



## COVID – 19 VISITOR POLICY

**It is Retirement Life Communities (RLC) only goal to provide for the safety of all residents and staff at our retirement homes.**

Beginning June 18th, 2020, Retirement Life Communities 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, 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.

As part of the updates, the RHRA will identify retirement homes with either an ALERT or HIGH ALERT status if they are in a community with widespread transmission (Alert) and if there is widespread transmission and infection spread within the sector in the community (High Alert). This new approach reflects a shift to a risk-based response system and includes specific actions to help mitigate the spread of COVID-19.

### Guiding Principles

Below are guidelines for retirement home visitors which are informed by the following principles:

- **Safety:** Any approach to visiting in retirement homes 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 resident and staff.

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- **Flexibility:** Any approach to visiting in retirement homes 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.

## **Alert or High-Alert Status for Retirement Homes Effective October 13, 2020**

### **General Visitor and Personal Care Access Updates:**

- Non-essential visitors (i.e., general visitors and personal care service providers) are prohibited from entering Palisade Gardens, James Club and Goderich Place if our home receives a High Alert status;
- A maximum of 2 caregivers per resident may visit if our community has not been identified under Alert or High Alert status, our home is not in an outbreak, and the resident is not self-isolating or symptomatic;
- A maximum of 1 caregiver per resident may visit if our community has been identified under Alert or High Alert status, our home is in outbreak, or the resident is self-isolating or symptomatic;
- A maximum of 2 general visitors per resident may visit provided the resident is not self-isolating or symptomatic, our home is located in a community that has not been identified under Alert or High Alert status, and our home is not in outbreak;
- A maximum of 1 general visitor may visit in a designated area of Palisade Gardens, James Club and Goderich Place if our home is in a community that has been identified under Alert status;
- A maximum of 1 personal care service provider may visit a resident provided that the resident is not self-isolating or symptomatic, our home is located in a community that has not been identified under Alert or High Alert status, and our home is not in an outbreak;
- Personal care service providers are not permitted in Palisade Gardens, James Club and Goderich Place if we are in outbreak or the home is in communities identified under Alert or High Alert status and may not visit residents that are self-isolating or symptomatic.

### **Resident Absences Updates:**

- In the event Palisade Gardens, James Club and Goderich Place goes into an outbreak, there will be a hold on starting new absences until the home is no longer in outbreak, but short absences for essentials (e.g., groceries, medical appointments, filling prescriptions) may be continued;

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- Further restrictions related to resident absences will be imposed on homes in communities identified under Alert or High Alert status. Residents may be permitted to leave Palisade Gardens and James Club for essentials or for a single-night emergency room visit only;
- If a resident leaves for an absence that includes at least one overnight stay, upon return they must self-isolate for 14-days under Droplet and Contact Precautions (this is a change from the enhanced precautions in the previous policy);
- If the community has not been identified under Alert or High Alert status, overnight absences may proceed.

### **Social Activities Updates:**

- Social activities may only proceed if Palisade Gardens, James Club and Goderich Place is not in an outbreak or in a community identified under Alert or High Alert status;
- Social activities must be conducted in designated areas and enhanced environmental cleaning of designated areas prior to and following each activity will be completed.

### **Tour Updates:**

- In-person tours should be reduced as much as possible and replaced with virtual tours. If an in-person tour is deemed necessary, this can only occur if the home is not in an outbreak and the home is in a community that has not been identified under Alert or High Alert status;
- In addition to the previous requirements, tours of retirement homes must be restricted in a manner that avoids contact with residents and the home should keep the number of tours to a minimum.

Please note that our local public health unit may implement greater restrictions beyond what is included in the updated policy. We will ensure that any and all requirements are communicated in a prompt manner.

Should you have any questions about these updated measures please contact us at any time and we will get back to you as soon as possible. For more details please visit our updated Visitation Policy.

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## 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 *non-essential* 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 protocol

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## 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 signage.
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 an alternate indoor visiting space will be made available.

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 visitors 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

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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.**

## Types of Visitors

This is a **new section**, which replaces the *Non-Essential Visitor Requirements, Essential Visitor Requirements, Retirement Home Tour Requirements*.

