

519 King 519 Street, Chatham, ON N7M 1G8 | 519-352-4823

Visitors Policy

Required visiting policy

All homes are required to establish and implement a visitor policy that complies with the [COVID-19 guidance document for long-term care homes in Ontario | ontario.ca](#) COVID-19, effective December 23, 2022.

Guiding principles

Rules for long-term care home visits continue to be in place to protect the health and safety of residents, staff, and visitors and are being updated as appropriate to support residents in receiving the care they need and maintaining their mental and emotional well-being.

RVG respects residents' rights under the [Fixing Long-Term Care Act, 2021, S.O. 2021, c. 39, Sched. 1 \(ontario.ca\)](#), to receive visitors and makes every effort to not unreasonably restrict this right.

The visiting policy is guided by RVG's responsibility for supporting residents in receiving visitors while mitigating the risk of exposure to COVID-19.

Requirements

1. RVG's visiting policy is developed and implemented in accordance with, and reflects the following principles:
 - **safety** – any approach to visiting must balance the health and safety needs of residents, staff, and visitors, and ensure risks are mitigated
 - **emotional well-being** – welcoming visitors is intended to support the mental and emotional well-being of residents by reducing any potential negative impacts related to social isolation
 - **equitable access** – all residents must be given equitable access to receive visitors, consistent with their preferences and within reasonable restrictions that safeguard residents
 - **flexibility** – the physical/infrastructure characteristics of the home, its workforce or human resources availability, whether the home is in an outbreak and the current status of the home with respect to personal protective equipment (PPE) are all variables to consider when setting home-specific policies
 - **equality** – residents have the right to choose their visitors. In addition, residents or their substitute decision-makers have the right to designate caregivers
- sets out the parameters, requirements, and procedures prescribed in the current version of this document with respect to visitors, including but not limited to:

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- the definitions of the different types of visitors
 - the requirement to designate caregivers in accordance with the [O. Reg. 246/22](#)
 - restrictions with respect to visitors in the event of an outbreak or when a resident is isolated; and
 - non-compliance by visitors of the home's visitor policy.
- includes provisions around the home's implementation of all required public health measures as well as infection prevention and control practices.
 - reflects the requirements related to the active screening, and 'asymptomatic screen testing' of visitors, consistent with the [COVID-19 guidance document for long-term care homes in Ontario | ontario.ca](#) effective December 23, 2022, as applicable.
 - Complies with all applicable laws, including the Act and [O. Reg. 246/22](#)
2. RVG maintains visitor logs (records) of all visits to the home. The visitor log includes:
- the name and contact information of the visitor
 - time and date of the visit, time in and time out
 - the purpose of the visit (for example resident, room #, end-of-life visitation, etc.)

These visitor logs or records are kept for a period of at least 30 days and made readily available to the public health unit for contact tracing purposes upon request.

- 3. RVG ensures that all visitors, have access to the home's visitor policy and with a provision to review the policy and applicable updates.
- 4. RVG provides education/training to all visitors about physical distancing, respiratory etiquette, hand hygiene, IPAC practices, and proper use of PPE.

RVG's visitor policy includes guidance from the following [Public Health Ontario resources](#) to support IPAC and PPE education and training:

- guidance document: [recommended steps: putting on personal protective equipment](#)
- video: [putting on full personal protective equipment](#)
- video: [taking off full personal protective equipment](#)
- videos: [how to hand wash](#) and [how to hand rub](#)

Types of visitors

Not considered visitors

Long-term care home staff (as defined under the Act), volunteers, and student placements are not considered visitors as their access to the home is determined by the licensee. Infants under the age of 1 are also not considered visitors and are excluded from testing requirements.

