

| ALAVIDA LIFESTYLES | | |
|--------------------------------------|--|--------------|
| MANUAL Operations | SUBJECT COVID -19 Visitor Policy | Policy IC-61 |
| SECTION Infection Control | EFFECTIVE DATE: Jun 2020 | Page 1 of 28 |
| Approved by: Chief Operating Officer | REVISED DATE: | |

COVID-19 Visitor Policy

Policy:

Beginning June 18th, 2020, Alavida Lifestyles will begin a gradual resumption of resident visits during the COVID-19 pandemic. All visitors will be instructed to adhere to the requirements set out in this policy to ensure the safety of all residents, staff and visitors, and allow for the continuity of visits that support the mental, physical and spiritual needs of residents for their quality of life. This policy is guided by current ministry requirements per Directive #3 (*June 10, 2020*) and the Ministry for Seniors and Accessibility (MSAA) *Reopening Retirement Homes (June 11, 2020)*. Any non-adherence to the rules set out in the visitor policy will be the basis for discontinuation of visits.

Informed by the ongoing COVID-19 situation in the community and the residence, [Name of Residence] is taking a gradual, phased approach to the resumption of visits. As the pandemic situation continues to change, the residence's visitor policy will be reassessed and revised to allow for increased or decreased restrictions as necessary, as circumstances change in the community, within the residence and with new directives.

Guiding Principles

Safety: Any approach to visiting in the residence must consider balance and meet 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 and their families/friends, through reducing any potential negative impacts related to social isolation.

Equitable Access: All individuals seeking to visit a resident be given equitable visitation access, consistent with resident preference and within reasonable restrictions that safeguard residents.

Flexibility: Any approach to visiting in the residence must consider the physical/infrastructure characteristics of the retirement home, its staffing availability, and the current status of the home with respect to Personal Protective Equipment (PPE) levels for staff and residents.

This policy is based on the principles of safety, emotional well-being, equitable access and flexibility. It is with compassion that we recognize the need for residents' connection with loved ones, and it is through in-person visits that this can be best achieved. We will take all reasonable steps to help facilitate visits within the parameters of ministry directives. Per ministry guidelines, the residence will follow the requirements for the minimum visit frequency and seek to accommodate more visits where possible.

Where it is not possible or advisable for visits to occur in person, the residence will continue to provide virtual visiting options.

Alavida Lifestyles also recognizes the concepts of non-maleficence (i.e. not doing harm), proportionality (i.e., to the level of risk), transparency and reciprocity (i.e., providing resources to those who are disadvantaged by the policy). These concepts will inform the residence's decision making with regards to the scheduling and/or refusal of visits as appropriate.

Prior to Accepting Visitors

As per Ministry of Health (MOH) Directive #3 and MSAA guidelines, the following baseline requirements must be met prior to accepting visitors:

1. The residence must not be in an outbreak. Visits will not occur in instances where a symptomatic staff or resident is awaiting COVID-19 test results, until those tests results are known.
 - a) In the event the residence begins accepting visitors and enters into an outbreak, all *nonessential* visitations will end, and the residence will establish compliance with all Chief Medical Office of Health (CMOH) directives for residences in outbreak and follow directions from the local public health unit (PHU).
2. The residence has developed procedures for the resumption of visits and associated procedures, and a process for communicating procedures with residents, families and staff, including but not limited to infection prevention and control (IPAC), scheduling and any setting-specific policies.
 - a) This process must include sharing an information package with visitors on IPAC, masking and other operational procedures such as limiting movement around the residence, if applicable, and ensuring visitors' agreement to comply. Residence materials must include an approach to dealing with non-adherence to residence policies and procedures, including the discontinuation of visits. **(See Appendix A)**
 - b) Dedicated areas for both indoor and outdoor visits.
 - c) Protocols to maintain the highest of IPAC standards prior to, during and after visits.
 - d) Each residence should create and maintain a list of visitors. The list will be available for relevant/appropriate staff members to access.
3. Additional factors that will inform decisions about visitations in the residence include:
 - **Access to adequate testing:** The residence must have a testing plan in place, based on contingencies informed by local and provincial health officials, for testing in the event of a suspected outbreak.
 - **Access to adequate Personal Protective Equipment (PPE):** The residence must have adequate supplies of relevant PPE.
 - **Infection Prevention and Control (IPAC) standards:** The residence must have essential cleaning and disinfection supplies and adhere to IPAC standards, including enhanced cleaning.
 - **Physical Distancing:** Where appropriate, the residence must be able to facilitate visits in a manner aligned with physical distancing protocols

Procedures:

Indoor/Outdoor Visits

These requirements are necessary for both indoor and outdoor visits, regardless of a home's previous outdoor visitation policy prior to the implementation of the MSAA guidelines and update to Directive #3.