• **Not Considered Visitors:** Retirement community staff and volunteers are not considered visitors as their access to the home is determined by the licensee – this section does not apply to staff and volunteers.

• **Essential Visitors:** Essential visitors remain persons performing essential support services (e.g., food delivery, inspector, maintenance, or health care services) or a person visiting a very ill or palliative resident. The updated guidelines provide two categories for essential visitors: **support workers and caregivers.**

- **Support Worker:** A support worker is a type of essential visitor who is brought into the retirement community when there are gaps in services to perform essential services for the retirement community or for a resident. Examples include:
- **Regulated health care professionals** under the Regulated Health Professions Act, 1991 (e.g., physicians, nurse practitioners);
- **Contract workers** hired by the home or LHIN care services, including home care providers (e.g., nursing care, physiotherapy, occupational therapy, social workers);
- **Maintenance workers;**

**Caregiver:** A caregiver is a type of essential visitor who is designated by the resident and/or their substitute decision-maker and visits 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).

A **maximum of 2** caregivers may be designated per resident. The designation should be made in writing to the home. Homes should have a procedure for documenting caregiver designations.

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A resident and/or their substitute decision-maker may change the designation in response to:

- A change in the resident's care needs that is reflected in the plan of care; and/or
- A change in the availability of a designated caregiver, either temporary (e.g., illness) or permanent.

Examples of caregivers include family members who provide direct care, a privately hired caregiver, paid companions, and translators.

- **General Visitor:** A general visitor is a person who is not an essential visitor and visits:
  - To provide non-essential services (may or may not be hired by the home or the resident and/or their substitute decision-maker);
  - For social reasons (e.g., family members or friends); and/or
  - A prospective resident taking a tour of the home.
- **Personal Care Service Providers:** A personal care service provider is a person who is not an essential visitor and visits to provide personal services to residents such as hair dressing and nail care.

### Access to Homes in Outbreak

Under Directive #3, a retirement community must have a visitor policy that specifies that essential visitors are the only type of visitors allowed when a resident is self-isolating or symptomatic, or the home is in an outbreak. The policy should specify how the frequency and duration of visits will be limited for essential visitors when homes are in outbreak.

- **Essential Visitors** are permitted to visit as follows:
  - Any number of support workers may visit a resident in a home.
  - Where the home is not in an outbreak:
    - If the resident is not self-isolating or symptomatic, a maximum of 2 caregivers per resident at a time may visit that resident.
    - If the resident is self-isolating or symptomatic, a maximum of 1 caregiver per resident at a time may visit that resident.
  - Where the home is in an outbreak, a maximum of 1 caregiver per resident may visit that resident.
- **General Visitors:** A maximum of 2 general visitors per resident at a time may visit that resident, provided:
  - The resident is not self-isolating or symptomatic; and
  - The home is not in an outbreak.
- **Personal Care Service Providers:** A maximum of 1 personal care service provider per resident at a time may visit that resident, provided:

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- The resident is not self-isolating or symptomatic; and
- The home is not in an outbreak.

## Screening

- **Screening Policy:** Under Directive #3, a retirement community, as part of their visitor policy, include requirements that all visitors:
  - Be actively screened on entry for symptoms and exposure for COVID-19, including temperature checks and not be admitted if they do not pass the screening; and
  - Attest to not be experiencing any of the typical and atypical symptoms of COVID19.
- **COVID-19 Testing:** All home care and personal care service providers should follow any testing guidance that retirement community staff follow as outlined in the **COVID-19 Testing for Retirement Homes**. Retirement communities are not required to provide the testing.
- **Safety Review – Caregiver:** Prior to visiting any resident in a home declared in outbreak 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.