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Essential visitors

As per O. Reg. 246/22 under the [Fixing Long-Term Care Act, 2021, S.O. 2021, c. 39, Sched. 1 \(ontario.ca\)](#), there are four types of essential visitors:

1. **caregiver**, as defined under section 4 of O. Reg. 246/22, see below
2. **support worker** who visits a home to provide support to the critical operations of the home or to provide essential services to residents, Essential services provided by support workers include but are not limited to:
 - assessment, diagnostic, intervention or rehabilitation and counselling services for residents by regulated health professionals such as physicians and nurse practitioners
 - Assistive Devices Program vendors – for example, home oxygen therapy vendors
 - moving a resident in or out of a home
 - social work services
 - legal services
 - post-mortem services
 - emergency services (for example, such as those provided by first responders)
 - maintenance services such as those required to ensure the structural integrity of the home and the functionality of the home's HVAC mechanical, electrical, and plumbing systems and services related to exterior grounds and winter property maintenance
 - food or nutrition and water or drink delivery
 - Canada Post mail services and other courier services
3. **government inspectors** with a statutory right to enter a long-term care home to carry out their duties.
4. **person visiting resident with end-of-life** care, a very ill resident for compassionate reasons including, but not limited to, hospice services,

Caregiver

“caregiver” as defined under section 4 of O. Reg. 246/22,

- is a family member or friend of a resident or a person of importance to a resident,
- can comply with all applicable laws including any applicable directives, orders, guidance, advice, or recommendations issued by the Chief Medical Officer of Health or a medical officer of health appointed under the *Health Protection and Promotion Act*,
- 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,
- is designated by the resident or the resident's substitute decision-maker with the authority to give that designation, if any, and
- in the case of an individual under 16 years of age, has approval from a parent or legal guardian to be designated as a caregiver.

Designating a caregiver

- Caregivers must be designated and must be at least 16 years of age.

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- The maximum number of designated caregivers per resident is 4 (unless designated prior to December 15, 2021).
- A resident and/or their substitute decision-maker may change a designation in response to a change in the:
 - resident's care needs that are reflected in the plan of care
 - availability of a designated caregiver, either temporary (for example, illness) or permanent.
- A resident or their substitute decision-maker may not continuously change a designation to increase the number of people able to enter the home.
- RVG has rescinded the COVID-19 vaccination policy. No proof of vaccination is required to enter the facility

The decision to designate an individual as a caregiver is **the responsibility of the resident or their substitute decision-maker** and not the home. The designation of a caregiver is made in writing to the home. RVG has a procedure for documenting caregiver designations.

Caregivers – scheduling and length and frequency of visits

RVG does not require scheduling or restrict the length or frequency of visits by caregivers. However, in the case where a resident resides in an area of the home in the outbreak, and is symptomatic or isolating under additional precautions, **only one caregiver may visit at a time.**

A caregiver should **not visit any other home for 10 days** after visiting:

- an individual with a confirmed case of COVID-19
- an individual experiencing COVID-19 symptom
- Recognizing there are caregivers who want to volunteer to support more than one resident, in the event of an outbreak, caregivers may support up to two residents who are COVID-19 positive, provided the home obtains consent from all involved residents (or their substitute decision-makers). Caregivers may also support more than one resident in non-outbreak situations, with the same expectation regarding resident consent.

General visitors

A general visitor is 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.

There are two broad categories of general visitors:

- visitors providing non-essential services which include but are not limited to:
 - personal care services (for example, hairdressers, barbers, manicurists, etc.)
 - entertainment, (singers, musicians, etc.)
 - recreational service providers
 - animal handlers, as part of the therapy animal program
 - individuals touring the home to inform decisions regarding application for admission

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- social reasons that the resident or their substitute decision-maker assess as different from ‘direct care’ as described in the section on caregivers.

RVG ensures general visitors have access to RVG’s visiting policy and understand the rules regarding hand hygiene, and universal masking and physical distancing at the outset of their visit.

Additionally, RVG provides signage posted at the Testing Area and in public elevators listing the ‘INDOOR VISITING RULES’ addressing the Easing of COVID-19 Restrictions, per MLTC directives and updated as applicable.

Access to homes

Indoor Visits:

