and proper use of PPE.
- The home’s visitor policy should include guidance from the following

Public Health Ontario resources to support IPAC and PPE education and training:

- guidance document: recommended steps: putting on personal protective equipment

ARIRANG KOREAN LONG TERM CARE INFECTION AND CONTROL MANUAL

SECTION: : 9 Infectious Disease Protocols	PAGE: 5	
SUBSECTION: 9.16 COVID-19 - General COVID-19 & Visiting Protocols	Approved by: Infection Control Practitioner	
Date of origin:03/21	Date revised: 03/23	Date Reviewed: 03/23

- video: putting on full personal protective equipment
- video: taking off full personal protective equipment
- videos: how to hand wash and how to hand rub

2.3 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.
- Passive 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.
- All general visitors are allowed to entry home such as visitors and qualified staff, regardless of their vaccination status with the high vaccine uptake among residents, the availability of safe and effective antivirals, and high immunity in the general community, the risk of severe outcomes to residents has significantly decreased. Regardless of a home's specific vaccination policy, all individuals entering long-term care homes, including residents, staff, caregivers and visitors, are strongly encouraged to get vaccinated and stay up-to-date with recommended doses as per the Ministry of Health's COVID-19 Vaccine Guidance (PDF). All vaccines provided as part of Ontario's vaccine rollout are safe and effective. Additional information about COVID-19 vaccination can also be found at COVID-19 vaccines for Ontario.
- No limits on outdoor visits unless the outdoor physical space does not safely facilitate multiple groups visiting simultaneously.
- 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.
- If the visit is **indoors**, a surgical/procedure mask **must** be always worn unless visiting with a resident in private room or a shared room where the other resident is not present. 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.

ARIRANG KOREAN LONG TERM CARE INFECTION AND CONTROL MANUAL

SECTION: : 9 Infectious Disease Protocols	PAGE: 6	
SUBSECTION: 9.16 COVID-19 - General COVID-19 & Visiting Protocols	Approved by: Infection Control Practitioner	
Date of origin:03/21	Date revised: 03/23	Date Reviewed: 03/23

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.

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 10 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.

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

In accordance with section 267(2) of O. Reg. 246/22, homes must maintain visitor logs of all visits to the home.

The visitor log must include, at minimum:

- the name and contact information of the visitor
- time and date of the visit
- the purpose of the visit (for example, name of resident visited)

2.4 Types of 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 one are also not considered visitors.

ARIRANG KOREAN LONG TERM CARE INFECTION AND CONTROL MANUAL

SECTION: : 9 Infectious Disease Protocols	PAGE: 7	
SUBSECTION: 9.16 COVID-19 - General COVID-19 & Visiting Protocols	Approved by: Infection Control Practitioner	
Date of origin:03/21	Date revised: 03/23	Date Reviewed: 03/23

2.4. a) 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:

A caregiver should not visit any other home for 10 days after visiting:

- an individual with a confirmed case of COVID-19
- an individual experiencing COVID-19 symptoms

Recognizing there are caregivers who want to volunteer to support more than one resident, in the event of an outbreak, caregivers may support up to two residents who are COVID-19 positive, provided the home obtains consent from all involved residents (or their substitute decision makers). Caregivers may also support more than one resident in non-outbreak situations, with the same expectation regarding resident consent.

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.

ARIRANG KOREAN LONG TERM CARE INFECTION AND CONTROL MANUAL

SECTION: : 9 Infectious Disease Protocols	PAGE: 8	
SUBSECTION: 9.16 COVID-19 - General COVID-19 & Visiting Protocols	Approved by: Infection Control Practitioner	
Date of origin:03/21	Date revised: 03/23	Date Reviewed: 03/23

- 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 an 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.
- 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 through posted signage and for new visitors to the home and as new directives and MOH & local Public Health guidelines evolve. This will include but are not limited to screening protocols 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).

2.4.b) General Visitor

ARIRANG KOREAN LONG TERM CARE INFECTION AND CONTROL MANUAL

SECTION: : 9 Infectious Disease Protocols	PAGE: 9	
SUBSECTION: 9.16 COVID-19 - General COVID-19 & Visiting Protocols	Approved by: Infection Control Practitioner	
Date of origin:03/21	Date revised: 03/23	Date Reviewed: 03/23

A 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.

Home is prioritized the mental and emotional well-being of residents and strive to be as accommodating as possible when scheduling visits with general visitors.

All general visitors, including children under the age of five, can enter the long-term care home. General visitors, with the exception of children under the age of five, will need to follow the vaccination policy of the individual long-term care home.

There are no ministry limits on the number of visitors (including caregivers) that a resident may visit with at a time for indoor or outdoor visits.

3. Restrictions during outbreaks or when a resident is isolating:

Essential visitors are the only type of visitors allowed when a resident is isolating or resides in a home or area of the home in an outbreak.

