

VISITING PROGRAM



Visiting Program in Long Term Care

LAST UPDATED: July 14, 2022. This revised program was proposed by Vincent Lazore, administrator and seconded by Tina Benedict, acting Director of Care and is in effect, July 14, 2022.

DISCLAIMER: This visiting program is subject to **change** with the introduction of additional government guidelines. All previous versions of the visiting program are revoked and replaced with this version.

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1.0 PROGRAM

The Minister of Long Term Care issued the *Minister's Directive: COVID-19 response measures for long term care homes* under the *Fixing Long Term Care Act, 2021*, effective April 27, 2022. The Minister's Directive requires that licensees comply with provisions contained within 'COVID-19 guidance document for long-term care homes in Ontario', as set out in the Minister's Directive.

As of June 11, 2022, Directive #3 for Long Term Care Homes issued by the Chief Medical Officer of Health will be revoked. The Ministry of Long Term Care is updating their measures and removing all references to Directive #3.



This program is intended to provide our home with direction with respect to the COVID-19 pandemic as set out in the Minister’s Directive. We have developed approaches for operating safely while providing the greatest possible opportunities for maximizing resident quality of life.

In the event that there is a conflict between this program and any applicable legislation, directive, or order, the legislation, or order will prevail. This document will not take the place of medical advice, diagnosis or treatment.

While steps are being taken to re-open Ontario, including easing measures for long term care homes, the Ministry is shifting public health measures in the long-term care sector to a stabilization and recovery emphasis while ensuring preparedness in the case of another wave.

The key approach is to further rebalance the risks associated with COVID-19 against the risks that the measures present to residents’ overall health and wellbeing.

As the COVID-19 outbreaks evolves, our direction for home visits will be adjusted as necessary, keeping safety and wellbeing of residents and staff at the forefront.

2.0 BACKGROUND

The Visiting program will protect the health and safety of residents, staff and visitors, while supporting residents in receiving the support they need and maintaining their physical, mental, social and emotional wellbeing and their quality of life.

Per section 7 of the Minister’s Directive, we are required to ensure that visitors have a right under the *Fixing long-Term Care Act, 2021*, to receive visitors and we cannot restrict this right.

1. We must have a visitor program that, at a minimum,
 - ✓ Reflects the following guiding principles:
 - Safety – balances the health and safety needs of residents, staff and visitors.
 - Emotional well-being – welcome visitors who come to support the mental and emotional well-being of residents by reducing social isolation.
 - Equitable access – all residents are given equal access to have visitors, consistent with their preference and within reasonable restrictions to safeguard residents.
 - Flexibility – the physical infrastructure of the home and staffing capabilities and whether our home is on outbreak are all variables to consider when developing our visiting program.
 - Equality – Residents have the right to choose their visitors. They also have the right to designate their caregivers.
 - ✓ Sets out the procedure with respect to visitors and includes the following:
 - The definitions of the different types of visitors,
 - The requirement to designate caregiver in accordance with O.Reg. 246/22,
 - Restrictions with respect to visitors in the event of an outbreak or when resident is isolating.
 - Non-compliance by visitors of the home’s visitors program.
 - ✓ Includes provisions with regards to the home’s implementation of all required public health measures



as well as infection prevention and control practices.

- ✓ Includes the procedure for active screening, and asymptomatic screen testing of visitors, consistent with all applicable laws, including the *Act* and *O.Reg 246/22*.
- 2. In accordance with section 267(2) of O. Reg. 246/22, we must maintain visitor logs of all visits to the home. The visitor log must include at a minimum the following:
 - The name and contact information of the visitors.
 - Time and date of the visit,
 - The purpose of the visit (name of the resident visited)The visitor logs must be kept for a period of at least 30 days and must be readily available to the local public health unit for contact tracing upon request.
- 3. Homes must ensure that all visitors have access to the home’s visiting program.
- 4. Home must provide education or training to all visitors about physical distancing, respiratory etiquette, hand hygiene, IPAC practices and the proper use of PPE.