- All general visitors, including children under the age of five, can enter the long-term care home. Must pass the Passive screening and Rapid Antigen Test in the testing area.
- Caregivers must also show their RVG passport to Testers upon entry to determine their next [asymptomatic screen test](#) day (see below under the testing frequency section)
- General visitors younger than 14 years of age must be accompanied by an adult and must follow all applicable public health measures that are in place at the home (for example, Hand Hygiene, Passive screening, physical distancing, hand hygiene, and masking for source control.
- Up to four visitors (including caregivers/general visitors) per resident may visit at a time for indoor visits.
- RVG has created safe opportunities for up to four (4) caregivers and/or general visitors to spend time with residents in areas outside the resident’s room on non-outbreak units and with residents, not in isolation and are symptoms free:
 - sunrooms on care units (*limited to 4 visitors with a resident in a sunroom at one time*)
 - walks in hallways on care units
 - balconies on care units
- RVG’s Courtyard with indoor access is open for visitations, permitting up to 4 visitors with 1 resident at one time. Tables have been arranged in the courtyard to ensure distancing is maintained between visitor groups. Visitors must follow public health precautionary measures, with hand hygiene, masking, and physical distancing, and must be passively screened and tested accordingly with negative antigen testing results prior to entry to the courtyard of the home.
- Resident/visitor visiting on the main floor bar or lounge area of RVG is NOT permitted at this time, and including residents not permitted with visitors in the main floor Café area.

Outdoor Visits:

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- The RVG masking requirements do not apply to outdoor visits as long as the visitor does not enter the home.
- RVG permits outdoor visits on the home property sidewalk area, noting grassed areas are to be avoided for safety of residents in wheelchairs.
- There is no limit on the number of visitors with the resident for outdoor visits on RVG property.

Social Gatherings or Organized Events:

- Residents may participate in group social activities, including games, clubs, and exercises in non-outbreak areas if residents can follow public health measures.
- Caregivers or general visitors may assist residents with activities and meals in the resident's dining area or in the resident's room when tray service is provided. *Visitors must wear a mask at all times.*
- Frequent hand hygiene of residents and staff, general visitors, caregivers, and volunteers assisting residents with eating must be undertaken
- Masks are required for long-term care staff, caregivers, visitors, and others entering long-term care homes. However, recognizing that long-term care residents miss seeing the faces of their loved ones, the ministry recommends (but no longer requires) caregivers and visitors to wear masks when they are alone with a resident in their room. The door of the room must be closed
- Mask can be removed in resident's room – if no other residents/staff are there. Masks are still required outside the resident's room- covering the nose, mouth, and chin.
- Food and drinks are allowed for caregivers and visitors in the resident's room if no other residents/staff are there.
- However, we encourage Visitors to eat food and drink in the designated RVG Café space only, and expected to follow the precautionary measures in the café including:
 - Maintain a 2M distance at the table before removing the mask.
 - Clean the tabletop using the disinfectant wipes after use,
 - Sanitize hands and reapply the surgical mask.

Social group activities may consist of larger groups (more than 10). However, larger social group activities where potential crowding can occur should continue to be avoided, and IPAC measures should continue to be followed by staff, residents, and visitors to promote safety and well-being (for example, masking, physical distancing, and good ventilation). General visitors and caregivers may join residents during the activities in all homes, both indoors and outdoors unless otherwise directed by the local public health unit.

Resident Absences

Residents are permitted to leave the home for all types of absences, including social day away and overnight absences. (Unless otherwise directed by the public health unit or when isolating)

Whenever away from the home, the resident should do their best to:

- Wear a mask (as tolerated) RVG will provide a mask when leaving the home
- Wash hands frequently

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- Limit their contact with others. Avoid crowds and large social gatherings with crowding

When residents return from a day or overnight absence* they will:

- Be actively screened
- Homes are no longer required to test or isolate residents upon return from an absence unless the resident does not pass screening (for example, has COVID-19 symptoms).
- Any resident who does not pass screening must be permitted entry but isolated on [Additional Precautions](#) and tested for COVID-19 as per the [Management of Cases and Contacts of COVID-19 in Ontario](#) (PDF) and the [COVID-19 Guidance: Long-Term Care Homes, Retirement Homes, and Other Congregate Living Settings for Public Health Units \(gov.on.ca\)](#) (PDF).
- Not need to isolate unless they show symptoms upon return to the home.

* If returning from the hospital, this assumes the hospital is not in the outbreak, the resident is not symptomatic, and has not been exposed to COVID-19. If the hospital is in an outbreak the public health unit will advise on testing and quarantine requirements.

Note: Residents who have been COVID-19 positive in the past 90 days may not be required to undergo testing and quarantine requirements when returning from an absence unless they have symptoms of COVID-19.