General visitors are not permitted: • when a home or area of a home is in outbreak • to visit an isolating resident • when the local public health unit so directs

In the case where a local public health unit directs a home in respect of the number of visitors allowed, the home must follow the direction of the local public health unit.

The requirement for asymptomatic screen testing has been removed for all staff, students, volunteers, support workers, caregivers and general visitors entering long-term care homes. While homes still have the option to implement their own asymptomatic screen testing policies, it is not recommended at this time. In addition, policies must not apply to outdoor visitors, those visiting residents who are receiving end-of-life care or to inspectors with a statutory right of entry.

ARIRANG KOREAN LONG TERM CARE INFECTION AND CONTROL MANUAL

SECTION: : 9 Infectious Disease Protocols	PAGE: 10	
SUBSECTION: 9.16 COVID-19 - General COVID-19 & Visiting Protocols	Approved by: Infection Control Practitioner	
Date of origin:03/21	Date revised: 03/23	Date Reviewed: 03/23

In accordance with section 267(2) of O. Reg. 246/22, homes must maintain visitor logs of all visits to the home. The visitor log must include, at minimum: • the name and contact information of the visitor • time and date of the visit • the purpose of the visit (for example, name of resident visited)

4. Masking

Per section 1.2 of the Minister's Directive, licensees are required to ensure that the masking requirements as set out in this guidance document are followed. As the first defence against the transmission of respiratory viruses, masks are required for long-term care staff, as well as for visitors and others entering long-term care homes. The ministry recommends (but does not require) caregivers and visitors to wear masks when they are alone with a resident in their room. For residents living in shared rooms, homes should seek to designate a space that enables residents to interact with their visitors without masks. When not in a one-on-one setting with a resident in their room or a designated space within the home, visitors and caregivers are required to be masked.

Homes must ensure that all staff, students and volunteers wear a medical mask for the entire duration of their shift indoors regardless of their immunization status. These requirements also apply regardless of whether the home is in an outbreak or not.

Masks are not required outdoors for staff, residents, students, volunteers or visitors (general or essential); however, outdoor masking is still recommended for staff, students, and volunteers as an added layer of protection when in close proximity to a resident (e.g., going for a walk with a resident). Removal of masks for the purposes of eating should be restricted to areas designated by the home (which may include in a resident's room).

For residents: homes are required to have policies regarding masking for residents. While there is no requirement for residents to wear a mask inside of the home, a home's policies must set out that residents must be encouraged to wear or be assisted to wear a medical mask or non-medical mask when receiving direct care from staff, when in common areas with other residents (with the exception of mealtimes), and when receiving a visitor, as tolerated.

For staff: homes must ensure that all staff comply with masking requirements 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 metres 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 interacting with residents or in designated resident areas.

Exceptions to the masking requirements are:

ARIRANG KOREAN LONG TERM CARE INFECTION AND CONTROL MANUAL

SECTION: : 9 Infectious Disease Protocols	PAGE: 11	
SUBSECTION: 9.16 COVID-19 - General COVID-19 & Visiting Protocols	Approved by: Infection Control Practitioner	
Date of origin:03/21	Date revised: 03/23	Date Reviewed: 03/23

- children who are younger than two years of age
- any individual (staff, visitor or resident) who is being accommodated in accordance with the Accessibility for Ontarians with Disabilities Act, 2005 or the Ontario Human Rights Code
- if entertainment provided by a live performer (that is, a visitor) requires the removal of their mask to perform their talent Homes must also have policies for individuals (staff, students, volunteers, support workers, caregivers, visitors or residents) who:
 - have a medical condition that inhibits their ability to wear a mask
 - are unable to put on or remove their mask without assistance from another person

Resources

- COVID-19 Long-Term Care Communications
- COVID-19 vaccines for Ontario
- Ministry of Health, COVID-19 Vaccine-Relevant Information and Planning Resources
- Ministry of Health's COVID-19 Vaccine Guidance (PDF) For information and guidance regarding general IPAC measures (for example, hand hygiene, environmental cleaning), please refer to the following documents:
 - Public Health Ontario: Infection Prevention and Control for Long-Term Care Homes: Summary of Key Principles and Best Practices (PDF) ,COVID-19 IPAC Fundamentals Training
- Interim Guidance on Infection Prevention and Control for Health Care Providers and Patients Vaccinated Against COVID-19 in Hospital and Long-Term Care Settings (PDF)
- Recommendations for Control of Respiratory Infection Outbreaks in Long-Term Care Homes
- Infection Prevention and Control in Long-Term Care (Ontario CLRI)
- Infection Prevention and Control for Long-Term Care Homes: Summary of Key Principles and Best Practices (PDF) 9 | Page
- COVID-19: Infection Prevention and Control Checklist for Long-Term Care and Retirement Homes (PDF)
- Heating, Ventilation and Air Conditioning (HVAC) Systems in Buildings and COVID-19 (PDF)