June 17, 2020

UPDATE TO ALL FAMILY AND FRIENDS

Hello, another day with no positive COVID-19 test results.

The scheduling for the garden visits continues and we are really looking forward to having families here for these outdoor visits.

Last evening, we received further information from the Ministry of Long Term Care about the outdoor visits and the admission of residents to LTC Homes. I am attaching this Frequently Asked Questions document for your information today.

Be well,

Janet Morris
President & CEO

Directive 3 Update: Long-Term Care Visitors and Admissions
Frequently Asked Questions
June 16, 2020

QUESTIONS AND ANSWERS:

Resident Visiting Policy Questions

1. **What updated directive and guidance are being introduced in regard to family visits?**

   Following consultation with operators and family, resident and caregiver associations, we are pleased to issue an updated directive and guidance that will facilitate the gradual re-introduction of family visits to residents in long-term care homes that are not currently in outbreak.

   Directive: Directive 3 Long-Term Care Homes - Ministry of Health
   Visitor Policy: Resuming Visits in Long-Term Care Homes

2. **Are homes required to resume visits on June 18, or is that the earliest they *can* start receiving visitors?**

   Long-term care homes may begin resuming non-essential visits as of June 18, 2020, provided they meet the requirements in the policy. Long-term care homes that are not in an outbreak must work to meet the requirements for homes outlined in the policy as soon as possible.

3. **What requirements must the home meet to be able to welcome outdoor visitors?**

   The resumption of visits can begin on June 18. The visits during this phase are outdoor only.

   For a long-term care home to resume visits, they must first meet the following conditions:

   - The long-term care home is NOT in outbreak
   - The long-term care home has established:
     i. A process for communicating with visitors about the resumption of visits and the associated procedures, including but not limited

to infection prevention and control (IPAC), scheduling and any home-specific policies.

ii. Protocols in place to maintain the highest of IPAC standards

Homes must:

- Create a dedicated area outside the building where families can visit with loved ones
- Limit one visitor at a time per resident to allow for appropriate physical distancing
- Schedule visits. Visits may be time-limited; however, they must be no less than 30 minutes.
- Create and maintain a list of visitors and keep that list available for the appropriate staff members to access.

4. **What requirements must the visitor meet to be able to participate in an outdoor visit?**

The visitor must:

- Pass an active screening questionnaire administered by home staff.
- Attest to home staff that they have tested negative for COVID-19 within the previous two weeks and subsequently not tested positive. The home is not responsible for providing the testing.
- Comply with the long-term care home's infection, prevention and control (IPAC) protocols, including proper use of masks, specifically that the visitor should wear a non-medical mask (e.g. cloth masks, bandanas or other face coverings).

Visitors are responsible for bringing their own face covering for outside visits. If a visitor forgets their mask or face covering the home is asked to provide one.

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

If a visitor does not comply with these requirements, it will be the basis for the discontinuation of their visits.

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

   Visitors are responsible for bringing their own non-medical mask (e.g. cloth masks, bandanas or other face coverings) for outside visits.

   The home is responsible for supplying surgical/procedural masks to outdoor visitors who do not have a face covering. Homes should avoid accessing the provincial pandemic stockpile for this purpose.

6. **Is it one visitor at a time, or only one visitor for the resident? For example, can a different person come each day, or is it always the same person?**

   The intent of the policy is to allow as many individual residents as possible to receive a visit. To accomplish this, visitor restrictions apply to each visit – e.g. only one visitor at a time per resident will be permitted. The person visiting can change from time-to-time.

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

   Just visitors. Visitors will be required to wear face coverings for outdoor visits.

8. **Can residents and family members make contact? For example, hug?**

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

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

   We are not requesting that homes make any changes to their regular visiting hours. However, we do ask that homes make every effort to accommodate scheduling of visitors so that each resident may receive visitors within the first few weeks.

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

10. **What about bed-bound residents? How can they get visits?**

    Where possible staff should transfer residents out of the home. Homes are also encouraged to establish or maintain virtual visits during this time.

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

    Where it is not possible or advisable for in-person visits to take place, homes should continue to provide virtual visiting options.

12. **What about rainy days, how do we deal with re-scheduling? Can we use indoor space?**

    Homes must make every effort to accommodate outdoor visits as permitted under this policy. Any cancellations should be due to extraordinary circumstances.

13. **Can residents now leave their home to visit with family and friends?**

    Long-term care homes must not permit residents to leave the home for short-stay absences to visit family and friends.

    Residents who wish to go outside of the home must remain on the home's property and maintain safe physical distancing.