1. Beginning June 18th 2020, the residence will begin a gradual resumption of visits, beginning with outdoor visits and indoor visits in *common areas* of the building if appropriate physical distancing can be maintained. *In-suite* visits will only be allowed for those residents who are critically ill or palliative. Management will review this policy and revise as appropriate based on circumstances in the community and within the residence.
2. Designated indoor and outdoor visiting spaces have been established and will be identified by management with signs and physical distancing tape
3. For outdoor visits, the visitor may bring an outdoor/lawn chair, or one may be provided by the residence. Staff will clean and disinfect the visiting area after each visit. In the event of inclement weather for an outdoor visit, management will contact the family member to make alternate arrangements

As identified throughout this policy, should the residence go into an outbreak or the resident be self isolating or symptomatic, both indoor and outdoors visits will be discontinued, except for essential visits (see section below)

Visit Parameters (Number/Types of Visitors Allowed)

1. Provided the residence is not in outbreak and all other requirements are met under Directive #3 and the MSAA Reopening Retirement Homes, the residence will carry out a staggered approach to the number of visits during the COVID-19 pandemic. The number of visitors per resident, per day, will be determined by the residence in review of community and residence circumstances. More details are provided in the section "Scheduling of Visits".
2. Provided that current CMOH guidance on physical distancing can be accommodated, the residence will begin with **2 family visitor at a time** for a resident. Additionally, **at a minimum**, the residence will allow a sufficient block of time **for at least 1 meaningful weekly visit per resident**. This policy will be reviewed and revised when appropriate.
3. If the residence is in outbreak or the resident is self-isolating or symptomatic, **family visits are not allowed**, and only essential visitors are allowed. An **essential visitor** is defined as 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.
4. **Visitors must only visit the one resident they are intending to visit, and no other resident. If a visitor wishes to visit more than one resident, a separate visit must be scheduled.**

Screening Protocols & Visitor Requirements

1. Prior to each visit, the visitor, must: **(See Appendix D)**
 - a. **Pass active screening**, including symptom screening, exposure for COVID-19, and temperature check **every time** they are on the premises of or enter the residence, and also **attest** that they are not experiencing any of the typical and atypical symptoms of COVID-19. Visitors will not be allowed to visit if they do not pass the screening.
Check in will take place with the receptionist at each home
 - b. **Attest** to residence staff that they have been **tested negative for COVID-19 within the previous 2 weeks and subsequently not tested positive**. The residence is not responsible for providing the testing. *Such documents will need to be provided in person or via email, PRIOR to the visit*
2. The visitor must comply with the home's infection prevention control protocols (IPAC), including proper use of masks.
 - a. Visitors should use a mask at all times if the visit is outdoors. If the visit is indoors, a surgical/procedure mask is required. Visitors are responsible for bringing their own masks. If the visitor does not bring their own mask, and the home is not able to provide a surgical/procedure mask, the family visitor should not be permitted inside the home. Essential visitors (e.g., Paramedics, OT/PT, etc.) who are provided with appropriate PPE from their employer, may enter the home.
 - b. Education on all required protocols will be provided by the home (See Education for Visitor).
 - c. Any non-adherence to these rules could be the basis for discontinuation of visits.
3. The visitor must only visit the indoor/outdoor area or suite they are intending to visit, and no other resident.
4. Essential visitors providing direct care to a resident must use a surgical/procedure mask while in the residence, including while visiting the resident that does not have COVID-19 in their room.
5. Essential visitors who are in contact with a resident who is suspect or confirmed with COVID-19, must wear appropriate PPE in accordance with Directive #5 and Directive #1. This includes contact and droplet precautions (gloves, face shield or goggles, gown, and surgical/procedure mask).

Scheduling of Visits

1. All visits must be pre-arranged to allow for appropriate physical distancing and staffing coverage. The residence will create and maintain a list of visitors. The list will be available for relevant/appropriate staff members to access. **(See Appendix C)**
2. Visits will begin with two visitor at a time. As indicated above, the visitor must only visit the one resident they are intending to visit, and no other resident.
3. Visits will be time-limited to allow the residence to accommodate all residents.
4. The highest of IPAC standards will be maintained prior to, during and after visits. Visits will be staggered, allowing sufficient time between visits for cleaning/disinfecting and other IPAC requirements as needed.
5. The needs and preferences of residents will be considered in prioritizing visits.
6. As noted above, family visits are not permitted when a resident is self-isolating or symptomatic, or when the home is in an outbreak.