3.0 LTC HOME RESPONSIBILITIES

Administrator/Designate

1. Follow any provincial and/or jurisdictional specific directives and guidelines related to managing visitations.
2. Ensure staff are aware of and follow any provincial and/or jurisdictional specific directives.
3. Consider the following when providing visitor access:
 - a. Areas where visits can be held, including indoor and outdoor areas.
 - b. Assigning an escort for visitors, when indicated.
 - c. Directional signage to the entrance and exits of the outdoor areas, and indoor visit areas as applicable.
 - d. Access to chairs, when required.
 - e. Access to shade (umbrellas) in the outdoor areas, as required and
 - f. Any required cleaning and disinfecting before and after the visit.
4. Ensure visits are documented using the screening log.
5. Allow caregivers to visit residents in outbreak and non-outbreak situations following any provincially mandated restrictions, such as limiting number of visitors allowed at a time, visiting room/area etc. in an outbreak situation.
6. Allow unrestricted access for visits to a resident who is at end of life or for other extraneous circumstances, and as determined by provincial directives.
7. Ensure visitors adhere to infection prevention and control (IPAC) protocols, including required PPE and hand hygiene.
8. Follow Ontario’s directives on the provision and use of PPE for visitors.
9. Ensure processes are in place to screen (active and/or passive) visitors when directed to do so.
10. Ensure all visitors have access to the home’s visitor’s program.
11. Ensure that the home has a process in place for documenting and keeping a written record of:
 - a. The designation of a caregiver and
 - b. The approval from a parent or legal guardian to permit person less than 16 years of age to be designated as a caregiver if applicable.
12. The home will need to accommodate for visitors who are unable to put on or remove PPE without



assistance from another person.

13. Our home will have the discretion to end a visit or prohibit a visitor (including a caregiver) from visiting in response to repeated and flagrant non-compliance with our program and where a visitor's behavior may impact the home's ability to ensure a safe and secure home.

4.0 TYPES OF VISITORS

4.0 TYPES OF VISITORS

4.1 Not considered visitor

LTC home staff, volunteers and placement students are not considered visitors as their access to the home is determined by the licensee.

4.2 Essential visitor is a

- a. Caregiver
- b. A support worker who visits a home to provide critical support to the operations of the home or to provide essential services to residents.
- c. A person visiting a very ill resident for compassionate reasons, including but not limited to, hospice or end of life care,
- d. A government inspector with a statutory right to enter a long term care home to carry out their duties.

A designated caregiver – means an individual who:

- a. Is a family member or a friend of a resident or a person of importance to the resident,
- b. Is able to comply with all applicable regulations, directives, orders, guidance, advice and recommendations issued by the Chief Medical Officer of health
- c. Provides one or more forms of support or assistance to meet the needs of the resident, including providing direct physical support such as activities of daily living or providing social, spiritual or emotional support, whether on a paid or unpaid basis.
- d. Is designated by the resident or the resident's substitute decision maker with the authority to give that designation and
- e. In the care of an individual under 16 years of age, has approval from a parent or legal guardian to be designated as a caregiver.
- f. Is a type of essential visitor who is designated by the resident and/or their SDM and is visiting to provide direct care to the resident. The care includes supporting feeding, mobility, personal hygiene, cognitive stimulation, communication, meaningful connection, relational continuity, and assistance in decision making.
- g. A resident/SDM may request as many designated caregivers as needed. The designation must be made in writing to the home. The home has a procedure for documenting caregiver designation. The decision to designate an individual as a caregiver is entirely the remit of the resident and/or SDM and not the home.
- h. A resident and/or substitute decision maker may change a designation in response to a change in the following:
 - Resident's care needs that are reflected in the plan of care.
 - Availability of designated caregiver, either temporary (e.g., illness) or permanent.
- i. Examples of caregivers include family members who provide meaningful connection, a privately hired caregiver, paid companions and translators.