When a resident comes into contact with someone with COVID-19 while on absence from RVG

- Residents who have been in close contact with COVID-19 Case on absence should be screened and monitored for symptoms of COVID-19.
- Isolation is not required unless they develop symptoms, or their roommate has COVID-19
- Monitoring twice daily for symptoms includes COVID-19 Screening and vital sign checks
- For residents whose roommate has COVID-19 must be isolated on Droplet/ Contact precaution until a negative result is obtained from the Day 5 PCR result or after Day 5 (from the onset of the isolation period)

Asymptomatic Non-roommate Close Contact

- Non-roommate residents with close contacts within the unit/ facility who remain asymptomatic should not be self-isolated on Droplet/ Contact Precautions
- Monitoring twice daily for symptoms for 7 days following their last exposure to the individual with COVID-19 (COVID-19 Screening and vital sign checks)
- Asymptomatic close contact resident (eg: one resident) - may attend the group dining/activities sitting at the back of the dining room with one staff/ caregiver/ visitor. Masking is required for staff/caregivers/visitors all the time and should not be removed. Physical distancing should be maintained. Hand Hygiene must be encouraged

Asymptomatic close contacts residents (eg: exposed tablemates) – may attend the group dining/ group activities cohorted with the same (exposed) tablemates separated from the unexposed resident's

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group. Masking is required for staff/caregivers/visitors all the time and should not be removed. Physical distancing should be maintained. Hand Hygiene must be encouraged

Restrictions during outbreaks or when a resident is isolating

- General visitors are not permitted:
 - when the home or area of the home is in outbreak
 - to visit an isolating resident
 - when the local CKPHU so directs
- Essential visitors including caregivers and support workers that provide essential health services and government inspectors are the only type of visitors allowed when a resident is isolating or resides in a home or area of the home in an outbreak.

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 is to follow the direction of the local public health unit.

- Only one (1) caregiver may visit at one time, a resident in isolation and/or when the home or care unit is in outbreak status.
- Group activities, dining, and social gatherings may continue in non-outbreak areas if residents can follow public health measures.
- For outbreak areas of a home, residents will be cohorted in small groups for all essential activities. Group activities for cohorts may continue/resume if operationally feasible.
- Communal dining, non-essential activities, and personal care services will be suspended or modified.

Personal protective equipment

Mandatory masking

All visitors and staff must wear a surgical mask that covers their mouth, nose, and chin for the duration of their visit or work shift. If the visit takes place indoors at RVG and includes the courtyard, the visitor must wear an RVG-provided surgical mask.

Effective April 27, 2022, masking is no longer required when outdoors for visitors, residents, staff, students, and volunteers, but remains encouraged as an added layer of protection against COVID-19 when in close proximity to others.

In line with the provincial rules under [COVID-19 guidance document for long-term care homes in Ontario | ontario.ca](#) where live entertainment is performed indoors, RVG ensures that performers wear a mask and maintain a physical distance of at least 2-meters from spectators or be separated from any spectators by plexiglass or another impermeable barrier.

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Exceptions to the masking requirements are:

- children who are younger than two years of age
- any individual who is being accommodated in accordance with the [Accessibility for Ontarians with Disabilities Act, 2005](#) or
- who is being reasonably accommodated in accordance with the [Human Rights Code](#)

RVG has processes in place to assess any identified exceptions on an individual basis and establish the appropriate alternative plan for the individual.

Visitors PPE use during outbreaks or residents in isolation at RVG

In addition to the mandatory masking, caregivers visiting a resident declared to be in precautionary or confirmed outbreak status or visiting a resident with symptoms, must wear full PPE including a surgical mask, eye protection (facial shield or goggles), gown, and gloves provided by RVG.

- Caregiver visiting a resident in an outbreak unit or resident in isolation will apply appropriate PPE assisted by RVG testers upon entry to the home. The visitor would remove the PPE prior to leaving the outbreak unit or the resident's isolation room following the signage for taking off PPE and hand hygiene and re-apply with a clean surgical mask.
- Caregiver should NOT visit any other home for 10 days after visiting:
 - a. A resident who is self-isolating, including those experiencing symptoms of COVID-19(Confirmed case), and is being assessed at home or area of a home affected by an outbreak.
 - b. Another home or area of a home affected by an outbreak.