For homes in outbreak, prior to visiting any resident for the first time after this policy is released, and at least once every month thereafter, caregivers should verbally attest to the retirement community that they have:

- Read/Re-Read the following documents:
  - The retirement community's visitor policy; and
  - Public Health Ontario's document entitled Recommended Steps: Putting on Personal Protective Equipment.
- **Watched/Re-Watched** the following Public Health Ontario videos:
  - Putting on Full Personal Protective Equipment;
  - Taking off Full Personal Protective Equipment; and
  - How to Hand Wash.
- **Safety Review – General Visitor and Personal Care Service Provider:** Prior to visiting any resident for the first time after this policy is released, and at least once every month thereafter, general visitors and personal care service providers should verbally attest to the home that they have:
  - Read/Re-Read the following documents:
    - The retirement community's visitor policy; and

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- Public Health Ontario's document entitled Recommended Steps: Putting on Personal Protective Equipment.
- Watched/Re-Watched the following Public Health Ontario videos:
- Putting on Full Personal Protective Equipment;
- Taking off Full Personal Protective Equipment; and
- How to Hand Wash.

## Personal Protective Equipment

As required in Directive #3, visitors must wear personal protective equipment.

• **Essential Visitors:** *Support workers and caregivers* are responsible for bringing their own PPE to comply with the requirements for essential visitors as outlined in Directive #3. They are encouraged to work with retirement communities to source the appropriate PPE to comply with the requirements if needed.

- If essential visitors are unable to obtain the appropriate PPE, they may be refused entry.
- Directive #3 notes that essential visitors who are:
  - Providing direct care to a resident must use a surgical/procedure mask while in the retirement community, including while visiting the resident that does not have COVID-19 in their room; and
  - In contact with a resident who is suspected or confirmed with COVID-19, must wear appropriate PPE in accordance with Directive #5 and Directive #1.

• **General Visitors and Personal Care Service Providers:** General visitors and personal care service providers are responsible for bringing their own face covering/mask for visits as outlined in Directive #3.

- Directive #3 notes that visitors should use a face covering/mask if the visit is outdoors. If the visit is indoors, a surgical/procedure mask must be worn at all times.

## Accessibility Considerations

• **Accessibility:** Homes are required to meet all applicable laws such as the Accessibility for Ontarians with Disabilities Act, 2005.

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## 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 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.

b. Attest to residence staff that they DO NOT have symptoms for COVID-19. They must also attest that they have not travelled outside of the country within the previous 2 weeks and have not come in contact with an individual that has contracted COVID-19. [Identify how screening and attestation will be documented – e.g. See Appendix D)

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. Retirement Life Communities will sell a surgical mask to visitors or residents for \$4.00 each.

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).

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## 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)
  - a. Visitors are required to call the property and book a visiting time with a resident, 48 hrs in advance is recommended in order to schedule a time.
  - b. Visitation schedule/calendar will be created by management at each property.
2. Visits will begin with one 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 1 hour per visit to allow the residence to accommodate all residents. Visits are one hour in length, we are scheduling visitation hours between 9 a.m. and 6 p.m., Monday to Saturday. We are scheduling a maximum of 4 visitors per hour between 9 a.m. and 6 p.m for indoor/outdoor visits combined.
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. At this time, we are not permitting visits within a resident's suite. We will reassess this type of visit in the coming weeks.
7. As noted above, family visits are not permitted when a resident is self-isolating or symptomatic, or when the home is in an outbreak.

## Requirements for Short Absences

Retirement home residents who wish to go outside of the home (e.g., short absences with friends/family, shopping, medical appointments, etc.) are permitted to do so if the following requirements are met:

1. The retirement home must NOT be currently in outbreak.

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2. In the event that a home allows short absences but enters into an outbreak, all short absences must end. Homes must establish compliance with all CMOH directives for homes in outbreak and follow directions from the local PHU.
3. The resident must pass active screening every time they exit and re-enter the home at the main entrance, and also attest that they are not experiencing any of the typical and atypical symptoms of COVID-19. If a resident cannot meet these conditions, the home will follow existing outbreak or isolation policies.
4. The short absence is limited to a maximum of 10 hours and cannot be overnight, between 8:30 a.m. and 6:30 pm.
5. General release of liability form filled out by family members or residents, see Appendix
6. The resident wears a cloth mask while outside the home. The resident is responsible for supplying a cloth mask while they are on short absences. The home may, at its discretion, opt to supply masks for short absences but should avoid accessing the provincial pandemic stockpile for this purpose.
7. Education on all required protocols for short absences will be provided by the home.
8. Contact tracing is required by the resident while off the property (see Appendix ), a form will be provided by each site
9. Any non-adherence to these rules could be the basis for discontinuation of short absences.

