

**FREQUENTLY ASKED QUESTIONS**

**COVID-19 Visiting Policy**

**Released:** September 2, 2020 | **Effective:** September 9, 2020

---

**Table of Contents**

**TYPES OF VISITORS** ..... 3

Q1. Have there been changes to the definition of “essential visitors”? ..... 3

Q2. Does an essential visitor have to be either a support worker or caregiver? ..... 4

Q3. Are attending physicians and registered nurses in the extended class (i.e. nurse practitioners) considered essential visitors? ..... 4

Q4. Are hairdressers considered essential visitors? ..... 4

Q5. Are volunteers and students on placement considered essential visitors? ..... 5

Q6. Are inspectors essential visitors? ..... 5

Q7. What about visitors providing non-essential services? ..... 6

Q8. Will access for general visitors be revoked in the winter if COVID-19 is still ongoing? . 6

**NUMBER OF VISITORS** ..... 6

Q9. Could homes restrict the number of visitors in order to protect the health and safety of residents, staff and visitors? ..... 6

Q10. How many visitors are permitted for residents who are very ill or palliative? ..... 7

Q11. What are the rules for visits by multiple visitors, such as a group of relatives, seeking to see a loved-one at the same time? ..... 7

**REQUIREMENTS FOR VISITORS** ..... 7

Q12. What screening requirements must visitors meet to be able to participate in a visit?... 8

Q13. Do all visitors need to attest to a negative COVID-19 test result? ..... 8

Q14. Can homes require additional visitors to attest to a negative COVID-19 test result? ..... 9

Q15. If a visitor tests positive for COVID-19, when could they resume visits to homes? ..... 9

Q16. Are visitors required to bring their own PPE? ..... 10

Q17. What is the minimum age required for a visitor? ..... 10

Q18. Can a visitor bring in outside food or gifts for the resident? ..... 10

Q19. What can a home do if a visitor does not comply with IPAC or PPE protocols? ..... 10

**ACCESSIBILITY** ..... 11

Q20. If a visitor requires a support person for accessibility reasons, what requirements apply to the support person? ..... 11

Q21. Are there exceptions to the requirements for physical distancing where the resident has hearing impairments?.....	11
Q22. What procedures should be in place where a visitor is unable to wear the required PPE? .....	12
<b>ORGANIZING VISITS</b> .....	12
Q23. Can homes require scheduling or manage the frequency of visits by essential visitors who are not caregivers?.....	12
Q24. How often can a general visitor come to visit a loved one in a long-term care home?.....	12
Q25. Is a visit required to be 30 minutes from the time a general visitor is screened? .....	12
Q26. Will visiting hours need to change to accommodate this change?.....	13
<b>SAFETY DURING VISITS</b> .....	13
Q27. Do visits need to be supervised? .....	13
Q28. Can residents and visitors make contact? For example, hug? .....	13
Q29. What if a home goes into an outbreak? .....	14
<b>RESIDENT REQUIREMENTS FOR VISITING</b> .....	14
Q30. What about residents who have cognitive issues and may not be able to physically distance? How can they get visits? .....	14
Q31. Can there be more than one resident outside visiting at a time with their loved ones?.....	15
Q32. Will residents need to wear surgical/procedural masks, or just visitors?.....	15
<b>HOME CAPACITY</b> .....	15
Q33. How will homes get the additional staff they will need to supervise and assist with these visits?.....	15
Q34. Will there be funding to support the cost of appropriate PPE for both staff and visitors? .....	15
<b>CO-LOCATED HOMES</b> .....	16
Q35. If a couple live on the same campus (one spouse in the long-term care home and one spouse in the retirement home), should a spouse in the retirement home side attest to receiving a negative COVID-19 test result every two weeks in order to visit their spouse in the long-term care home? .....	16
Q36. What visiting rules should a home follow if it is co-located with a retirement home? .....	16

## TYPES OF VISITORS

### **Q1. Have there been changes to the definition of “essential visitors”?**

No, there has not been a change to the definition of “essential visitors”. Essential visitors include 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.

The COVID-19 Visiting Policy clarifies that essential visitors in long-term care homes include support workers and caregivers. However, an essential visitor does not need to be a support worker or caregiver, as long as they meet the definition under Directive #3.