When exiting an outbreak unit or room of a resident with symptoms, the caregiver will remove their PPE by removing & discarding gloves, and gown in a waste basket prior to leaving the resident's room or unit followed by hand hygiene, further removal of eye protection (place in the bin provided for used eye protection) then remove and discard surgical mask, sanitize hands, and apply a clean mask.

Prior to exiting RVG, the visitor will remove the surgical mask and clean their hands upon exiting the building.

Caregivers and General Visitors visiting a resident who is receiving End-of-life (EOL) care must wear the appropriate PPE as determined by the home outbreak status or screening /testing results See the EOL section below.

Screening of all visitors

Screening of all visitors

Per the [COVID-19 guidance document for long-term care homes in Ontario | ontario.ca](#), effective December 23, 2022, all visitors must complete passive screening upon entrance to the home. Any individual who fails passive screening (for example, having symptoms of COVID-19 or having had

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contact with someone who has COVID-19) is not allowed to enter the home, and is advised to go home immediately to self-isolate, and encouraged to be tested.

There is one exception where visitors who fail to screen may be permitted entry, this includes visitors for residents who are receiving end-of-life care (Refer to the section on End-of-Life Visitations)

COVID-19 Asymptomatic screen testing (*previously called surveillance testing*)

Every licensee shall ensure that no staff member, caregiver, student placement, volunteer, support worker, or general visitor enters the long-term care home unless the requirements contained in this section have been met.

Individuals who receive a positive test result for COVID-19 as part of *asymptomatic screen testing* must follow further testing and/or isolation requirements as outlined in the Ministry of Health's [COVID-19 Guidance: Long-Term Care Homes, Retirement Homes, and Other Congregate Living Settings for Public Health Units \(gov.on.ca\)](#) January 18, 2022, or as directed by the local public health unit. These testing requirements apply when a long-term care home is not experiencing an outbreak. Additional measures may apply in an outbreak situation, including measures directed by local public health units.

Testing frequency

Caregivers:

All caregivers visiting RVG, indoors take an antigen test at a frequency of three times per week, at a minimum, on separate days

Occasional entry

Where a caregiver enters a long-term care home fewer than the number of times, they are required to be tested. The caregiver takes an antigen test on each day they enter the home. For clarity, such caregivers are not required to attend the home for the sole purpose of meeting the testing

Occasional entry (consecutive days)

Where a caregiver only enters a long-term care home on two consecutive days within a seven-day period and takes an antigen test on the first day, the licensee may permit entry on the second consecutive day without requiring an antigen test

General visitors and support workers

All general visitors and support workers entering RVG must meet one of the following prior to entry:

- Receive and demonstrate a negative test result from an antigen test taken at the long-term care home on that day; or

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- Demonstrate proof of a negative test result from an antigen test or PCR test taken on the same day or the day prior to the visit.

Where a support worker who is a member of a regulated health profession takes an antigen test onsite, the test must be taken upon entry and the person may enter the home with appropriate PPE and following IPAC practices while waiting for the test result.

Requirement to demonstrate proof of negative antigen test

Where a caregiver, support worker, or general visitor received an antigen test not onsite at the long-term care home, on that day or the previous day, the caregiver, 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.

Previous COVID-19

If an individual has had a prior confirmed COVID-19 infection in the past 90 days, they do not need to be asymptomatic screen-tested, but must immediately resume asymptomatic screen testing after the 90th day from the date of their confirmed COVID-19 infection.

End-of-life care and emergency situations

Asymptomatic screen testing for support workers, caregivers, and general visitors is not required in an emergency situation or in situations where these individuals are visiting or attending to residents receiving end-of-life care.

Inspectors

The testing requirements do not apply to inspectors with a statutory right of entry. Rather, inspectors from the Ministry of Long-Term Care and the Ministry of Labour, Training, and Skills Development have separate and specific testing protocols that have been established within their ministries.

RVG maintains a log documenting that such proof has been demonstrated.

RVG Vaccination Policy *(effective December 2022)*

RVG has rescinded the COVID-19 Vaccination policy. No vaccination proof is required to enter the facility. Passive screening is in place.

End-of Life Visitations Exceptions:

- RVG permits up to 5 visitors with a resident receiving end-of-life care at one time to avoid crowding in the resident's room and at the charge nurse's discretion pending the situation. (Example: care unit in outbreak status etc.)