### 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.

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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

5. Non-compliance with the residence's policies could result in the discontinuation of visits for the non-compliant visitor. The visitor will be told to leave by management and the incident documented, and the visitor depending on the severity of the issue will be permitted to resume visits based on managements discretion.

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The gradual reopening of the home will be in accordance with the following schedule:

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).	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. 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	Yes. This will allow for appropriate physical distancing and staffing coverage. Visits can be time-limited to allow the home to accommodate all residents. Homes should consider the needs of residents in prioritizing visits. If visits will occur in a resident room, scheduling must ensure that overcrowding does not occur especially for shared rooms. 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.
One week after issuance of directive	Short Absences: Homes will allow residents to leave for short absences.	N/A	N/A

Where it is not possible or advisable for visits to occur in person, homes should continue to provide virtual visiting options. As the pandemic situation improves in Ontario, these guidelines will be revisited with the intention of increasing flexibility.

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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)  
Appendix F – General Release of Liability  
Appendix G – Contact Tracing Form

#### 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](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://orca.retirement.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-Homes-Recommendations-for-Visitations-ef-061120.pdf>

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## 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.

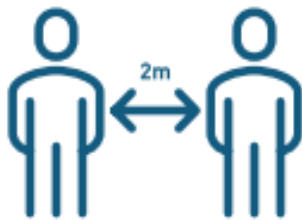
### **Physical Distancing**

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.**



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## 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)

*[If sharing electronically, keep link above. If providing printed copy, include handouts at end of information package – or reference site specific materials]*

## 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.**

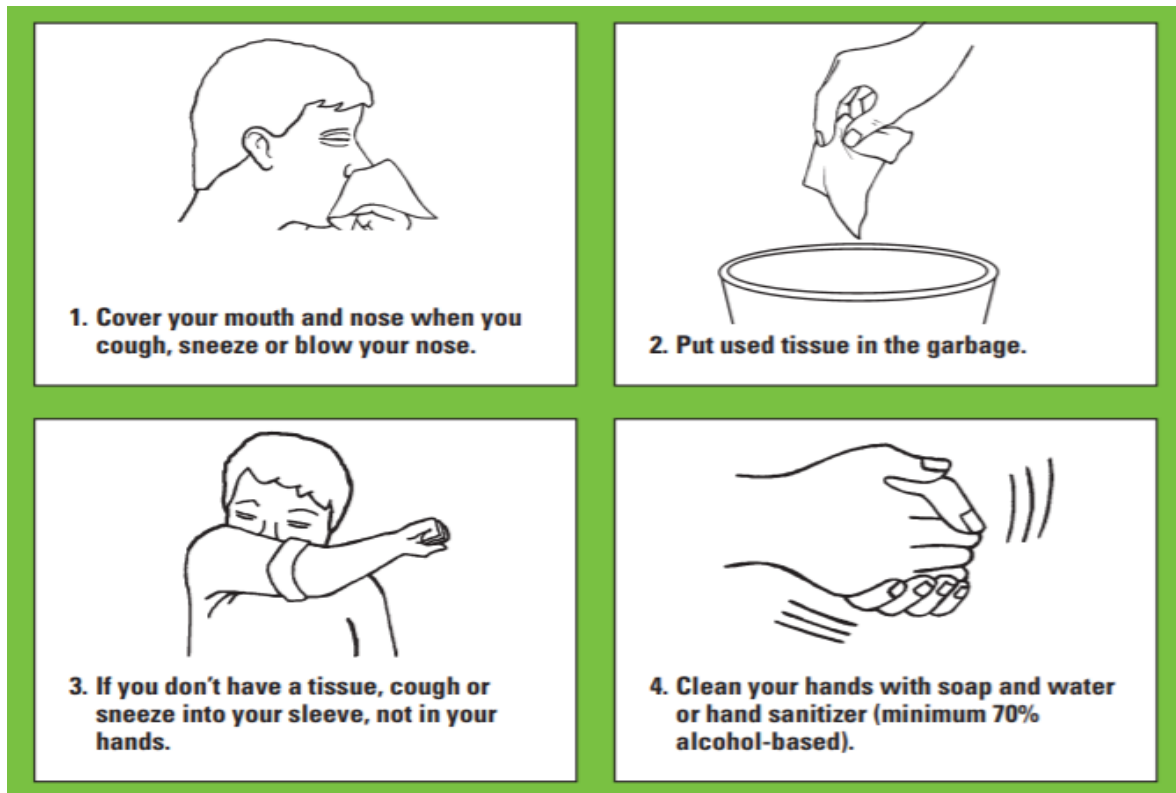
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**Following these steps is important:**

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.