14. **What about long-term care homes that might not have outdoor space, or a big enough space, to accommodate these visits?**

    Homes must create a dedicated area outside the building where visitors can meet residents. These spaces could include repurposed, protected outdoor space, or a parking lot. Staff must support the transfer of residents out of and back into the home.

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

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

16. **Are long-term care homes being given enough time to implement these changes?**

    To support long-term care home residents, the Ministry of Long-Term Care is implementing a gradual, phased resumption of visits guided by principles of safety, emotional well-being and flexibility. Though outdoor visits are permitted as of June 18, 2020, homes don't have to begin those immediately should they require more time to safely implement these changes.

17. **Will these changes be revoked in the winter if the COVID-19 pandemic is still ongoing?**

    As the pandemic situation evolves in Ontario, this direction regarding visits at long-term care homes will be adjusted as necessary, keeping the safety and emotional wellbeing of residents and staff at the forefront.

18. **Is it up to individual homes whether or not to implement this? Or will this be mandatory?**

    No, this directive applies to all homes.

19. **How will homes get the additional staff they will need to supervise and assist with these visits, including the cost of appropriate PPE for both staff and visitors? Will there be funding for this?**

    Homes are encouraged to establish scheduling practices that consider the staffing and space capacity available to the home to maintain the safety of residents, staff and visitors. This includes staff capacity to support the transfer

of residents out of an into the home.

The Ministry of Long-Term Care does not require home staff to supervise visits.

Visitors are encouraged to bring their own non-medical masks for outdoor visiting — e.g., cloth masks, bandanas or other face coverings.

20. Will this new change in policy place any additional responsibilities on staff working in long-term care homes? How will physical distancing and PPE protocols be ensured/enforced? How can people report non-compliance?

The following baseline requirements for the home must be met prior to the home being able to accept any visitors:

1. The LTC home must NOT be currently in outbreak.
   a. In the event that a home has begun resuming non-essential visits and enters into an outbreak, the home must end all non-essential visits. Homes must comply with all Chief Medical Officer of Health directives pertaining to outbreaks and follow directions from the local public health unit.
2. Homes must develop procedures for the resumption of non-essential visits and a process for communicating these procedures with residents, families, visitors and staff, including but not limited to infection prevention and control (IPAC), scheduling and any home-specific policies.
   a. The process must include sharing an information package with visitors on IPAC, masking and other operational procedures such as limiting movement around the home, if applicable, and ensuring visitors' agreement to comply. Home materials must include an approach to dealing with non-adherence to home policies and procedures, including the discontinuation of visits.
   b. Protocols in place to maintain the highest of IPAC standards prior to, during and after visits.

c. Each home should create and maintain a list of visitors. The list will be available for relevant/appropriate staff members to access.

If individuals believe that a home has not complied with the requirements in the LTCHA and/or Regulation, they may call the ministry's Family Support and Action Line at 1-866-434-0144 between 8:30 am and 7:00 pm, seven days a week to make a formal complaint.

21. What if a visitor does not comply with IPAC protocols? What can a home do?

A home's process for communicating with residents, families and staff must include an information package. These materials must include an approach to dealing with non-adherence to home policies and procedures, including the discontinuation of visits.

Any non-adherence to visitor rules will be the basis for discontinuation of visits.

22. To confirm: according to the visitor requirements, should homes expect visitors to have COVID-19 negative results within the previous two weeks?

Correct. The home is also not responsible for providing the testing.

23. Have there been changes to the definition of "essential visitors"? How must their visits proceed?

No, there has not been a change to the definition of "essential visitors". Essential visitors include a person performing essential support services (e.g., food delivery, phlebotomy, maintenance, family or volunteers providing care services and other health care services required to maintain good health) or a person visiting a very ill or palliative resident.

A non-essential visitor is defined as any family member or close friend who is not an essential visitor.

Essential visitors must use a surgical/procedure mask while in the home, including while visiting a resident that does not have COVID-19 in their room.

Essential visitors who are 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.

Essential visitors are the only type of visitors allowed when a resident is self-isolating or symptomatic, or a home is in outbreak.

24. Will outdoor visitors have access to the home's washroom facilities?

Outdoor visitors may not enter the home. This includes the home's washroom facilities.

25. What if a home goes back into outbreak?

In the event that a home has begun resuming non-essential visits and enters into an outbreak, the home must end all non-essential visits.

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

Resident Admissions and Readmissions Questions

26. What new directives and guidance are being introduced in regard to resident admissions and readmissions?

Following consultation with operators and their associations, we are pleased to issue an updated directive and guidance that will enable patients currently in hospitals to be admitted to long-term care where appropriate.

New admissions from either the community or a hospital can resume. Residents who have been admitted to hospital can return to their long-term care homes. In both cases, the home cannot be in a COVID-19 outbreak.

