

Policy & Procedure:		Long-Term Care Nursing (IPAC) Department Visitor Protocol	
LEGISLATION: As per Fixing Long-Term Care Act, 2021, Ontario Regulations 246/22			
NOTE: A printed copy of this document may not reflect the current policy; refer to the electronic policy/procedure.			
		Policy No.:	IPAC-C-10.40
		Origin Date:	June 2020
Current Revision:	April 2025		
Reviewed Dates:	April 2025, November 2023, August 2023, April 2023, June 2022, May 2022, March 2022, January 2022, November 2021, Mar 2021, November 2020, September 2020, July 2020, June 2020		

POLICY:

The role that families, friends, and visitors play in providing caregiving and emotional supports is important to the quality of life for long-term care residents. Visitors are welcome to visit their loved one at any time that is mutually agreed upon and best suits the resident and the visitor during a non-outbreak situation.

During an outbreak of a communicable disease, an outbreak of a disease of public health significance, an epidemic, or a pandemic, visitors are restricted to essential visitors, subject to applicable law.

There are four types of essential visitors as follows:

- **Caregivers:** designated by the resident/substitute decision maker to provide one or more forms of support or assistance to meet resident care needs, including providing direct physical support (e.g. activities of daily living, social, spiritual, or emotional support), whether the individual is paid or unpaid. Must be 16 years of age or older. The approval of a parent or legal guardian is required to permit individuals under the age of 16 years to be designated as a caregiver;

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- **Support Workers:** persons who visit the home to provide support to the critical operations of the home or to provide essential services to residents;
- **Persons visiting very ill residents for compassionate reasons:** to include but not limited to hospice or end of life care; and
- **Government Inspector:** with a statutory right to enter a long-term care home to carry out their duties.

All other visitors who do not fall into the essential visitor category above are considered general visitors and are not permitted during an outbreak in the home or an area of the home or to visit an isolating resident.

- **General Visitors:** is not an essential visitor and provides non-essential services either to the operations of the home or to a particular resident or groups of residents. These visits are for social reasons as well as providing personal care services, entertainment, or individuals touring the home. General visitors under the age of 14 must be accompanied by an adult.

Long-term care team members, attending physicians or nurse practitioners, volunteers, and placement students are not considered visitors, as their access is determined by the home. Children under the age of one year are permitted and are not considered visitors.

Additional personal protective equipment may be required based on point of care risk assessment; for residents living in a shared room with a co-resident; co-resident on additional precautions; when the home is in outbreak; or as otherwise determined by public health.

Visits may be ended at any time for any visitor who repeatedly fails to adhere to the home's visitor policy requirements. Where the home has previously ended a visit, or temporarily prohibited a visitor, additional education/training must be provided to the visitor before visitation can be resumed. If a caregiver is temporarily prohibited, the resident /substitute decision maker may designate an alternative individual as the caregiver to help meet resident care needs.

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Note: Visitor protocols may change across regional jurisdictions as per Public Health and provincial directives and will supersede this policy requirement.

PROCEDURE:

The Infection Control Lead or designate will:

- 1) Ensure that there is a process for visitors to sign in and passive screening. This may include the use of a screening app or a paper sign in/screening process.
- 2) Ensure there is outdoor/indoor space designated that promotes privacy for residents and families. The indoor space will:
 - Promote passive screening measures through the use of signage as visual cues;
 - Be a designated location in the home, preferably the resident home area/neighbourhood (i.e. resident room, lounge area, multipurpose room, empty resident room).
 - Determine if a resident room is appropriate for an indoor visit. Take into account the activities to be performed during the visits, if the resident is sharing a room, and whether isolation precautions are in place;
- 3) Communicate with residents and families the process for visiting the home, prioritizing emotional and/or clinical decline of residents.
- 4) Ensure there is a process to maintain visitor logs for all visits to the home for a minimum of 30 days where it can be readily available upon request from public health for contact tracing purposes. The log will contain at minimum;
 - The name and contact information of the visitor
 - Time and date of the visit
 - The purpose of the visit (e.g. the name of the resident visited)
- 5) Provide a copy of the current version of the Visitor Protocols policy to Residents' Council and Family Council (if any).
- 6) Ensure that visitors have access to the Visitor Protocols policy.

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The Infection Control Lead or designate will:

- 1) Be accountable for communicating the Visitor Protocols Policy (in admission packages and on website).
- 2) Document essential visitors who are caregivers in the resident profile section of electronic health record (added to PCC by administration).
- 3) Communicate caregivers and the care needs provided to the interprofessional team. (In PCC)
- 4) Inform the resident/SDM that the home must be notified of any changes in who is assigned as the caregiver(s).
- 5) Ensure all visitors are educated about respiratory etiquette, hand hygiene, IPAC practices, and proper use of PPE.
- 6) Ensure designated caregivers receive additional education and training (posters, videos, and training sessions may be used) on IPAC when residents are placed on additional precautions, during an outbreak, and as required by Public Health, which may include:
 - Putting on Full Personal Protective Equipment;
 - Taking off Full Personal Protective Equipment;
 - How to Hand Wash; and
 - Use of Alcohol-based Hand Sanitizer.
- 7) Appoint team member(s) to provide education to visitors as required.
- 8) Maintain all records related to the family visiting process, including all changes to caregiver(s) for a minimum of 30 days.
- 9) Cancel and reschedule visits for any of the following reasons:
 - Resident is experiencing symptoms of illness or is self-isolating (with exception essential visitors)
 - As directed by Public Health during an outbreak

The Nurse or designate will:

- 1) Update the resident's plan of care (profile section) with the care needs provided by the caregiver(s).

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All team members will:

- 1) Participate in and support visiting of residents as needed.
- 2) Guide any visitor with PPE utilization as needed.
- 3) Seek support from nurse in charge and/or supervisors/manager(s) to address questions and concerns, including immediate advice to support individual resident and family needs.

The visitor will:

- 1) Participate in the visitor sign in and passive screening process, surveillance testing (as required), perform hand hygiene, and don required personal protective equipment based on point of care risk assessment during non-outbreak and outbreak conditions (where permitted to visit) throughout the visit as directed by the home.
- 2) Follow all infection prevention and control measures in place as directed by the home.
- 3) Coordinate with the Resident Services Supervisor or designate and obtain approval prior to bringing any pets to the home.

NOTE: Any non-compliance with the visitor responsibilities in this policy will result in discontinuation of the visit for the non-compliant visitor.

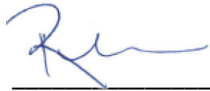
REFERENCES:

- COVID-19 Guidance Document for LTCH in Ontario, COVID-19, June 26, 2023 available at:
<https://ltchomes.net/LTCHPORTAL/Content/MLTC%20Guidance%20Document%202022-10-06.pdf>

ATTACHMENTS: IPAC-N-10.44(a) - Designated Caregiver and Attestation Form

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Approved By:



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May 5, 2025

Date



Linda Hunter, Director
Long-Term Care

May 5, 2025

Date