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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 visit 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.**

### 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.

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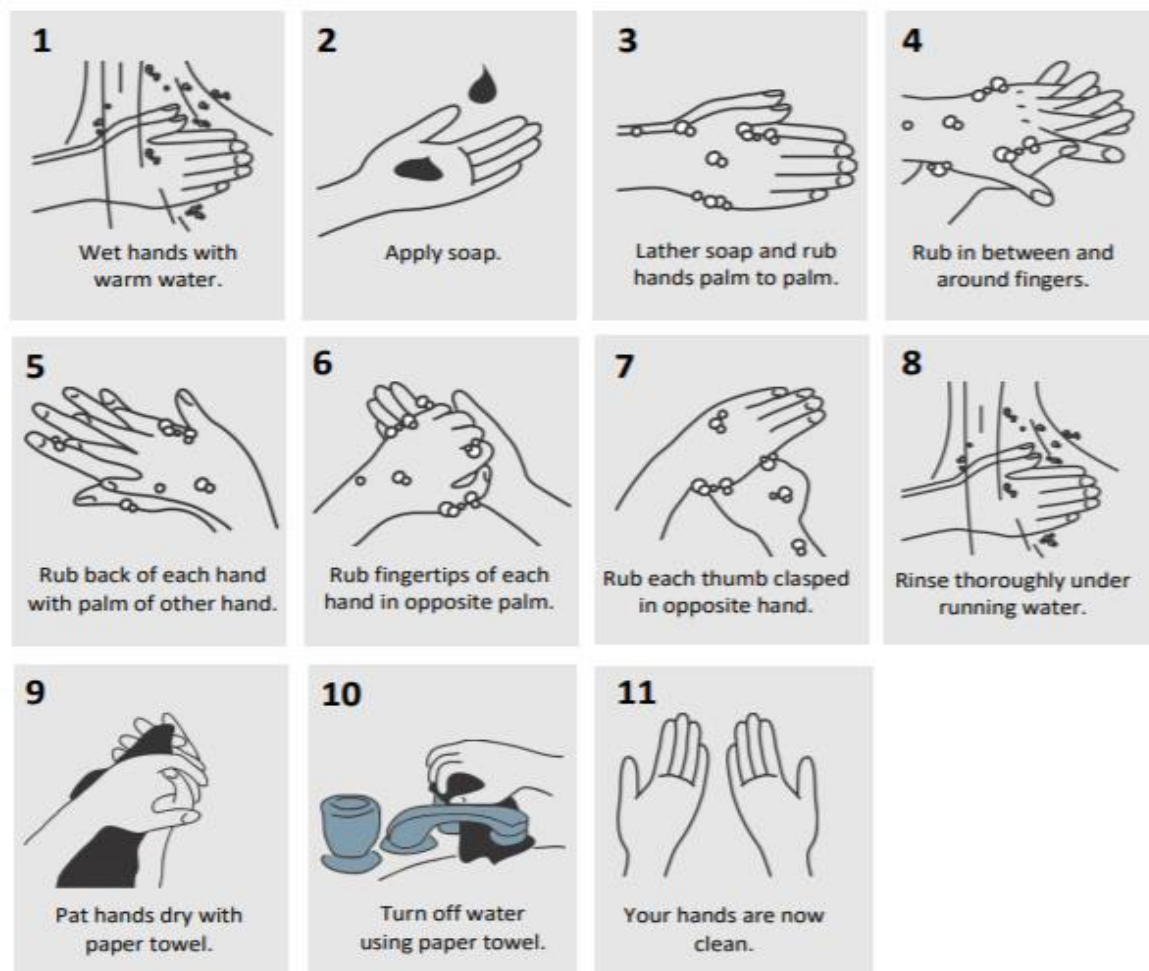
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## Coronavirus Disease 2019 (COVID-19)

# How to wash your hands



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## 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)

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# How to use hand sanitizer



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## 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 where 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

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contact and droplet precautions (gloves, face shield or goggles, gown, and surgical/procedure mask).