Additional Protocols

1. All residents and visitors will be provided with this policy and information package, including education on all required protocols. All visitors must review the contents of the information package prior to their visit. Additional applicable policies and procedures will also be communicated to residents as appropriate.
2. All visitors must practice physical distancing, respiratory etiquette, hand hygiene, and follow the residence's infection prevention and control practices (IPAC) and proper use of PPE.
3. Staff will monitor visits to ensure PPE and physical distancing protocols are followed. If not, the visitor will be asked to leave the premises per the community's policy on discontinuation of visits.
4. Visitors must identify any items brought for the resident to staff so they may be disinfected by staff, if appropriate.

Discontinuation of Visits

- 1. Non-compliance with the residence's policies could result in the discontinuation of visits for the non-compliant visitor**

Appendix A - Information Package for Visitors

Appendix B - Sample Signage for Visitors

Appendix C - Sample Visiting Schedule

Appendix D - Visitor Screening

Appendix E - MSAA Reopening Retirement Homes Chart (June 11, 2020)

References:

Ministry for Seniors and Accessibility (MSAA) Reopening Retirement Homes - June 11, 2020

https://files.ontario.ca/msaa-reopening-retirement-homes-en-2020-06-11.pdf?_ga=2.162336698.740546518.1591898495-1970199366.1571162281

Ministry of Health (MOH) Directive #3 - June 11, 2020

<https://orcaretirement.us2.list-manage.com/track/click?u=0f7b468f27a8cf1a453f09536&id=8d9d920f89&e=0fbcef2f46>

ORCA Reopening Retirement Homes – Visitor Recommendations

<https://www.orcaretirement.com/wp-content/uploads/Reopening-Retirement-HomesRecommendations-for-Visitations-ef-061120.pdf>

Appendix A – Information Package for Visitors

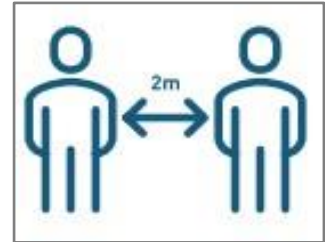
Note Visitor Requirements Identified Herein:

As part of the residence's policy on visits during COVID-19, all visitors will be provided with the information package, including education on all required protocols. All visitors must review the contents of the information package prior to their visit. Any non-adherence to the rules set out in the visitor policy will be the basis for discontinuation of visits.

The visitor policy and information package will also be shared with residents to communicate the residence's visitor policy, including the gradual resumption of family visits and the associated procedures.

Physical Distancing

Physical distancing means keeping our distance from one another and limiting activities outside the home. When outside your home, it means **staying at least 2 metres (or 6 feet) away** from other people whenever possible. Physical distancing, when combined with proper hand hygiene and cough etiquette, has been shown to limit the spread of COVID-19.



Physical distancing means making changes in your everyday routines in order to minimize close contact with others, including:

- Avoiding crowded places and non-essential gatherings
- Avoiding common greetings, such as handshakes or hugging
- Limiting contact with people at higher risk (e.g. older adults and those in poor health)

Physical distancing of 2 metres must be practiced during all visits on the residence property to reduce the risk of COVID-19 transmission.

Things to avoid



Non-essential trips outside your home



Hugging or shaking hands



Crowds or gatherings



Visiting friends



Sharing food or utensils



Engaging in group activities or sports



Visiting popular destinations



Play dates, parties or sleepovers

Read more about physical distancing [here](#) (Source: Public Health Ontario)

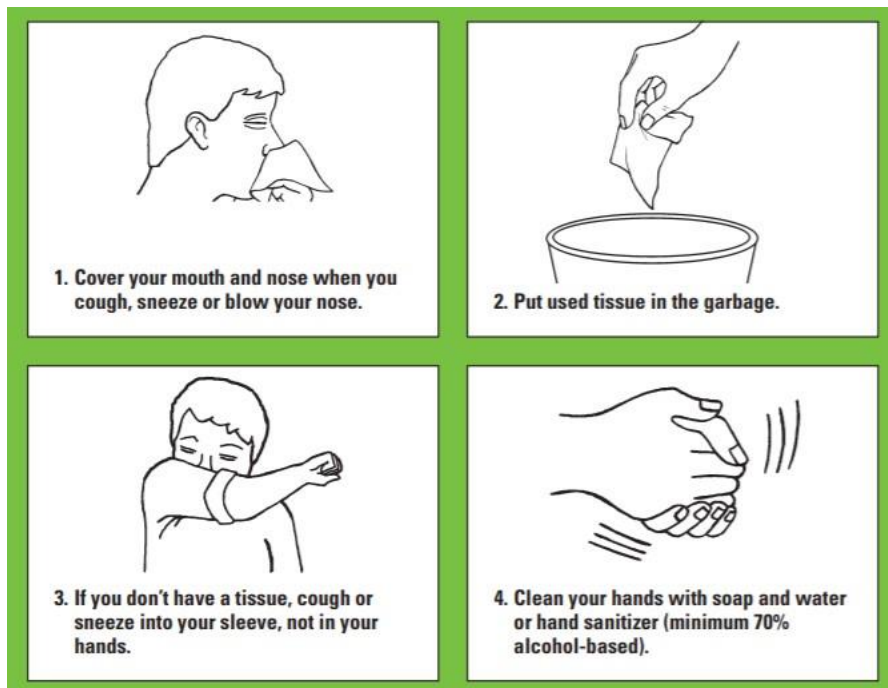
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Respiratory Etiquette