A support worker is a type of essential visitor who is visiting to perform essential support services for the home or for a resident at the home. Examples of support workers include health care workers that are not staff of the long-term care home as defined in the *Long-Term Care Homes Act, 2007*.

A caregiver is a type of essential visitor 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 caregivers include family members who provide meaningful connection, a privately hired caregiver, paid companions and translators.

A maximum of 2 caregivers may be designated per resident at a time.

**Q2. Does an essential visitor have to be either a support worker or caregiver?**

No, an essential visitor must meet the definition under Directive #3. For clarity, the COVID-19 Visiting Policy highlights support workers and caregivers as types of essential visitors; however, a person could be an essential visitor without being a support worker or caregiver.

As an example, a person visiting a very ill or palliative resident is an essential visitor under Directive #3; however, this person may not be a support worker or caregiver.

Where a person does not meet the definition of support worker or caregiver in the COVID-19 Visiting Policy, the homes need to determine whether the person meets the definition of an essential visitor under Directive #3.

**Q3. Are attending physicians and registered nurses in the extended class (i.e. nurse practitioners) considered essential visitors?**

An attending physician or registered nurse in the extended class (e.g. nurse practitioner) who meets the definition of long-term care staff under the *Long-Term Care Homes Act, 2007* is not subject to the COVID-19 Visiting Policy or restrictions on visits to homes.

Under subsection 1 of the *Long-Term Care Homes Act, 2007*, "staff", in relation to a long-term care home, mean persons who work at the home as employees of the licensee, pursuant to a contract or agreement with the licensee, or pursuant to a contract or agreement between the licensee and an employment agency or other third party.

**Q4. Are hairdressers considered essential visitors?**

A hairdresser who meets the definition of staff under the *Long-Term Care Homes Act, 2007* is not subject to the COVID-19 Visiting Policy or restrictions on visits to homes.

Under subsection 1 of the *Long-Term Care Homes Act, 2007*, "staff", in relation to a long-term care home, mean persons who work at the home as employees of the licensee, pursuant to a contract or agreement with the licensee, or pursuant to a

contract or agreement between the licensee and an employment agency or other third party.

If the hairdresser does not meet the definition of staff under the *Long-Term Care Homes Act, 2007*, and has been designated as a caregiver by a resident or their substitute decision-maker, they are an essential visitor.

If the hairdresser does not meet the definition of staff under the *Long-Term Care Homes Act, 2007*, and has not been designated as a caregiver, they are a general visitor.

**Q5. Are volunteers and students on placement considered essential visitors?**

Under the COVID-19 Visiting Policy, volunteers and students on placement in a long-term care home are not considered visitors and are not subject to the COVID-19 Visiting Policy. Their access to long-term care homes is determined by the licensee. Screening and PPE requirements for volunteers and students should align with those for staff.

**Q6. Are inspectors essential visitors?**

Government inspectors are essential visitors under Directive #3; however, government inspectors are not support workers or caregivers under the COVID-19 visiting policy and are not subject to the COVID-19 Visiting Policy.

Government inspectors have legislative powers to enter long-term care homes to carry out their duties.

The screening requirements in Directive #3 apply to government inspectors; for clarity, this includes:

- Active screening on entry for symptoms and exposures for COVID-19, including temperature checks and not to be admitted if they do not pass the screening.
- Attestation to not be experiencing any of the typical and atypical symptoms.

The screening requirements in the COVID-19 Visiting Policy do not apply to inspectors. For clarity, inspectors do not need to attest to having received a negative COVID-19 test result in order to enter the home.

Examples of government inspectors include inspectors under the *Long-Term Care Homes Act, 2007*, the *Health Protection and Promotion Act*, and the *Occupational Health and Safety Act*.

**Q7. What about visitors providing non-essential services?**

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 their substitute decision maker; and/or,
- 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.

**Q8. Will access for general visitors be revoked in the winter if COVID-19 is still ongoing?**

As the COVID-19 outbreak evolves in Ontario, the COVID-19 Visiting Policy will be continually updated, keeping the safety and emotional well-being of residents and staff at the forefront.