An essential visitor is a person performing essential support services (e.g., food delivery, inspector, maintenance, health care services (phlebotomy)) or a person visiting an extremely ill or palliative resident. Support workers and caregivers are types of essential visitors.

Government inspectors are essential visitors but they are not subject to this program.

Support worker - is a type of essential visitor who is visiting to perform essential support services for the home or for a resident.

- Examples of support workers include physicians, nurse practitioners, maintenance workers or a person delivering food, provided they are not staff of the LTC home.

Examples of support workers include physicians who do not have a contract with the home, nurse practitioners, maintenance workers or a person delivering food, provided they are not staff of the LTC home as defined in the LTCHA.

4.3 General visitor – A person who is not an essential visitor and is visiting to provide non-essential services related to either the operations of the home or a particular resident or group of residents. General visitors include that person visiting for a social reason as well as visitors providing non-essential services such as personal care services.

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

They provide a non-essential service, may or may not be hired by the home, by the residents and/or their substitute decision maker.

4.4 Child visitors –Child visitors are classified as general visitors and are under the age of 18.

Tsiionkwanonhso:te feels it is essential to support visits for parents and their young (non-adult) children to ensure the wellbeing of our residents and their loved ones. The home has developed a plan to permit safe child visits.

5.0 ACCESS TO HOME

WHO CAN VISIT AND WHERE

All general visitors, including children under the age of five, can enter the long term care home.

General visitors, with the exception of the children under the age of five, will have to follow the vaccination policy of TsiionKwaNonhSote.

All visitors must provide proof of being fully vaccinated to enter the home.

Up to four visitors, including the caregivers, per resident may visit at a time for indoor visits.

Tsiionkwanonhso:te



"Our Home"

There is no sector limit on the number of visitors permitted at outdoor visits, providing social distancing can be maintained.

All visitors may have outdoors visits, regardless of vaccination status.

PROOF OF VACCINATION

Designated caregivers, support workers and general visitors must provide proof that they are fully immunized, to enter the home. They can provide proof of being fully immunized by showing the physical or emailed receipt that they received the vaccination.

Vaccination receipts can also be downloaded or printed through the Provincial Portal. Copy of the vaccination record from Mohawk Council of Akwesasne or Saint Regis Mohawk Tribe will also be accepted as proof of vaccination.

If they provide the home with a copy of their proof, they will not be required to show proof at every visit to the home. If a copy of the vaccine record is not provided to the home, then they must show proof of vaccination on every visit.

Any individual, who does not wish to provide proof of immunization status, is unable to enter the home. They may enjoy an outdoor visit with the resident.

Visitors, who come to visit residents at end of life, are not required to show proof of vaccination to enter the home.

SCREENING

General visitors may enter the home provided they have pass symptoms screening and have tested negative for COVID-19 as per our home's testing program

RESTRICTIONS DURING OUTBREAKS OR WHEN A RESIDENT IS ISOLATING

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

General visitors are not permitted when a home or area of the home is in outbreak.

General visitors are not permitted to visit an isolating resident.

DIRECTION FROM THE LOCAL PUBLIC HEALTH UNIT

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

VISITING DURING AN OUTBREAK

Visiting policy – If our home is on outbreak, or a resident is self-isolating or symptomatic, the following visiting restrictions are in place –

- Essential visitors are permitted to visit, but a maximum of 1 caregiver per resident at a time and must be screened in prior to entry.
- General visitors are not permitted.



COVID-19 ASYMPTOMATIC SCREEN TESTING

In accordance to section 8 of the Minister's Directive, Tsiionkwanonhsote is required to ensure that the COVID-19 asymptomatic screen testing requirements as directed are followed.

The routine testing of asymptomatic staff, students, volunteers, caregivers, support workers and visitors who have not been exposed to COVID-19 is different from COVID-19 testing of individuals who are symptomatic, have had high risk exposure or are in an outbreak setting.

Tsiionkwanonhsote requires that all staff, students, volunteers, caregivers, support workers and visitors must be tested for COVID-19 with a rapid test prior to entering the home, during every visit. The test must be taken prior to entering the home.