It is important to help reduce the spread of illnesses by using proper respiratory etiquette. This means that instead of covering your mouth with your hands when coughing or sneezing, use your sleeve or a tissue. This reduces the number of germs on your hands, though it is still important to wash your hands after coughing and sneezing.

Respiratory etiquette must be practiced during all visits on the residence property to reduce the risk of COVID-19 transmission.



Following these steps is important:

1. Cover your mouth and nose when you cough, sneeze or blow your nose.
2. Put used tissue in the garbage.
3. If you don't have a tissue, cough or sneeze into your sleeve, not in your hand.
4. Clean your hands with soap and water or hand sanitizer.

Read more about respiratory etiquette [here](#) (Source: Public Health Ontario)

Hand Hygiene

Hand hygiene is a general term referring to any action of hand cleaning. Hand hygiene relates to the removal of visible soil and removal or killing of transient microorganisms from the hands. Hand hygiene may be accomplished using an alcohol-based hand rub or soap and running water.

Touching your eyes, nose or mouth without cleaning your hands or sneezing or coughing into your hands may provide an opportunity for germs to get into your body. Keeping your hands clean through good hygiene practice is one of the most important steps to avoid getting sick and spreading germs to others.

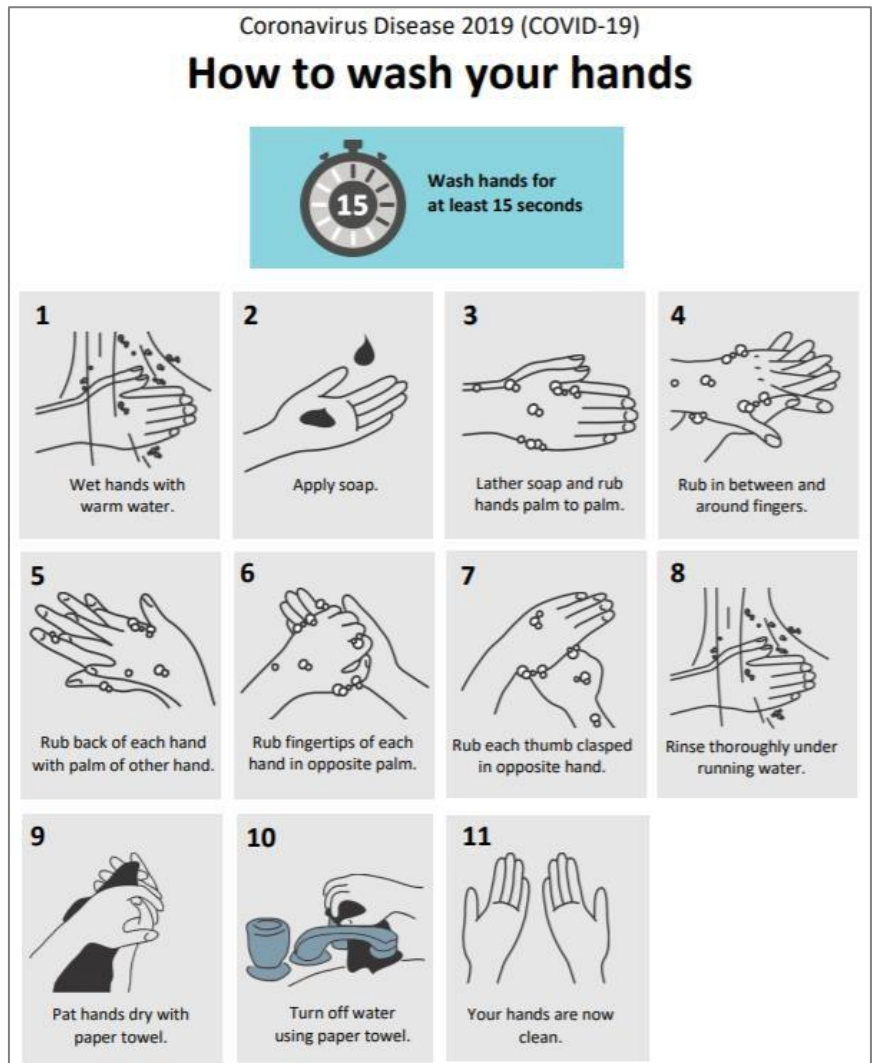
Prior to beginning each visitor with a resident, visitors must perform hand hygiene. Additionally, any time your hands become soiled for any reason during the visit, you must perform hand hygiene. Wash or sanitize your hands at the end of the visit as well.

