



Policy on COVID Visitation Guidelines (Effective October 19, 2020)

- A designated support person will be identified upon admission. That individual will be the one who will work with Clinical Manager/Designate to arrange visits (common areas & outside). All hospice visitation guidelines take effect on the day of admission, meaning once they are admitted, they are considered End of Life. There is **no longer** a need to assess when a resident is in their last 2 weeks of life.

<p><u>Resident Room Visits:</u></p>	<ul style="list-style-type: none">➤ Up to 3 visitors in the room at one time, with exception of dependents (ie. Family with kids)➤ All exceptions must be discussed with and approved by Clinical Management➤ One pet allowed to visit, if accompanied by a visitor (animal has to be well, meaning not displaying any diarrhea and/or vomiting and cannot come from a household with individuals having a high risk of unknown exposure (See Table 1))
<p><u>Common Area Visits:</u></p> <ul style="list-style-type: none">• Spiritual Room <p>*These visits should be scheduled by Karen/Rhiannan to avoid scheduling conflicts*</p>	<ul style="list-style-type: none">➤ <u>Any visits in common area need to be pre-approved and booked by Clinical Management; these visits will only be scheduled for when management is present</u>➤ All individuals must be continuous masking (including resident)➤ One pet allowed to visit, if accompanied by a visitor (animal has to be well, meaning not displaying any diarrhea and/or vomiting and cannot come from a household with individuals having a high risk of unknown exposure (See Table 1))

<p><u>Outside Visits:</u></p> <ul style="list-style-type: none"> • Front Porch (North Side) • Back Deck (South Side) • Courtyard (Beside Spiritual Room) • Gazebo (Wood Frame) • Smoking Gazebo <p>*These visits should be scheduled by Karen/Rhiannan to avoid scheduling conflicts*</p>	<ul style="list-style-type: none"> ➤ Up to 5 people present (including resident) ➤ Masks are not required if able to social distance ➤ One pet allowed to visit, if accompanied by a visitor (animal has to be well, meaning not displaying any diarrhea and/or vomiting and cannot come from a household with individuals having a high risk of unknown exposure (See Table 1))
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There is no restrictions on length of visits or timing of visits

Physical Touch:

- ❖ Physical Touch is permitted if visitors are deemed to be Low Risk of Unknown Exposure (see Table 1)
- ❖ Physical Touch can be permitted if visitors are deemed to be Medium Risk, providing the resident is comfortable and willing to accept risk
- ❖ Physical Touch is not recommended if visitors are deemed to be High Risk of Unknown Exposure (See Table 1), unless visitor is willing to wear full PPE (gown, mask, goggles and gloves)

PPE Use:

- ❖ Continuous masking must be followed when within 2 meters of the resident
- ❖ A resident may wear a mask during a visit if they feel they are at risk
- ❖ A resident must be masked when moving within inside common areas (ie. Hallway to go outside)
- ❖ Hand Hygiene (Soap & Water or ABHR) must be performed **before and after** direct physical contact
- ❖ If resident is on precautionary isolation or is isolated w/ COVID symptoms:
 - All visitors must wear required PPE, they must be trained and have the ability to practice proper use of PPE

Each Indoor Visitor Must Complete the following w/ each visit:

- ❖ Date and Time of Arrival and Departure (our existing sign-in sheets are sufficient)
- ❖ Complete Questionnaire w/ record of temperature (our current process already in place)
- ❖ Discuss and Explain Safe Visiting Practices
- ❖ PPE and Appropriate PPE Use
- ❖ **We have a continuous masking environment. This is an expectation for all visitors, staff, and volunteers.**

Safe Visiting Practices Risk of Unknown Exposure to COVID-19

- It is important for all persons to understand their risk of unknown exposure to COVID-19, based on their behaviour in the last 14 days, prior to entering the site and modify their behaviour accordingly (Refer to Table 1).

- It is particularly critical that active Health Assessment Screening is completed at entry, is answered completely and accurately, and anyone with symptoms or recent known exposure to COVID-19 not enter the site at all.

- While individuals do not need to disclose their assessed risk of unknown exposure to the operator, they must ensure the resident or alternate decision maker is aware of it and behave accordingly.

- Individuals should limit the number of different sites they enter and provide in-person visits to only one site per day to the greatest extent possible.

Table 1

Low Risk	Medium Risk	High Risk
<p>To be considered at low risk of unknown exposure, all the following conditions must be met:</p> <ul style="list-style-type: none"> ➤ Does not work or live in an area of high COVID-19 exposure (refer to Risk designation of region) ➤ Works from home ➤ Part of a small cohort (15 or less) who consistently practices physical distancing and masks when cannot maintain distance ➤ Not have had guests at home in the past 14 days ➤ Visits resident(s) in one site in a day ➤ Makes essential outings only ➤ Uses own vehicle ➤ Consistently maintains 2 metres of distance from those outside household in all activities ➤ Mask worn when cannot maintain physical distancing ➤ Consistent hand hygiene ➤ No interprovincial travel within the last 14 days 	<p align="center"><i>There will be many variations that arise between the extremes of high and low risk of unknown exposure</i></p> <p align="center"><i>Individuals must use their best judgement to determine risk of unknown exposure where neither low nor high is appropriate.</i></p>	<p>To be considered at high risk of unknown exposure, any one or more of the following may be met:</p> <ul style="list-style-type: none"> ➤ Works or lives in an area of high COVID19 exposure (refer to Risk designation of region) ➤ Works outside home in settings where distancing is not consistently maintained and masking is not consistently used ➤ Worked at or visited a location with a declared COVID-19 outbreak in last 14 Days ➤ Part of a large cohort (more than 15) ➤ Cohort inconsistently practices physical distancing and use of masks when cannot maintain distance ➤ Have had guests in home in last 14 days ➤ Visits resident(s) in multiple sites in one day ➤ Outings where contact with others outside household is likely ➤ Use of public transit or carpooling where distancing is not consistently maintained, and masking is not consistently used ➤ Does not maintain physical distancing and does not wear a mask ➤ Infrequent or inconsistent hand hygiene ➤ Interprovincial travel within the past 14 days