

Title: Apotex Visitation	
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Approved By: Apotex Executive Committee	Editors: Cyrelle Muskat

1.0 Policy

The Apotex aims to provide visitors to the home with a clear process to support visits to the home with a focus on safety and maintaining resident quality of life.

This policy is in accordance with the *Fixing Long Term Care Act, 2021*, Ontario Regulation 246/22 and the Resident’s Bill of Rights. The expectations and protocols that guide visitation in the Apotex are developed to support residents to receive visitors of their choice while mitigating the risk for residents, visitors, and staff during non-outbreak situations and during an outbreak of a communicable disease or disease of public health significance, an epidemic or a pandemic.

The following principles guide the visitation policy:

- **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** – Allowing visitors is intended to support the 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 staffing 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 take into account when setting home-specific policies.
- **Equality** – Residents and/or their substitute decision makers (SDM) have the right to choose their visitors and designate caregivers, respectively.

Policies and procedures may evolve as new directives and/or regulations emerge and/or change.

2.0 Definitions

Essential visitors are the only type of visitors allowed when there is an outbreak in the home or area of

the home. There are four types of essential visitors:

Caregiver: is a type of visitor who is designated by the resident and/or their substitute decision-maker (SDM) to provide one or more forms of support or assistance to meet the needs of the resident. This may include providing direct physical support such as activities of daily living or providing social, spiritual or emotional support, whether on a paid or unpaid basis. Caregivers under the age of 16 must receive approval from a parent or guardian to be designated as a caregiver.

End of Life visitors: is any individual visiting a resident who the medical team has determined to be very ill and dying. Resident who's condition has deteriorated and is approaching end-of-life i.e., in the last hours or days of life, who is expected to have less than two weeks to live).

Government inspector with a statutory right to enter the home to carry out their duties.

Support worker (contracted services personnel): visits to perform essential support services for the home or for a resident at the home. For example, contracted speech language pathologists or maintenance workers, provided they are not staff of the LTC home as defined in the FLTCA, 2021.

General visitor: is a person who is not an essential visitor and is visiting a resident, when permitted:

- To provide non-essential services, who may or may not be hired by the home or the resident and/or their substitute decision maker; and/or,
- For social reasons (e.g., family members or friends) that the resident or their substitute decision-maker assess as different from direct care, including care related to cognitive stimulation, meaningful connection and relational continuity.
- For other purposes such as personal care services, entertainers, recreational service providers, animal handlers, individuals touring the home to inform their decision regarding application for admission

Long-term care home staff, physicians, volunteers and students are not considered visitors and their access to the home is not covered by this policy.

4.0 Procedure

4.1 Identifying Visitors

End of Life Visitors (visiting a resident who is very ill and dying)

Family members are contacted by a member of the Apotex care team if a resident becomes very ill and is determined to be in their last hours or days of life (life expectancy is less than 14 days).

Caregivers

The process for designating and/or changing caregivers is included in Appendix A.

Support Worker

Members of the clinical team will make the necessary arrangements for support workers and will inform them of any specific visitation requirements.

General Visitors

Age and other requirements for general visitors will follow the COVID-19 Guidance Document.

4.2 Visitor Screening, Testing and Vaccination Requirements

Visitor vaccination, screening and testing requirements are based on requirements outlined in the COVID-19 Guidance document.

4.3 Visitor Access and Managing Onsite Volumes

Caregivers and End of Life visitors are the only type of visitors allowed when a resident is self-isolating or symptomatic, or the home is in an outbreak, noting that:

- The Apotex must have the ability to support and implement all required public health measures as well as IPAC practices.
- Visitors must wear PPE as directed.
- If the Apotex becomes unable to provide appropriate PPE, visits may be suspended (note: if an essential visitor procures required PPE from their employer, they will be permitted to enter).
- The local public health unit may provide direction and/or restrictions on visitors to the home, depending on the specific situation.

The Apotex will not impose limits on the number of visitors permitted for indoor visits. However, the home may limit the number of visitors per resident depending on the availability of indoor space.

4.4 Non-Adherence by Visitors

Visitor non-compliance with the policies and procedures described in this document could result in ending a visit early or temporarily discontinuing visits for the non-compliant visitor. Recognizing that visits are critical to residents' health and emotional well-being, every effort will be made to support visitors to participate in successful visits. All visitors must comply with 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*.

Non-adherence by visitors to the policy above will initiate escalation procedures:

- Staff are encouraged to reinforce visit expectations given their key role as safety ambassadors
- If non-compliance continues after reminders have been provided, point of care staff will notify the Unit Manager, After Hours Supervisor (AHS) or Administrator on-call of the situation.
- The person notified will follow-up with the visitor and resident as appropriate. Note: if this discussion occurs after-hours, the AHS or Administrator on-call will relay details to the Manager.
- Appropriate to the situation, the Unit Manager will communicate to the visitor the risk of visit termination or suspension and inform the Apotex Director of Care or the Apotex Executive Director.
- As a final step, the Apotex Director of Care or Executive Director will have a follow-up discussion with the resident and/or visitor and, if proportionate to the severity of the non-adherence, inform the resident and/or visitor that visits have been suspended. The Director will consult with the

Client Relations and Experience Office as well as Risk, and Security as appropriate.

- Throughout the process, relevant point of care staff will be informed of actions. 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 visitor should meet before visits may be resumed.

Where the home has temporarily prohibited a caregiver, the resident and/or their substitute decision-maker will have the opportunity to designate an alternate individual as a caregiver.

5.0 References

[Fixing Long Term Care, 2021](#)

[COVID-19 Guidance Document for Long-Term Care Homes in Ontario](#)

Appendix A: Designating Caregivers

Caregiver designations are made in writing by the resident's Substitute Decision Maker or person with power of attorney for care by emailing the social worker on the resident's floor. Requests for designation as a caregiver should include:

- Resident Name:
- Resident Floor:
- Caregiver (s) Name:
- Caregiver (s) Phone Number:
- Caregiver (s) Address:
- Caregiver (s) E-mail:
- Copy of vaccination record (at least two doses)

Caregivers who have not received at least two doses of a COVID-19 vaccine may request an exemption.

A resident and/or their substitute decision-maker may not continuously change a designation in order to increase the number of people able to enter the home. Under exceptional circumstances, which will be reviewed by the Apotex leadership team, requests for changes to caregiver status will be reviewed.

Appendix C: Visitor Access and Additional Requirements

	Essential Visitor			General Visitor
	Resident is Very Ill or Dying	Caregivers	Support Worker	
Visits are scheduled	No	No	No	No
Visits are restricted to certain hours of the day	No	No	No	No
Permitted if there is a home-wide outbreak	Yes	Yes	Yes	No*
Permitted if a resident is self-isolating or symptomatic	Yes	Yes	Yes	No
Permitted to visit/support a resident who is on isolation precautions	Yes	Yes	Yes	No**
Can visit/support more than one resident on the same day	Yes	Yes	Yes	Yes
Must be designated	No	Yes	No	No

* If only a portion of the home is in outbreak, residents that are not part of the outbreak may still have general visitors/caregivers indoors. Residents unaffected by an outbreak in a portion of the home may still have outdoor visits.

** In consultation with Toronto public health and Baycrest Infection Prevention and Control