A. Handwashing

Handwashing with soap and running water, as opposed to using hand sanitizer, must be done when hands are visibly soiled. Hand hygiene with soap and water – done correctly – removes organisms.

Follow these steps for hand washing: (hand wash for at least 15 seconds)

1. Wet hands with warm water.
2. Apply soap.
3. Lather soap and rub between fingers, back of hands, fingertips, under nails.
4. Rinse thoroughly under running water.
5. Dry hands well with paper towel.
6. Turn taps off with paper towel.



B. Hand Sanitizing

Hand sanitizers are very useful when soap and water are not available. When your hands are not visibly dirty, then a 70-90% alcohol-based hand sanitizer/rub should be used. It has been shown to be more effective than washing with soap (even using an antimicrobial soap) and water when hands are *not* visibly soiled.

Hand hygiene with alcohol-based hand sanitizer – correctly applied – kills organisms in seconds.

It is important when using an alcohol-based hand sanitizer to apply sufficient product such that it will remain in contact with the hands for a minimum of 15 seconds before the product becomes dry.

Follow these steps for sanitizing your hands: (rub hands for at least 15 seconds)

1. Apply 1-2 pumps of product to palms of dry hands.
2. Rub hands together, palm to palm, between and around fingers, back of hands, fingertips, under nails.
3. Rub hands until product is dry. Do not use paper towels.
4. Once dry, your hands are clean.



Read more about hand hygiene [here](#) (Source: Public Health Ontario)

Infection Prevention and Control (IPAC) Practices

Infection Prevention and Control (IPAC) refers to evidence-based practices and procedures that, when applied consistently in health care settings, can prevent or reduce the risk of transmission of microorganisms to residents, staff and visitors.

All visitors must follow the residence's infection and prevention control protocols (IPAC), including proper use of masks.

IPAC practices include:

1. Hand hygiene program
2. Screening and surveillance of infections
3. Environmental cleaning procedures that reflect best infection control practices
4. Use of personal protective equipment
5. Outbreak detection and management
6. Additional precautions specified to prevent the spread of infection
7. Ongoing education on infection control

Read more about best practices for infection prevention and control [here](#) (Source: Public Health Ontario)

Proper Use of Personal Protective Equipment (PPE)

PPE is clothing or equipment worn for protection against hazards. Examples of PPE include gloves, gowns, facial protection and/or eye protection. Using, applying and removing personal protective equipment correctly is critical to reducing the risk of transmission of COVID-19.

All visitors must comply with the residence's IPAC protocols, including donning and doffing of PPE and following instructions on use provided by the residence.

Family visitors must wear a **face covering if the visit is indoors**. If the **visit is indoors, a surgical/procedure mask is required**.

Visitors are responsible for bringing their own mask. If the residence is not able to provide surgical/procedure masks, no family visitors will not be permitted inside the residence. Essential visitors who are provided with appropriate PPE from their employer, may enter the residence.

For Essential Visitors only:

Essential visitors providing direct care to a resident must use a surgical/procedure mask while in the residence, including while visiting the resident that does not have COVID-19 in their room. Essential visitors who are in contact with a resident who is suspect or confirmed with COVID-19, must wear appropriate PPE in accordance with Directive #5 and Directive #1. This includes contact and droplet precautions (gloves, face shield or goggles, gown, and surgical/procedure mask).

Putting On (Donning) and Taking Off (Doffing) PPE – See more information [here](#) / [here](#).