Where a support worker who is a member of a regulated health profession takes an antigen test at our home, the home shall ensure that the test is taken before granting them full entry into the home. The regulated health professional may enter the home pending the test results with appropriate personal protective equipment.

If the staff, student, volunteer, caregiver, support worker or visitor is entering the home for a second time in the same day, a second rapid test is not required.

In all cases, a rapid is not require if the staff, student, volunteer, caregiver, support worker or visitor is providing proof of a negative rapid test taken on the same day as they are entering our home.

REQUIREMENT TO DEMONSTRATE PROOF OF NEGATIVE ANTIGEN TEST

The home shall ensure that staff, caregiver, student placement, volunteer, support worker or general visitor provides proof of the negative antigen test result to gain entry to the home or take a new antigen test. The home shall maintain a log that such proof has been demonstrated.

PREVIOUS COVID-19

If an individual has had a prior confirmed COVID-19 infection in the past 30 days, they do not need to have a rapid test taken prior to admission to the home. However they must provide proof of the confirmed COVID-19 infection. This is to determine and confirm their date of infection.

However if the individual is exhibiting symptoms, they will not have passed the screening log and will not be permitted entry into the home.

PUBLIC HEALTH MEASURES

All visitors to the home are required to follow public health measures (active screening, physical distancing, hand hygiene, masking) for the duration of their visit in the home.

PALLIATIVE AND EMERGENCY SITUATIONS

Asymptomatic screen testing for support workers, caregivers and general visitors is not required in an



emergency situation or in a situation where these individuals are visiting or attending to residents receiving end of life care.

INSPECTORS

The testing requirement does not apply to inspectors with a statutory right of entry. Inspectors from the Ministry of Long Term Care, Ministry of Labor, Training and Skills development have separate and specific testing protocols that have been established within their Ministries.

CHILD INDOOR VISITS

Child indoor visits must be requested 24 hours in advance by the designated caregiver. The designated caregiver needs to confirm the date and time of the visit with nurse in charge by calling 613-932-1409 ext. 91. The time and date of the visit must respect the home's visiting program.

The nurse in charge will approve the visit by a child with the designated caregiver. The nurse in charge will chart the approved visit in the resident's electronic record on Point Click Care. The visit will also be posted on the home page of Point Click Care.

Child visitors are subject to the same screening and testing requirements as adult visitors. All individuals entering the home ages 2 and up must follow the testing requirements as stated in the Minister's Directive. Parental consent is required for minors (individuals under 18 years of age) that undergo testing. If consent is not given and/or testing is refused, the individual is not permitted to enter the home.

Children under two years of age are not considered a visitor and there is not a requirement for testing for those entering the home.

Child visitors are required to wear PPE like all other visitors.

A maximum of 2 child visitors may visit at a time, subject to the discretion of the administrator.

The child visitor must be always accompanied by the resident's designated caregiver or at the discretion of the administrator. The child visitor must be in sight of their caregiver at all times otherwise the visit may be ended.

The child visit must take place in the resident's room or another room where other residents/ individuals are not located. The visit may also take place outdoors.

Child visits are not permitted if the home is on outbreak.

TIME OF VISITS

Effective with the adoption of this program, the administrator confirmed indoor visits by designated caregivers and general visitors to be held on every day of the week during the period from 10:00am to 8:00pm.

ACCESS SUBJECT TO REQUIREMENTS



The home shall ensure that no person described in this program is permitted to enter the home unless the requirements contained in Directive have been met.

CONTINUATION, EXPANSION, SUSPENSION OR RESTRICTION OF VISITS

The administrator will be authorized to determine the continuation, expansion, suspension or restriction of visits and absences. This decision is made based on the administrator's opinion that the home is unable to ensure resident safety. The administrator will make this determination following analysis of transmission in the community and in neighboring communities, the effects of transmission on staffing, availability of personal protective equipment and recommendations from the licensee.

