

Visitors play a crucial role in reducing the risk of infection for the safety of residents and team members. Visiting requirements are based on Directive #3, and guided by policies from the Ministry of Long-Term Care. Visitors are responsible for adhering to requirements related to screening, infection prevention and control, personal protective equipment and other precautions as described within our visitor policy.

What type of visitor are you?

Essential Visitor

A person who is performing an essential support service (i.e. food delivery, inspector, maintenance, or health care services (i.e. phlebotomy)) or a person visiting a very ill or palliative resident.

Essential Caregiver

A person who has been designated in writing by the resident and/or SDM and is responsible for supporting the resident with direct care. This may include assistance with activities of daily living, meaningful connection, decision-making etc. (i.e. Family, private caregiver, paid companion or translator). The caregiver must be at least 18 years old.

General Visitor

A person who has not been identified by the resident or SDM as a caregiver and the purpose for visiting with a resident is for a social visit or performing a non-essential service (e.g., Family or friends). General visitors under the age of 14 must be accompanied by an adult and must follow all applicable public health measures that in place (e.g., active screening, physical distancing, hand hygiene, wearing a mask).

Protecting you and our Home

COVID-19 testing and screening

- Surveillance testing is required in accordance with testing frequencies and requirements per Ministry guidelines. A negative rapid antigen test for partial/unimmunized visitors is required for entry.
- Visitors must complete active screening on arrival and exit in order to visit.
- Visitors should self-monitor for symptoms prior to visiting the Home. **If you are unwell, do not visit.**
- If you develop symptoms or receive a positive test result after visiting, please call the Home.

Washing hands

- Hand washing is the best defence against the spread of infection.
- Wash your hands often. Use an alcohol-based hand rub or soap and water.
- See page 3 for step-by-step instructions.



Wearing Personal Protective Equipment (PPE)

- A surgical mask and goggles (if required) must be worn at all times and for the duration of the visit.
- See page 4 for how to wear a mask.
- Additional PPE is worn when residents are on droplet and contact precautions.
- See page 5 for how to don and doff PPE.

Physical distancing

- Keep a physical distance of two metres between you and others where possible.
- If you are too close to someone who coughs or sneezes, you risk breathing in tiny droplets that could contain the COVID-19 virus.
- Fully immunized visitors visiting a fully immunized resident may have physical contact with each other (e.g., hug, hold hands).

COVID-19 Vaccine

- Interested individuals may contact: 705-674-2299 or toll-free 1-800-708-2505, book online at covid-19.ontario.ca/book-vaccine for an appointment.

Summary of Requirements for Visiting, Absences, and Social Gatherings

Requirements		Fully Immunized*	Partial/Unimmunized*	Outbreak/Resident in Isolation
Visitors *surgical masks required at all times and eye protection required where indicated *Maximum 4 visitors in a resident's room at a time	Essential Caregiver	-If visiting a fully immunized resident , may have physical contact including for non-care- related reasons, -May participate in Home's activities as required	-Surveillance testing for indoor visits -Physical distancing (2 m) when not providing direct care, brief hugs permitted, -May not participate in Home's activities	-May support in resident's room (max 1 per visit) -If resident unaffected by outbreak, restrictions may be lifted and on a case-by-case situation -Eye protection required
	General Visitor	-If visiting a fully immunized resident , may have physical contact	-Surveillance testing for indoor visits -Negative screen required prior to going beyond entry point -Physical distancing (2 m) , brief hugs are permitted	-Not permitted unless resident in area unaffected by outbreak
Absences *surgical mask required, follow IPAC, active screening on return **See below re PCR test and isolation requirement re overnight absences	Medical/ Compassionate/Palliative	Permitted		
	Short term Essential	Permitted		Not permitted
	Short term Social (<24 hours)	Permitted		Not permitted
	Temporary (2+ days/overnight)	Permitted -prior approval from Home required		Not permitted
Social Gatherings *Residents wear masks if tolerated, IPAC adherence, cleaning prior/after	Organized events/social gatherings	-Physical distancing can be relaxed -Cohorting can be relaxed when resident activities are outside, enhanced precautions required -Maintain same activity groups as much as possible -Group activities/programs continue but will be more relaxed, large facility-wide programs/events are still on hold	-Individual/door-to-door programming only for area(s) in outbreak and isolated residents	
Dining	Communal Dining	-Consistent seating of residents at same table (physical distancing can be relaxed) -2 m distancing between diners at different tables (if possible) -Fully immunized visitors may eat with fully immunized residents	-In-suite dining	

*Essential visitors for palliative residents are excluded from the above restrictions

- **“Fully immunized”** means a person has received all doses of the approved vaccine series, and it has been at least 14 days since the final dose.
- **“Partial/unimmunized”** means a person has not received a vaccine or has received one (1) dose of the approved vaccine series.
- If visitor refuses to disclose their vaccination status, they are considered unimmunized.

- ** Residents who are fully immunized or within 90 days of a laboratory confirmed COVID-19 Infection are not required to be on isolation upon return from an overnight absence. Partial/unimmunized residents are required to have a PCR test upon return from an overnight absence and 10 days of self-isolation with a second PCR test result collected on day 8.