HOW TO WEAR A NON-MEDICAL FABRIC MASK SAFELY

[who.int/epi-win](https://www.who.int/epi-win)

Do's →



Clean your hands before touching the mask



Inspect the mask for damage or if dirty



Adjust the mask to your face without leaving gaps on the sides



Cover your mouth, nose, and chin



Avoid touching the mask



Clean your hands before removing the mask



Remove the mask by the straps behind the ears or head



Pull the mask away from your face



Store the mask in a clean plastic, resealable bag if it is not dirty or wet and you plan to re-use it



Remove the mask by the straps when taking it out of the bag



Wash the mask in soap or detergent, preferably with hot water, at least once a day



Clean your hands after removing the mask

Don'ts →



Do not use a mask that looks damaged



Do not wear a loose mask



Do not wear the mask under the nose



Do not remove the mask where there are people within 1 metre



Do not use a mask that is difficult to breathe through



Do not wear a dirty or wet mask



Do not share your mask with others

A fabric mask can protect others around you. To protect yourself and prevent the spread of COVID-19, remember to keep at least 1 metre distance from others, clean your hands frequently and thoroughly, and avoid touching your face and mask.



Source: World Health Organization ([Non-Medical Fabric Mask](#))

HOW TO WEAR A MEDICAL MASK SAFELY

who.int/epi-win

Do's →



Wash your hands before touching the mask



Inspect the mask for tears or holes



Find the top side, where the metal piece or stiff edge is



Ensure the colored-side faces outwards



Place the metal piece or stiff edge over your nose



Cover your mouth, nose, and chin



Adjust the mask to your face without leaving gaps on the sides



Avoid touching the mask



Remove the mask from behind the ears or head



Keep the mask away from you and surfaces while removing it



Discard the mask immediately after use preferably into a closed bin



Wash your hands after discarding the mask

Don'ts →



Do not Use a ripped or damp mask



Do not wear the mask only over mouth or nose



Do not wear a loose mask



Do not touch the front of the mask



Do not remove the mask to talk to someone or do other things that would require touching the mask



Do not leave your used mask within the reach of others



Do not re-use the mask

Remember that masks alone cannot protect you from COVID-19. Maintain at least 1 metre distance from others and wash your hands frequently and thoroughly, even while wearing a mask.

EPI·WIN



Source: World Health Organization ([Medical Mask](#))

Visits with Your Loved Ones

During COVID-19

Expectations for Visits

Staying connected with others and the outdoors is important for everyone's wellbeing. To ensure the safety of residents and the whole retirement home community, all visitors must adhere to the following restrictions as per the Ontario Chief Medical Officer of Health ([Office of the Premier, June 11, 2020](#)) (CMOH, Directive #3). Visits will be re-opened in a gradual, phases manner that meets the health and safety needs of residents, staff, and visitors. Please refer to [Ontario Governments Reopening Retirement Homes guidance document](#) for more information (June 11, 2020).

The following requirements must be met for visits to happen, they include:

- Visits can only be arranged when the retirement home is not in outbreak
- There will be a limit of **2** visitors per resident for outdoor visits
- Visits can only be arranged if there is adequate testing in the event of a suspected outbreak
- Visits can only be arranged if there is enough staffing support to coordinate and assist residents to/from dedicated visit areas
- Visits can only be arranged if there is enough personal protective equipment (PPE) for staff and residents; residents will be required to wear a mask during visits
- Visits can only be arranged with residents who are NOT on isolation
- Visits will be limited to 1 resident only and not multiple residents

- Visits are to be scheduled/arranged and are time limited to ensure the health and safety needs of residents, staff and visitors is maintained
- Visitors must leave promptly at the end of the scheduled visit time to prevent overlap of scheduled visitors
- Visits can only be held in dedicated areas identified by the retirement home
- Visitors must pass the screening process every time they visit and must attest that they are not experiencing any typical/atypical symptoms of COVID-19
- Visitors must attest to the home that they have tested negative for COVID-19

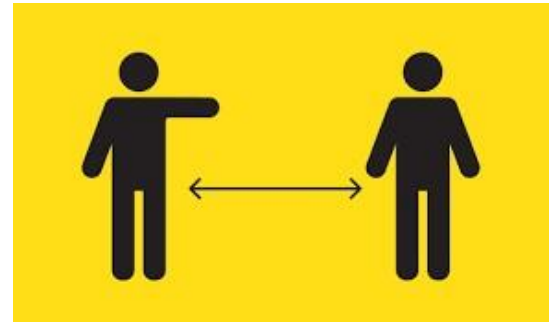
within the previous 2 weeks each time they visit