6.0 STATISTICAL INFORMATION

1 STATISTICAL INFORMATION

The home shall collect, maintain, and disclose statistical information on testing as follows:

- a) Documentation that includes
 - i. The number of staff, caregivers, student placements, volunteers, support workers, and general visitors tested with an antigen test.
 - ii. The number of staff, caregivers, student placements and volunteers tested with a PCR test and date it was presented at the home
 - iii. The number of caregivers, support workers and general workers who were permitted entry under an emergency or palliative situation,
 - iv. The number of staff, caregivers, student placements, volunteers, support workers and general visitors that provided proof of a negative antigen test to gain entry.
 - v. The number of staff, caregivers, student placements, volunteers, support workers and general visitors that provided proof of a negative PCR test resulting from repeat false positive to gain entry,
 - vi. The number of staff, caregivers, student placements, volunteers, support workers and general visitors that provided proof of being fully immunized against COVID-19,
 - vii. Upon request, the home will disclose the statistical information to the Ministry of Long Term Care, and public health unit for the area, and Ontario Health.

2 PROHIBITION ON RESELLING OR DISTRIBUTING TO ANY OTHER PERSON

The home shall ensure that an antigen test is

- Used only for the purposes of the provincial antigen screening program,
- Not resold or distributed to any other persons.

7.0 PERSONAL PROTECTIVE EQUIPMENT

Our home's visiting program specifies that the wearing of PPE in the following manner:

10.2 Essential visitors:

- ✓ Must wear a surgical/procedure mask while in the home. No eye protection is required for indoor or outdoor visit.
- ✓ Only fully vaccinated essential visitors are permitted in the home.
- ✓ Effective July 16, 2021, all essential visitors providing care within 2 meters to a resident who is on Droplet/Contact Precautions and/or directly in an outbreak setting must wear eye protection. Otherwise, the use of eye protection will now be based on Point of Care Risk



10.3 General visitors:

- ✓ Must wear cloth masks or face covering for outdoor visits or surgical/procedure masks when indoors.
- ✓ Only fully vaccinated general visitors are permitted in the home.

8.0 PET VISITS

Animal visitation has been found to benefit individuals socially, psychologically, and physiologically. However, there is also the risk of infectious disease transmission. Those who have the greatest health risk are the elderly, immunocompromised, pregnant women, and young children.

In accordance with the home's infection control policy, the home regularly reviews the vaccination documents/health history of every pet that visits or lives in the home. All pets visiting the home, either through an organized program or accompanying visitors must have current vaccination documents prior to being allowed in the home. We will continue to ensure that the provisions for visiting pets during the pandemic are strictly upheld to mitigate the risk of transmitting microorganism from pets to residents.

Pets have been associated with the spread of disease including Salmonella and Clostridium difficile. To help prevent the spread of infection, all pets visiting the home must have their current vaccinations.

In accordance to the Ontario Veterinary Medical Association, the following core vaccines are required annually for dogs:

- Rabies vaccination
- Canine distemper vaccination
- Hepatitis or Adenovirus vaccination
- Parvovirus vaccination

In accordance to the Ontario Veterinary Medical Association, the following core vaccines are required annually for cats:

- Rabies vaccination
- Feline panleukopenia (FPV)
- Feline calicivirus (FCV)
- Feline leukemia (FeLV)
- Feline herpesvirus-1 (FHV-1)

Our home requires that pet owners provided proof of these core vaccines annually to the Activity Director prior to being allowed in the home.

All pet visits must be approved by the IPAC nurse.

Prior to the approval of the pet visit, the IPAC nurse must identify residents at risk for the pet visit. This may include allergies, fear or behaviors as being a possible risk. The IPAC nurse must record the residents at risk in Pointclickcare and on the homepage. All department supervisors should be aware of the visit to ensure that risks associated with the visit are identified.

The pet visit can be approved by the IPAC nurse or the Activity director.