**NUMBER OF VISITORS**

**Q9. Could homes restrict the number of visitors in order to protect the health and safety of residents, staff and visitors?**

Yes, the policy provides guidance on the maximum number of visitors that may be permitted per resident at a time. Homes must ensure that the home is a safe and secure environment for its residents. Homes have the discretion to further restrict the number of visitors, provided they permit:

- At least one caregiver per resident at a time.
- At least one visit per resident per week from at least one general visitor per resident at a time, as long as the home is not in outbreak and the resident is not self-isolating or symptomatic.

In exercising this discretion, homes should consider:

- Any active outbreaks in the home.
- The physical/infrastructure characteristics of the home.
- Needs of residents, including their clinical and emotional well-being.
- The total number of visitors in the home.

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.

**Q10. How many visitors are permitted for residents who are very ill or palliative?**

Under paragraph 15 of subsection 3(1) of the *Long-Term Care Homes Act, 2007*, every resident who is dying or who is very ill has the right to have family and friends present 24 hours per day.

A person visiting a very ill or palliative resident is an essential visitor under Directive #3. The home has discretion to determine how many essential visitors may visit a very ill or palliative resident. In exercising this discretion, the home should consider the physical/infrastructure characteristics of the home, its staffing availability, and the current status of the home with respect to personal protective equipment (PPE).

**Q11. What are the rules for visits by multiple visitors, such as a group of relatives, seeking to see a loved-one at the same time?**

Under Directive #3, the home's visitor policy must indicate that residents may receive up to a maximum of 2 general visitors at a time. This applies for indoor and outdoor visits.

The home may need to further limit the number of general visitors at a time to maintain safety, based on the physical/infrastructure characteristics of the home; however, at minimum, the home should allow residents 1 visit by a general visitor, lasting no less than 30 minutes.

**REQUIREMENTS FOR VISITORS**

**Q12. What screening requirements must visitors meet to be able to participate in a visit?**

All visitors should pass active screening on entry for symptoms and exposures for COVID-19, including temperature checks, and attest to not be experiencing any of the typical and atypical symptoms.

All support workers, all caregivers, as well as any general visitor who is visiting indoors, should verbally attest to the home that they have tested negative for COVID-19 within the previous two weeks and not subsequently tested positive. For clarity, this applies to all support workers and caregivers, regardless of whether they visit indoors or outdoors, since they will be providing support services and/or direct care to residents. Note that where a support worker requires immediate access to the home in an emergency situation, the home does not need to ask for a verbal attestation for a negative COVID-19 test result.

All caregivers and general visitors should verbally attest to home staff that, in the last 14 days, they have not visited another home in an outbreak or a resident who is self-isolating or symptomatic.

Prior to visiting any resident for the first time after the COVID-19 Visiting Policy is released, and at least once every month thereafter, caregivers and general visitors should verbally attest to the home that they have read/re-read the home's visitor policy.

Additionally, prior to visiting any resident for the first time after this policy is released, the home should provide training to caregivers that addresses how to safely provide direct care, including putting on and taking off required PPE, and hand hygiene. The home should also provide retraining to caregivers, with the frequency of retraining indicated in the home's visitor policy.

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

**Q13. Do all visitors need to attest to a negative COVID-19 test result?**



The following visitors should verbally attest to home staff that they have tested negative for COVID-19 within the previous two weeks and subsequently not tested positive:

- All support workers.
- All caregivers.
- Any general visitor who is visiting indoors.

Note that where a support worker requires immediate access to the home in an emergency situation, the home does not need to ask for a verbal attestation for a negative COVID-19 test result.

**Q14. Can homes require additional visitors to attest to a negative COVID-19 test result?**

Homes may not require the following visitors to verbally attest to a negative COVID-19 test result:

- Government inspectors.
- A person who is visiting a very ill or palliative resident.
- General visitors who are visiting outdoors and maintaining a distance of at least 2 metres.

Other than government inspectors, homes have the discretion to require essential visitors who are not support workers or caregivers to verbally attest to a negative COVID-19 test result.

**Q15. If a visitor tests positive for COVID-19, when could they resume visits to homes?**

A visitor who tests positive for COVID-19 may resume visits to a home if they have been cleared by the local public health unit.

Where a visitor has previously tested positive for COVID-19, they:

- May only resume visits once they have been cleared by the local public health unit.
- Should consult with the local public health unit on when they may resume testing as per the screening requirements.

**Q16. Are visitors required to bring their own PPE?**

General visitors are responsible for bringing their own non-medical mask (e.g. cloth masks, or face coverings) for outdoor visits.