- Visitors must comply with the retirement home's infection and prevention control protocols (IPAC) which includes:
 - Visitors must bring and wear a mask at all times
 - Visitors must wash/sanitize hands before and after each visit
 - Visitors must practice physical distancing (2 metres/6 feet apart)
 - Visitors must not touch the resident (no hugging, kissing, hand holding, or shaking hands; this increases the risk for transmission)
 - Visitors cannot visit more than 1 resident at a time

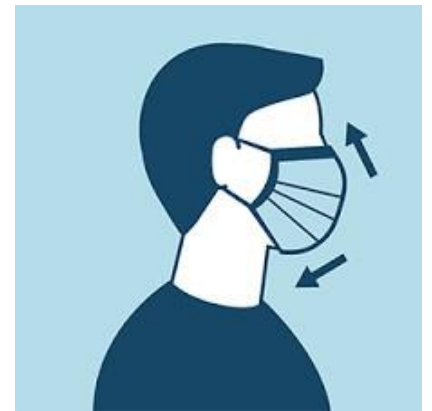
Guidelines for Outdoor Visits

During COVID-19

- Practice physical distancing
- Keep at least 2 metres or 6 feet apart



- Mask wearing is a MUST at all times
- Don't touch your face or others



- Wash or sanitize your hands before and after your visit



Appendix C - Sample Visiting Schedule

| | | | |
|--------------------|-------|-------|--|
| Name of Residence: | | Date: | |
| Visiting Hours: | From: | To: | |

**Note: Per Directive #3 (June 10, 2020), as part of gradual resumption of family visitors, family visitors are to begin with one visitor at a time.*

| Time | Resident Name Suite # | Name of Visitor Phone Number Relationship to Resident | Name of Visitor Phone Number Relationship to Resident | *Name of Visitor Phone Number Relationship to Resident |
|---------------------|--------------------------|---|---|--|
| 9:00 – 9:30 am | | | | |
| Clean and Disinfect | | | | |
| 10:00-10:30 am | | | | |
| Clean and Disinfect | | | | |
| 11:00 – 11:30 am | | | | |
| Clean and Disinfect | | | | |
| 12:00-12:30 pm | | | | |
| Clean and Disinfect | | | | |
| 1:00 – 1:30 pm | | | | |
| Clean and Disinfect | | | | |
| 2:00 – 2:30 pm | | | | |
| Clean and Disinfect | | | | |
| 3:00 – 3:30 pm | | | | |
| Clean and Disinfect | | | | |
| 4:00 – 4:30 pm | | | | |
| Clean and Disinfect | | | | |
| 5:00-5:30 pm | | | | |
| Clean and Disinfect | | | | |
| 6:00 – 6:30 pm | | | | |
| Clean and Disinfect | | | | |
| 7:00 – 7:30pm | | | | |

Appendix D – Visitor Screening

SAMPLE COVID-19 ACTIVE SCREENING TOOL – VISITORS

Visitors - Visitors may include friends and family.

See separate screening tool for Essential Visitors in ORCA's sample COVID-19 policy.

Please have the visitor answer the following questions:

| | | | |
|---|---|-------------------------------|-----------------------------|
| 1. | Do you have any of the following new or worsening signs or symptoms? | | |
| | I. New or worsening cough | Yes | No |
| | II. Shortness of breath | Yes | No |
| | III. Sore throat | Yes | No |
| | IV. Runny nose, sneezing or nasal congestion <i>(in absence of underlying reasons for symptoms such as seasonal allergies and post nasal drip)</i> | Yes | No |
| | V. Hoarse voice | Yes | No |
| | VI. Difficulty swallowing | Yes | No |
| | VII. New smell or taste disorder(s) | Yes | No |
| | VIII. Nausea/vomiting, diarrhea, abdominal pain | Yes | No |
| | IX. Unexplained fatigue/malaise | Yes | No |
| | X. Chills | Yes | No |
| | XI. Headache | Yes | No |
| 2. | Have you travelled or had close contact* with anyone who has travelled in the past 14 days? | Yes | No |
| 3. | Do you have a fever? | Yes | No |
| 4. | Have you had close contact* with anyone with respiratory illness or a confirmed or probable case of COVID-19? | Yes - Go to Question 5 | No - Skip question 5 |
| 5. | Did you wear the required and/or recommended PPE according to the type of duties you were performing (e.g. goggles, gloves, mask and gown or N95 with aerosol generating medical procedures (AGMPs)) when you had close contact with a suspected or confirmed case of COVID-19? | Yes | No |
| <i>If individual passes screening questions 1 to 5:</i> | | | |
| | Take temperature (fever is a temp of 37.8°C or greater) | Yes | No |
| | The visitor attests to not be experiencing any of the typical and atypical symptoms. | Yes | No |

| | | | |
|--|--|-----|----|
| | The visitor attests they have tested negative for COVID-19 within the previous 2 weeks and subsequently not tested positive. <i>[Home to identify verification method]</i> | Yes | No |
|--|--|-----|----|

*A close contact is defined as a person who provided care for the individual, including healthcare workers, family members or other caregivers, or who had other similar close physical contact (e.g. shaking hands, face-to-face contact within 2 metres and greater than 15 minutes, coughed on) or who lived with or otherwise had close prolonged contact (e.g. in a close environment such as a meeting room or hospital waiting room, in an aircraft sitting within two seats) with a probable or confirmed case of COVID-19 while the person was ill.