In addition to the procedures outlined in our infection control policy, the home will currently be enforcing the following recommendations:

- Pet visits can only take place outdoors at this time.
- Only cats and dogs are permitted to visit the home at this time.
- Current vaccination records must be submitted to the Activity Director prior to the visit. Pet owners are responsible for providing the home with updates information regarding vaccination and flea/parasite prophylactic treatments.
- Review of the home's procedures regarding pet visits with the visitor prior to the visit.
- The pet visit must be scheduled 24 hours in advance.
- All dogs and cats are to be on a leash less than 2 meters in length.
- The handler assumes responsibility and accompanies the animal during the entire visit.
- The home reserves the right to limit or prohibit a pet from visiting at the home.
- Pets should not show any signs of illness. If the pet has any of the following, they cannot visit residents: urinary or fecal incontinence, open wounds, ear or skin infections, flea or tick infestations, or signs of distress.
- Select animals with known behaviors. Screen animals by age appropriateness and temperament. Animals should not exhibit negative, aggressive, or fearful behavior. Cats and dogs must be at least one year old to ensure that they have completed all vaccinations.
- Animals displaying inappropriate behavior should be removed from the visiting area immediately and visiting privileges should be revoked.
- Visiting animals should be bathed and groomed with nails trimmed.
- A sick animal should be promptly removed from the visiting area (i.e., if it has vomiting or diarrhea episodes, sneezes, or coughs for unknown reasons, displays unusual or stressful behavior).
- Animals should have access to fresh clean water provided by the handler. Animals should be fed only commercially prepared food and treats. Raw meats should not be fed to animals to avoid the spread of infectious disease.
- Pet owners are responsible for picking up any litter associated with their pet while on the home's property.
- Pet owners and any resident who touches the pet needs to follow proper hand hygiene.
- Residents are strongly discouraged from feeding pets.
- Tsiionkwanonhsote does not have an existing exterior fence around the building, outdoor landscape, or outdoor visiting area. Pet owners need to be aware of the risk of roaming animals from the community.

The administrator will be authorized to determine the continuation, expansion, suspension, or restriction of pet visits. This decision is made based on the administrator's opinion that the home is unable to ensure resident safety.

9.0 NON-ADHERENCE BY VISITORS

Our visiting program states that non-compliance with the home's program could result in a discontinuation of visits for the non-compliant visitor.

17.1 Responding to non-adherence by visitors

The home's program includes procedures for responding to non-adherence by visitors in the home as



follows:

- Provide strategies for supporting visitors in understanding and adhering to the home’s visitor’s program.
- Recognize visits are critical to supporting a resident’s care needs and emotional well-being.
- Consider the impact of discontinuing visits on the resident’s clinical and emotional well-being.
- Reflect and are proportionate to the severity of the non-adherence.
- In the situation that the home has previously ended a visit by, or temporarily prohibited a visitor, specify any education/training the visitor may need to complete before visiting the home again.
- Protect residents, staff, and visitors in the home from the risk of COVID-19.

The home will consult the Resident council and Family council on procedures for addressing non-adherence by visitors.

17.2 Ending a Visit

The home has the discretion to end a visit by any visitor who repeatedly fails to adhere to the home’s visitor program provided:

- The home has explained the applicable requirement to the visitor.
- The visitor has the resources to adhere to the requirement (there is sufficient space to physically distance, the home has supplied the PPE and demonstrated how to correctly put on PPE etc.) and,
- The visitor has been given sufficient time to adhere to the requirement.

The home should document when they have ended a visit due to non-adherence.

17.3 Temporarily prohibiting a Visitor

The home will temporarily prohibit a visitor for repeated and flagrant non-adherence with the home’s visitor program. In exercising this discretion, we will consider whether the non-adherence:

- Can be resolved successfully by explaining and demonstrating how the visitors can adhere to the requirements.
- Is within the requirements of this program.
- Negatively impacts the health and safety of residents, staff, and other visitors in the home.
- Is demonstrated continuously by the visitor over multiple visits.
- Is by a visitor whose previous visits have been ended by the home.