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# HOW TO WEAR A MEDICAL MASK SAFELY

[who.int/epi-win](https://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 World Health Organization

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## Appendix B – Sample Signage for Visitors

### Visits with Your Loved Ones During COVID-19

#### Expectations for Visits

Staying connected with others and the outdoors is important for everyone's well-being.

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 **one** 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

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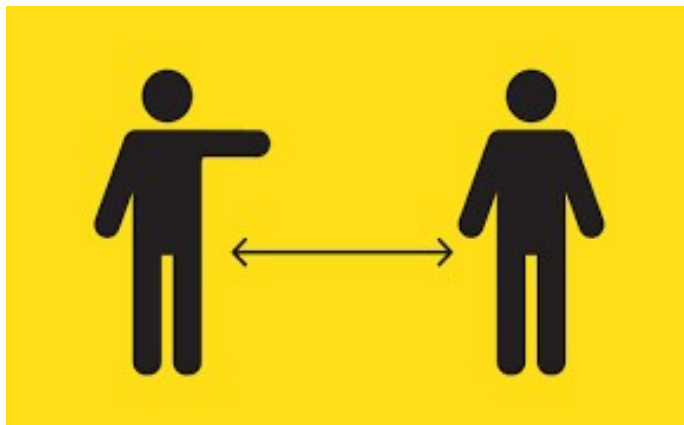




- Visitors must pass the screening process every time they visit and must attest that they are not experiencing any typical/atypical symptoms of COVID-19
- Visitors must attest to the home that they have tested negative for COVID-19 within the previous 2 weeks each time they visit
- Visitors must comply with the retirement home's infection and prevention control protocols (IPAC) which includes:
  - o 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

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- 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


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## Appendix C - Sample Visiting Schedule

Name of Residence:  
Visiting Hours:

Date:  
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 – 12:30pm				
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 – 4:30pm				
Clean and Disinfect				
5:00 – 5:30pm				
Clean and Disinfect				
6:00 – 6:30 pm				
Clean and Disinfect				
7:00 – 7:30 pm				
Clean and Disinfect				
8:00 – 8:30pm				

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## 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 <b>new or worsening</b> 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

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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 - <b>Go to Question 5</b>	No - <b>Skip question 5</b>
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>			
<b>Take temperature</b> (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

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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
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\*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.

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## 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

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## Appendix F – General Liability Form

### COVID-19: VISITATION POLICY

As permitted by the Condominium Corporation's Rules and to ensure compliance with the Province of Ontario Emergency Order and specifically Chief Medical Officer of Health's Directive #3, the Corporation hereby enacts this "COVID-19: Visitation Policy" to promote the safety, security or welfare of residents, staff and visitors during any visitations approved by the Corporation:

- **No visitations without approval:** No visitations will be permitted without the Corporation's written approval. Residents or their visitors must schedule a visitation with Management at least 48 hours in advance of the intended visitation.

Visitations may only occur between 9 a.m. to 6 p.m. between Monday to Saturday. Visitations are limited to a maximum length of 1 hour. The Corporation may prioritize visitations depending on residents' needs and preferences.

Visitations must only occur in areas specified for visitations, as designated by the Corporation from time-to-time.

The Corporation, in its sole discretion and guided by the ongoing COVID-19 situation in the community and the home, may approve, refuse and impose terms and conditions on any visitation.

- **Maximum visitors:** Residents will only be permitted one visitor per visitation. Visitors must only visit their designated resident and no other residents during a visitation.
- **Mandatory precautions for visitors:** Immediately before any visitation, visitors must attest they are not experiencing any of the typical and atypical symptoms of COVID-19 and pass active screening and other reasonable precautions the Corporation may implement from time-to-time, every time they exit and re-enter the premises at the main entrance. Visitors must always wear a surgical mask and gloves during the visitation.
- **Physical contact prohibited:** Residents and visitors are strictly prohibited from engaging in any form of physical contact including hugging, hand-shaking, kissing and assistance with dining, save and except for assistance with mobility. A minimum distance of 2 meters must be kept between residents and visitors.
- **Off-premise absences:** Those who wish to leave the premises must attest they are not experiencing any of the typical and atypical symptoms of COVID-19 and pass active screening and other reasonable precautions the Corporation may implement from time-to-time, every time they exit and re-enter the premises at the main entrance. If a resident cannot pass active screening or meet these requirements, the premises will follow outbreak or isolation policies.