Screening Passed

- A. If the individual answers **NO to all of the questions from #1-4 above, they do not have a fever**, they have attested to not be experiencing any of the typical and atypical symptoms AND attested to have tested negative for COVID-19 within the previous 2 weeks and subsequently not tested positive, they have passed screening and can enter the home **OR**
- B. If the individual answers **NO to #1-3 and YES to #4 and #5, they do not have a fever**, they have attested to not be experiencing any of the typical and atypical symptoms AND attested to have tested negative for COVID-19 within the previous 2 weeks and subsequently not tested positive, they have passed screening and can enter the home.

The following steps should be taken by the **home**:

- ✦ The visitor should be told to self-monitor for symptoms
- ✦ Education on all required protocols will be provided
- ✦ The visitor should be reminded about required re-screening when they leave the home

The following steps must be taken by the **visitor**:

- ✦ Use hand sanitizer upon entering
- ✦ If visiting a resident, they must only visit the one resident they are intending to visit and no other resident
- ✦ Must use a mask at all times if the visit is outdoors. If the visit is indoors, a surgical/procedure mask is required. Visitors are responsible for bringing their own masks.

Any non-adherence to these rules could be the basis for discontinuation of visits.

Screening Failed

- A. If the individual answers **YES to any question from #1-3**, or does not attest to not having typical or atypical symptoms or to have tested negative for COVID-19 within the previous 2 weeks and subsequently not tested positive, they have failed screening and cannot enter the home, **AND/OR**
- B. If the individual answers **YES to #4 and NO to #5** or does not attest to not having typical or atypical symptoms or to have tested negative for COVID-19 within the previous 2 weeks and subsequently not tested positive, they have failed screening and cannot enter the home.

The following steps should be taken by the **home**:

- ✦ The visitor should be told to contact a primary care provider, local public health unit or Telehealth to discuss their symptoms and/or exposure and seek testing.

The following steps must be taken by the **visitor**:

- ✦ The visitor should go home to self-isolate immediately

Please refer to [May 6, 2020 Ministry of Health COVID-19 Screening Tool for Long-Term Care Homes and Retirement Homes](#).

Note:

- Screening must include twice daily (on entry and when leaving the home) symptom check including temperature check



ONTARIO RETIREMENT COMMUNITIES ASSOCIATION

Operations Manual **Note:** Must be made site specific.

Visitor Screening Tracker

Legend: **Passed: P-A** = NO to all questions #1-#4 and no fever + attestation OR **P-B** = NO to #1-3 & YES to #4 & #5 and no fever + attestation

Failed: F-A = YES to any question #1-#3, no attestation AND/OR F-B = YES to #4 & NO to #5, no attestation

[illegible]

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Appendix E – MSAA Reopening Retirement Homes Chart

Note: Directive issued June 11, 2020

| Timeline | Type of Activity | Number of Family Members/Friends Allowed | Scheduling of Visits Required |
|--------------------------------------|---|---|--|
| One week after issuance of directive | Outdoor Visiting + Indoor Visiting in designated areas or resident suites (if appropriate physical distancing can be maintained). | <p>The number of visitors per resident, per day, to be determined by the home, provided that current CMOH guidance on physical distancing can be accommodated.</p> <p>For outdoor visits, the visitor may bring an outdoor/lawn chair, or one may be provided by the retirement home. Staff will clean and disinfect the visiting area after each visit</p> | <p>Yes. This will allow for appropriate physical distancing and staffing coverage.</p> <p>Visits can be time-limited to allow the home to accommodate all residents.</p> <p>Homes should consider the needs of residents in prioritizing visits.</p> <p>If visits will occur in a resident room, scheduling must ensure that overcrowding does not occur especially for shared rooms.</p> <p>A sufficient block of time should be made available by homes to allow for at least one meaningful weekly visit per resident at a minimum.</p> |
| One week after issuance of directive | Short Absences: Homes will allow residents to leave for short absences. | N/A | N/A |

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