Any decision to temporarily prohibit a visitor will:

- Be made only after all other reasonable efforts to maintain safety during visits have been exhausted.
- Stipulate a reasonable length of the prohibition,
- Clearly identify what requirements the visitors should meet before visits may be resumed (e.g., reviewing the home’s visitor’s program, reviewing specific Public health Ontario resources, etc.) and
- Be documented in accordance with incident reporting system and reviewed by the administrator.

Where the home has temporarily prohibited a caregiver, the resident and/or their substitute decision maker may need to designate an alternate individual as caregiver to help meet the resident’s care



needs.

In accordance with the Minister's Directive, the home must ensure that a caregiver, support worker (other than a support worker who requires immediate access in an emergency) or visitor does not enter the home unless the individual demonstrated compliance with the Minister's Directive.

10.0 DEFINITIONS

ACTIVE SCREENING

Active screening is the process of a designated screener verbally asking questions to identify an individual's symptoms and determine exposure risk for COVID-19.

CAREGIVER

A caregiver is a type of essential worker who is designated by the resident and/or their SDM and is visiting to provide direct care to the resident. The care includes supporting feeding, mobility, personal hygiene, cognitive stimulation, communication, meaningful connection, relational continuity, and assistance in decision making.

ESSENTIAL VISITOR

An essential visitor is defined as a person performing essential support services (e.g., food delivery, inspector, maintenance, health care services (phlebotomy)) or a person visiting an extremely ill or palliative resident.

FULLY IMMUNIZED

A person is **fully immunized** against COVID-19 if they have received the total required number of doses of a COVID-19 vaccine approved by World Health Organization (e.g., both doses of a two-dose vaccine series, one dose of a single-dose vaccine series); and they received their final dose of the COVID-19 vaccine at least 14 days ago.

Currently the required number of doses for the Pfizer, Moderna, and AstraZeneca vaccines to complete the vaccine series is two.

People who have two doses of different vaccines, such as a first dose of Astra Zeneca and a second dose of Pfizer, are considered fully immunized as long as the second dose was at least 14 days ago.

Individuals are also considered fully immunized if they have received three doses of a COVID-19 not authorized by health Canada and they received their final dose of the COVID-19 vaccine at least 14 days before providing the proof of being fully vaccinated.

To be considered fully immunized for the purposes of this program, an individual must provide proof of the COVID-19 vaccine record to the Home. Otherwise, an individual is considered unimmunized.

GENERAL VISITOR

A general visitor is a person who is not an essential visitor and is visiting. They provide a non-essential service or visit for a social reason.

PASSIVE SCREENING

Passive screening is the process of using posted signage for individuals with or without symptoms to self-identify for 2019-nCoV.



PHYSICAL/SOCIAL DISTANCING

Physical/social distancing means keeping a distance of at least 2 meters (or 6 feet) away from other people whenever possible.

SHORT STAY ABSENCE

Short stay absence is when a resident leaves the home's property for a short stay absence for healthcare purposes, social or any other reason. It does NOT include an overnight stay, except for a single night emergency room visit.

SUPPORT WORKER

A support worker is also defined as an essential worker. They visit to perform essential support services for the home or for a resident. They include physicians, nurse practitioners, maintenance workers or a person delivering food, provided they are not staff of the LTC home.

TEMPORARY ABSENCE

Temporary absences occur when a resident leaves the home's property for a temporary absence of one or more nights for personal reasons.



TSIIIONKWANONHSOTE VISITOR EDUCATION PACKAGE

LAST UPDATED: June 8, 2021

Reviewing TsiionKwaNonhSote Visitor Education Package is encouraged for all visitors.

At a minimum, Designated Caregivers must review the contents of the education package prior to their first visit, and at a minimum once every month thereafter.