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- Visitors are permitted to visit a resident receiving end-of-life care regardless of the visitor's vaccination status.
- Caregivers and general visitors must undergo passive screening as determined by RVG before entry to the home is permitted.
 - Visitors who **PASS/ passive** must be permitted entry:
 - i. wearing a surgical mask when visiting a **non-outbreak unit** and maintaining physical distancing whenever possible.
 - ii. wearing full PPE (surgical mask, facial shield or goggles, gown, and gloves) when visiting a resident on an **outbreak unit**,
 - iii. comply with precautionary measures i.e., hand hygiene, and maintain physical distancing from others for the duration of visit to the **outbreak unit**
 - Visitors who **FAIL passive** screening are permitted to enter
 - i. wearing full PPE, (surgical mask, facial shield or goggles, gown, and gloves)
 - ii. maintain physical distancing from others, and
 - iii. restricted to the resident's room for the duration of the visit.
 - iv. The EOL visitation **Time-in** and **Time-out** must be recorded in the logbook near the entrance and seek guidance from the testing staff as needed

Note: When visiting a resident with EOL care after hours, the nurse in charge of the building will assist visitor(s) with active screening, donning the appropriate PPE after testing hours, and log the visitor(s) Time-in and Time-out.

Physical contact

RVG does not restrict physical touch (for example, holding hands, brief hugs, etc) between residents and caregivers; provided appropriate IPAC measures are in place.

Residents are to be within their assigned care unit when eating or drinking. Caregivers or general visitors may accompany a resident for meals to assist a resident with eating. The Visitor/Caregiver must always wear a surgical mask covering the nose, and mouth. The mask should not be removed.

Supervising visits

Homes are not required to supervise visits. However, RVG has a reasonable approach to support health and safety during visits (for example, monitoring the flow of visitors to ensure sufficient physical distancing can be maintained, supporting residents during the visit, providing suggestions of nearby outdoor spaces or common areas that can be used, etc.).

RVG allows up to two 4 indoor visitors at one time, and logs all visitations including name, date, time in and time out, and encourages visitors to pre-arrange visits to avoid overcrowding in the resident's space.

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Where a home needs to supervise visits, RVG would ensure supervision is implemented in a manner that respects the resident's right to communicate in confidence, receive visitors of their choice and consult in private with any person without interference under paragraph 6 of subsection 3(1) of [Fixing Long-Term Care Act, 2021, S.O. 2021, c. 39, Sched. 1 \(ontario.ca\)](#)

Non-compliance with homes' visitor policy by visitors

Non-compliance with the home's policies could result in a discontinuation of visits for the non-compliant visitor. The home's policy aligns with the guidance below with respect to non-adherence.

When a person's ability to visit has been discontinued, RVG would provide the reason for the discontinuation in writing.

Responding to non-compliance by visitors

RVG responds to non-compliance by visitors in the home:

- provides strategies for supporting visitors in understanding and adhering to the home's visitor policy
- recognizes visits are critical to supporting a resident's care needs and emotional well-being
- considers the impact of discontinuing visits on the resident's clinical and emotional well-being
- reflects and are proportionate to the severity of the non-adherence
- where the home has previously ended a visit by or temporarily prohibited, a visitor, specify any education or training the visitor may need to complete before visiting the home again
- protects residents, staff, and visitors in the home from the risk of COVID-19

RVG would consult the Residents' Council and Family Council in the home on procedures for addressing non-adherence by visitors.

Ending a visit

RVG has the discretion to end a visit by any visitor who repeatedly fails to adhere to the home's visitor policy, provided:

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

RVG would document where they have ended a visit due to non-compliance.

Temporarily prohibiting a visitor

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RVG has the discretion to temporarily prohibit a visitor in response to repeated and flagrant non-compliance with the home's visitor policy. In exercising this discretion, homes should consider whether the non-compliance:

- can be resolved successfully by explaining and demonstrating how the visitor can adhere to the requirements
- is with requirements that align with guidance in this policy
- 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 must:

- 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 visitor should meet before visits may be resumed (for example, reviewing the home's visitor policy, reviewing specific Public Health Ontario resources, etc.)
- be documented by the home

Where the home has temporarily prohibited a caregiver, the resident or their substitute decision-maker may need to designate an alternate individual as a caregiver to help meet the resident's care needs.

Accessibility considerations

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