The home is responsible for providing all other required PPE, including supplying surgical/procedural masks as outlined in the COVID-19 Visiting Policy. Homes should avoid accessing the provincial pandemic stockpile for this purpose.

**Q17. What is the minimum age required for a visitor?**

A designated caregiver must be at least 18 years of age.

There is no minimum age required for general visitors. General visitors younger than 14 years of age should be accompanied by an adult and must follow all applicable infection prevention and control precautions (IPAC) that are in place at the home.

**Q18. Can a visitor bring in outside food or gifts for the resident?**

The visitor should work with the home to determine how outside food or gifts can be safely brought into the home.

**Q19. What can a home do if a visitor does not comply with IPAC or PPE protocols?**

Long-term care homes are required to follow directives issued by the Chief Medical Officer of Health under the *Health Protection and Promotion Act*, requirements under the *Long-Term Care Homes Act, 2007* to ensure that the home is a safe and secure environment for its residents, and other applicable laws. As a result, homes should ensure that they take steps to enforce the rules around visitors, including restricting access to their properties as appropriate.

A home's process for communicating with residents, families and staff should include information that includes an approach to dealing with non-adherence to home policies and procedures. Repeated non-adherence to visitor rules could be the basis for discontinuation of visits.

## ACCESSIBILITY

### **Q20. If a visitor requires a support person for accessibility reasons, what requirements apply to the support person?**

Support persons help people with a disability perform daily tasks. Often, people who need the help of a support person are not able to do certain things by themselves. For example, a support person might help with communication, mobility or personal care.

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. For clarity, if a support person is accompanying a support worker, caregiver, or accompanying a general visitor who is visiting indoors, that support person should verbally attest to the home that they have tested negative for COVID-19 within the previous two weeks and not subsequently tested positive.

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

### **Q21. Are there exceptions to the requirements for physical distancing where the resident has hearing impairments?**

Visitors who have passed all screening requirements, including having verbally attested to not testing positive for COVID-19 within the last 14 days, could engage in close physical contact (i.e. less than 2 metres) with a resident to support communication provided the visitor wears a surgical/procedure mask (regardless if the visit is indoor or outdoor) as source control. The surgical/procedure mask is in addition to other measures expected to be in place such as, but not limited to, screening of all visitors entering the facility and hand hygiene. Homes need to provide appropriate information to visitors to support safety measures.

For clarity, if a general visitor is visiting outdoors and needs to engage in close physical contact (i.e. less than 2 metres), they may do so, as above, provided they verbally attest to the home that they have tested negative for COVID-19 within the previous two weeks and not subsequently tested positive.

**Q22. What procedures should be in place where a visitor is unable to wear the required PPE?**

If a visitor is unable to wear the required PPE, the visitor should not be permitted to have close physical contact (i.e. less than 2 metres) with a resident.

**ORGANIZING VISITS**

**Q23. Can homes require scheduling or manage the frequency of visits by essential visitors who are not caregivers?**

In some cases, homes may need to implement scheduling to manage visits by essential visitors who are not caregivers. This includes essential visitors who are or are not support workers. Homes have discretion to manage these visits as appropriate to balance the safety of residents, staff and visitors with the needs of the home and its residents. Homes should also take into account any requirements under the *Long-Term Care Homes Act, 2007*.

**Q24. How often can a general visitor come to visit a loved one in a long-term care home?**

Homes may require general visitors to limit the frequency of their visits, provided at least one visit from a general visitor is allowed per resident per week, as long as the home is not in outbreak and the resident is not self-isolating or symptomatic.

This will depend on the home's ability to schedule in an equitable manner. These scheduled visits do not preclude "window" visits, which can continue according to long-term care homes' individual practices.

**Q25. Is a visit required to be 30 minutes from the time a general visitor is screened?**

Homes have the discretion to limit the length of visits by general visitors; however, each visit should be at least 30 minutes long, starting from the time the visitor and resident have arrived in the visiting area.

When exercising discretion to limit the length of visits by general visitors, homes should consider the:

- Needs of residents, including their clinical and emotional well-being.
- The total number of visitors in the home.
- Space available in the location for physical distancing.