Directive: Directive 3 Long-Term Care Homes - Ministry of Health
Visitor Policy: Resuming Visits in Long-Term Care Homes

27. Can all long-term care homes in Ontario immediately begin admitting and readmitting residents?

Receiving homes must not be in a COVID-19 outbreak. Under exceptional circumstances, admissions may take place during an outbreak if:

- It is approved by the local public health unit, and
- There is concurrence between the home, public health unit and hospital and the consent of the resident.

In addition:

- The resident has been:
    - Tested for COVID-19 at point of discharge, has a negative result and is transferred to the home within 24 hours of receiving the result, or
    - Confirmed infected and cleared of COVID-19 (recovered from COVID-19)
        - Residents being admitted who have been cleared of COVID do not need to undergo 14-days of self-isolation.
- For any new admissions, the receiving home has:
    - Sufficient staffing, and
    - A plan to:
        - Ensure the resident being admitted (except for those who have cleared COVID-19) can complete 14-days of self-isolation, under Droplet and Contact Precautions, and is tested again at the end of self-isolation, with a negative result. If the result is positive, the resident must complete another 14-days of self-isolation, and
        - Continue with other COVID-19 preparedness measures (e.g., cohorting).
- The resident is placed in a room with no more than one (1) other resident. That is, there shall be no further cohorting of residents in 3 or 4 bed ward rooms.

When returning a resident back to their home, hospitals and long-term care homes should ensure the following criteria is met:

- It is a readmission to long-term care (the resident is returning to their home).
- The home is NOT in a COVID-19 outbreak. Under exceptional circumstances re-admissions may take place during an outbreak if:
    - It is approved by the local public health unit, and
    - There is concurrence between the home, public health and hospital.
- The resident has been:
    - Tested for COVID-19 at point of discharge, has a negative result and is transferred to the home within 24 hours of receiving the result, or
    - Confirmed infected and cleared of COVID-19 (recovered from COVID-19).
        - Residents being admitted who have been cleared of COVID do not need to undergo 14-days of self-isolation.
- The receiving home has a plan to:
    - Ensure that the resident being re-admitted (except those who have been cleared of COVID-19) can complete 14-days of self-isolation, under Droplet and Contact Precautions and is tested again at the end of self-isolation, with a negative result. If the result is positive, the resident must complete another 14-days of self-isolation, and
    - Continue with other COVID-19 preparedness measures (e.g., cohorting).
- The resident is placed in a room with no more than one (1) other resident. That is, there shall be no further cohorting of residents in 3 or 4 bed ward rooms.

28. What does "cleared" of COVID-19 mean for residents being re-admitted or newly admitted?

A resident has been cleared of COVID-19 if they have had lab-confirmed COVID-19 more than 14 days prior to admission to the receiving home.

A negative result does not rule out the potential for incubating illness and all new residents who have not been previously cleared of COVID-19 must remain in isolation under Droplet and Contact Precautions for a 14-day period following arrival. The home must be able to maintain and have a plan in place for isolation of new admissions.

29. Are there any circumstances under which a home can admit or re-admit a COVID-19 positive resident?

A new admission of a resident who is positive for COVID-19 may be made provided that it is approved by the local public health unit per the Quick Reference Public Health Guidance on Testing and Clearance and Public Health Management of Cases and Contacts of COVID-19 in Ontario.

30. What happens when a hospital and home have a difference of opinion about the ability of the home to take new admissions or readmit residents?

In the case when there is any difference of view between a hospital and long-term care home about the suitability of the return of the resident to the long-term care home, please contact the local placement coordinator. If they cannot resolve the issue, it will be escalated to the ministry.

31. Is there a limit on the number of new resident admissions at this time?

All homes are asked to consider the ability to properly isolate residents in the event of an outbreak in their determination of the rate of admission to the home. Additionally, each resident is placed in a room with no more than one (1) other resident. That is, there shall be no further cohorting of residents in 3 or 4 bed ward rooms.

32. Why has the ministry decided that now is the right time to allow new admissions from either the community or a hospital to long-term care homes?

In facilitating these changes, the government is taking a gradual approach so as to ensure the safety of residents, visitors and staff within all long-term care homes in Ontario. As we monitor the implementation of these changes, we will re-evaluate them regularly with the hope of further opening the guidance further, subject to any directives from the Chief Medical Officer of Health.

33. Are there any restrictions for long-term care residents returning from out-patient hospital visits?

For residents leaving the home for an out-patient visit, the home must provide a mask. The resident must wear a mask while out, if tolerated, and be screened upon their return, but does not need to be self-isolated.