EDUCATIONAL CONTENTS	Where to find/how to access instructions
EOHU education video on 'How to hand wash'	https://www.youtube.com/watch?v=o9hjmques72I&t=6s
EOHU education video on 'How to hand rub'	https://www.youtube.com/watch?v=sDUJ4CAYhpA&t=2s
EOHU education video on 'Putting on full personal protective equipment'	https://www.youtube.com/watch?v=s2z1uM1fXN8&t=7s
EOHU education video on 'Putting on face masks'	https://www.youtube.com/watch?v=1YiLjpLXvg4&t=70s
EOHU education video on 'Taking off full personal protective equipment'	https://www.youtube.com/watch?v=crGIUX3_4DA&t=2s

Home staff can be contacted with any questions you may have regarding the content of these education videos.

Tsiionkwanonhso:te
Acknowledgement Statement

IPAC training videos from EOHU

This is to confirm that I _____, have reviewed the Infection Prevention and Control training videos from EOHU as required by the Program for Visits, short stay Absences and Temporary Absences at Tsiionkwanonhsote.

I have been given the opportunity to ask any questions I have concerning the program.

I confirm that I understand the expectations regarding Infection control and prevention requirements during COVID at Tsiionkwanonhsote.

Print Name

Signature

Date

Tsiionkwanonhso:te
Acknowledgement Statement

Visiting Program
In Long term Care

This is to confirm that I _____, have reviewed TsiIonKwaNonhSote's Visiting Program in long term care.

I have been given the opportunity to ask any questions I have concerning the program.

I confirm that I understand the expectations regarding Program for visits and absences at Tsiionkwanonhsote.

Print Name

Signature

Date



COVID-19 CORONAVIRUS VISITING YOUR LOVED ONE

Mission

"With a good mind, it is our responsibility to protect and exercise our inherent rights while creating sustainable partnerships and building a strong community for future generations."

COVID-19 is a very contagious illness. It spreads quickly from one person to another through contact and droplets. We have done our best to keep your loved ones and those caring for them protected and safe which unfortunately meant closing to visitors. This has been a challenging and stressful time for everyone.

It is important to consider the safest way to begin visits again. Please know we all have a role to play in responding to the pandemic and each of our actions has an impact on many other people.

Your responsibilities as a visitor:

- ✓ Respect the guidelines that have been put in place. Please ask if you do not understand them.
- ✓ On arrival, your temperature will be taken, and you will be asked a series of screening questions by a staff member. Please answer these questions honestly to help protect our residents.
- ✓ When your visit is over, please leave the home immediately.
- ✓ Be considerate and respectful when interacting with individuals as this is a very stressful time for everyone.

What to expect regarding your visit?

- ✓ Contact the home to schedule your visit.
- ✓ You will be screened at your visit. This will involve taking your temperature and answering questions.
- ✓ You will be asked to wear Personal Protective Equipment such as a mask and maybe a gown.
- ✓ You will be asked to use hand sanitizer. Please follow directions given on proper technique. (steps 1-8 from How to hand rub – see back page)

Things to remember:

- ✓ Check with the home regarding what gifts or items you can bring, including food, flowers, and other items.
- ✓ Minimize jewelry, accessories - e.g., purses (you may want to leave your coat in the care). The fewer items you bring, the lower the risk of virus transfer.
- ✓ Avoid touching your face, eyes or mouth or adjusting your glasses during your visit.
- ✓ Please refrain from touching and hugging your loved one. Blowing kisses and thumbs up are preferable.

REMEMBER: COMPLIANCE WITH MOHAWK COUNCIL OF AKWESASNE STANDARDS AND POLICIES, PROFESSIONAL STANDARDS, AND OTHER LEGISLATION IS

EVERYONE'S RESPONSIBILITY



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HOW TO HAND RUB

RUB HANDS FOR 20 SECONDS

1. Apply 1 to 2 pumps of products to palms of dry hands.
2. Rub hands together, palm to palm.
3. Rub in between and around fingers.
4. Rub back of each hand with palm of other hand.
5. Rub fingertips of each hand in opposite palm.
6. Rub each thumb clasped in opposite hand.
7. Rub hands until product is dry. Do NOT use paper towels.
8. Once dry, your hands are safe.