**Q26. Will visiting hours need to change to accommodate this change?**

We are not requesting that homes make any changes to their regular visiting hours. However, we do ask that homes make every effort to accommodate all visitors so that each resident may receive visitors in a timely fashion.

Visits by general visitors can be time-limited to allow the home to accommodate more residents/visitors — however, these visits should be no less than 30 minutes.

**SAFETY DURING VISITS**

**Q27. Do visits need to be supervised?**

The successful resumption of visits in homes is dependent on trust. Similar to the verbal attestations that are given at the time of active screening, homes will be trusting that visitors will comply with all rules and that there is no need for supervision. In some cases, though, homes may need to supervise visits to support residents.

Any necessary supervision practices implemented by the home should fully respect and promote the resident's right to communicate in confidence, receive visitors of their choice and consult in private with any person without interference under paragraph 14 of subsection 3(1) of the *Long-Term Care Homes Act, 2007*.

**Q28. Can residents and visitors make contact? For example, hug?**

General visitors and residents are encouraged to practice physical distancing for the duration of their visit.

However, visitors who have passed all screening requirements, including having verbally attested to not testing positive for COVID-19 within the last 14 days, could engage in close physical contact (i.e. less than 2 metres) with a resident to support their emotional well-being provided the visitor wears a surgical/procedure mask (regardless if the visit is indoor or outdoor) as source control. The surgical/procedure mask is in addition to other measures expected to be in place such as, but not limited to, screening of all visitors entering the facility and hand hygiene. Homes need to provide appropriate information to visitors to support safety measures.

For clarity, a general visitor is visiting outdoors may engage in close physical contact (i.e. less than 2 metres), as above, provided they verbally attest to the home that they have tested negative for COVID-19 within the previous two weeks and not subsequently tested positive.

#### **Q29. What if a home goes into an outbreak?**

In the event that a home enters into an outbreak, the home must end all general visits immediately. 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.

Homes must comply with all Chief Medical Officer of Health directives pertaining to outbreaks and follow directions from the local public health unit.

### **RESIDENT REQUIREMENTS FOR VISITING**

#### **Q30. What about residents who have cognitive issues and may not be able to physically distance? How can they get visits?**

This should be reviewed on a case-by-case basis to determine what strategies can be implemented to support a visit.

**Q31. Can there be more than one resident outside visiting at a time with their loved ones?**

Yes, this will be dependent on the size of the space and the ability to maintain physical distancing between the parties.

**Q32. Will residents need to wear surgical/procedural masks, or just visitors?**

If physical distancing can be achieved and maintained, just visitors. If physical distancing cannot be achieved or maintained, all individuals should wear masks within reason. As an example, for essential caregivers involved in feeding, having a resident wear a mask is not feasible.

General visitors will be required to wear cloth masks or face coverings for outdoor visits. If the visit is indoors, a surgical/procedure mask must be worn by visitors at all times.

**HOME CAPACITY**

**Q33. How will homes get the additional staff they will need to supervise and assist with these visits?**

Homes are encouraged to establish scheduling practices that consider the staffing and space capacity available to the home to maintain the safety of residents, staff and visitors. This includes staff capacity to support the transfer of residents out of and into the visiting area, which may be indoor or outdoor.

**Q34. Will there be funding to support the cost of appropriate PPE for both staff and visitors?**

General visitors are responsible for bringing their own non-medical mask (e.g. cloth masks, or face coverings) for outdoor visits.

The home is responsible for providing all other required PPE, including supplying surgical/procedural masks as outlined in the COVID-19 Visiting Policy.

Homes should avoid accessing the provincial pandemic stockpile for this purpose.

## **CO-LOCATED HOMES**

**Q35. If a couple live on the same campus (one spouse in the long-term care home and one spouse in the retirement home), should a spouse in the retirement home side attest to receiving a negative COVID-19 test result every two weeks in order to visit their spouse in the long-term care home?**

Yes, the spouse in the retirement home side should verbally attest to receiving a negative COVID-19 test result within the previous two weeks for an indoor visit with their spouse in the long-term care home side. However, they do not need to verbally attest to visit their spouse at a scheduled outdoor visit.

**Q36. What visiting rules should a home follow if it is co-located with a retirement home?**

Any retirement home that is co-located with a long-term care home would implement the long-term care home's visitor policy if the visit is occurring on the long-term care home floor/space.