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Residents must complete a Contract Tracing Form outlining their points of contact during any off-site absences. This must be returned to the Corporation upon re-entering the premises. Residents must always wear a surgical or cloth mask and gloves during any off-premise absences. Residents are responsible for supplying surgical masks during any off-premise absences.

Off-premise absences may only occur between 8:30 a.m. to 6:30 p.m. Overnight off-premise absences are prohibited.

- **Outbreaks, self-isolation and “Essential visitors”:** Visitations and off-site absences are prohibited during any outbreaks. Residents who are self-isolating may not have any visitors. Essential visitors, as defined by the Chief Medical Officer of Health, are the only visitors permitted during an outbreak or if a resident is self-isolating or symptomatic.
- **Strict compliance required:** Residents and visitors must attest they will comply with this Policy before any visitations. The Corporation may revoke any visitation and off-site absence privileges if this Policy is not strictly complied with.

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**Residents must execute and return this Policy to the Corporation before any visitations or off-premise absences.** By executing this Policy, residents acknowledge they and their visitors will strictly comply with this Policy, as amended from time-to-time, attest that they do not have COVID-19, are not symptomatic of COVID-19 and agree to indemnify the Corporation, its directors, property manager and staff from any liability whatsoever caused by any misrepresentation, non-disclosure or breach of this policy pursuant to the indemnity provisions set out on the reverse of this Policy. **Resident**

**Name  
and Unit:**

**Date:**

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**PREPARED BY: RETIREMENT LIFE COMMUNITIES**

I fully release, acquit, and forever discharge, without qualification or limitation, PALISADES GARDENS (Palgardens Inc.); RETIREMENT LIFE COMMUNITIES CONSULTING INC.; NORTHUMBERLAND STANDARD CONDOMINIUM CORPORATION No. 61 (NSCC No. 61), JAMES CLUB, NSCC 86. GODERICH PLACE RETIREMENT, RETIREMENT LIFE COMMUNITIES INC. and its affiliates, directors, officers, partners, associates, employees, servants, agents, heirs, administrators, successors, assigns, and insurers (the "Releasees"), from all manner of actions, causes of action, suits, debts, dues, accounts, bonds, covenants, complaints, claims and demands for damages, monies, losses, indemnity, costs, interest in loss, death, or injuries howsoever arising which may have been or may hereafter be sustained as a consequence of my use and participation in this "COVID-19: Visitation Policy" and further acknowledge that the Releasees shall have no duty, obligation, or responsibility to provide any care, assistance, or service of any nature whatsoever while I am not physically situate on the premises or not under the direct supervision of the Releasees, and I hereby waive and release any and all actions, causes of action, claims or demands of whatsoever nature, whether in contract or in tort or arising as a result of a fiduciary duty or by virtue of any statute or upon or by reason of any damage, loss or injury arising out of, or as a consequence of, my departure from the premises.

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**PREPARED BY: RETIREMENT LIFE COMMUNITIES**

REVIEWED: \_\_\_\_\_ REVISED: \_\_\_\_\_

REVIEWED: \_\_\_\_\_ REVISED: \_\_\_\_\_

REVIEWED: \_\_\_\_\_ REVISED: \_\_\_\_\_

REVIEWED:  \_\_\_\_\_ REVISED: JUNE 16, 2020, SEPT 2020, OCT 2020





Appendix G – Contact Tracer form provided by each site

<b>Temporary Absence Contact Tracing Form</b>			
<b><u>Resident Name:</u></b>	-	<b><u>Signature</u></b>	-
<b>Today's Date:</b>			
<b>Location</b>	<b>Location Address</b>	<b>Time Spent</b>	<b>Who did you visit?</b>