Handwashing

How to handrub (preferred method)



Rub hands for 15 seconds



1 Apply 1 to 2 pumps of product 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.

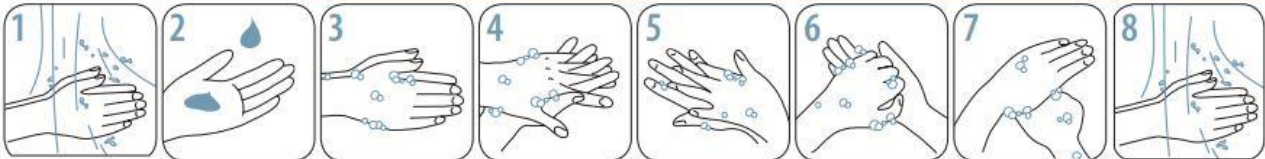
7 Rub hands until product is dry. Do not use paper towels.

8 Once dry, your hands are safe.

How to handwash (when hands are visibly soiled)



Lather hands for 15 seconds



1 Wet hands with warm water.

2 Apply soap.

3 Lather soap and rub hands palm to palm.

4 Rub in between and around fingers.

5 Rub back of each hand with palm of other hand.

6 Rub fingertips of each hand in opposite palm.

7 Rub each thumb clasped in opposite hand.

8 Rinse thoroughly under running water.



9 Pat hands dry with paper towel.



10 Turn off water using paper towel.



11 Your hands are safe.

For more information, please contact handhygiene@oahpp.ca or visit publichealthontario.ca/JCYH.

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Wearing a Mask

DONNING OR PUTTING ON THE MASK



Wash your hands with soap and water for at least 20 seconds.
Dry your hands with a clean paper towel and throw the paper towel away.



Check surgical masks for any defects and throw away defective masks.



Make sure mask exterior faces out.



Place mask on your face. If mask has a bendable edge, put it on your nose.



Put one loop around each ear or tie the upper ties behind your head with a bow.



Pinch the bendable top edge of the mask around the bridge of your nose. Tie the lower ties behind your head with a bow.



Make sure the mask covers your nose and mouth so that the bottom edge is under your chin.



Wash your hands.

DOFFING OR REMOVING THE MASK



Wash your hands before removing the mask.



Don't touch the part of the mask covering the nose and mouth, it may be contaminated.



Untie or remove the ear loops and remove the mask by the straps.



Cloth masks can be removed and reused during the day. Wash hands, remove mask by straps, hang or place it away from others.



Throw **surgical masks** away after intended use (at hospital/clinic).
Wash cloth masks in a laundry bag in hot water, & fully dry on medium/high heat.



Wash your hands.

Disposable surgical or procedure masks provide protection from transmission of infection through droplets. They are required to be worn for the duration of your visit at all times during the COVID-19 pandemic by anyone visiting inside the Home. These masks should be thrown away each day or after each visit.

Cloth masks or face coverings are reusable and best used when going out in public to protect yourself and others. These are required to be worn when visiting outdoors.



The Spread of Germs


njhealth.org
1.877.CALLNJH (1.877.225.5654)

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Breathing Science is Life.


Putting on PPE

1. Perform Hand Hygiene



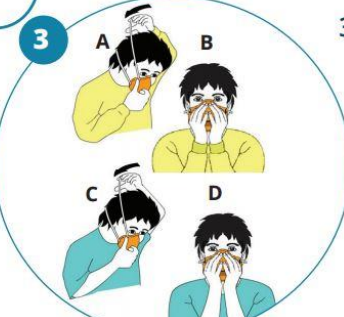
2. Put on Gown

- Tie neck and waist ties securely




3. Put on Mask/N95 Respirator

- Place mask over nose and under chin
- Secure ties, loops or straps
- Mould metal piece to your nose bridge
- For respirators, perform a seal-check



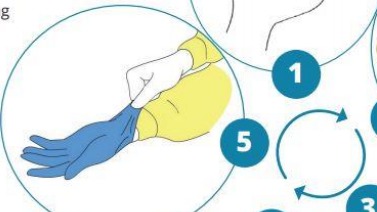
4. Put on Protective Eyewear

- Put on eye protection and adjust to fit
- Face shield should fit over brow



5. Put on Gloves

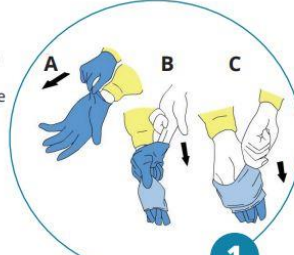
- Put on gloves, taking care not to tear or puncture glove
- If a gown is worn, the glove fits over the gown's cuff



Taking off PPE

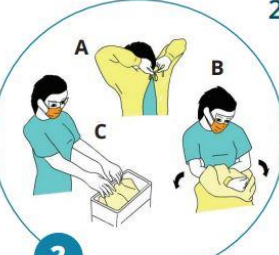
1. Remove Gloves

- Remove gloves using a glove-to-glove / skin-to-skin technique
- Grasp outside edge near the wrist and peel away, rolling the glove inside-out
- Reach under the second glove and peel away
- Discard immediately into waste receptacle




2. Remove Gown

- Remove gown in a manner that prevents contamination of clothing or skin
- Starting with waist ties, then neck ties, pull the gown forward from the neck ties and roll it so that the contaminated outside of the gown is to the inside. Roll off the arms into a bundle, then discarded immediately in a manner that minimizes air disturbance.




3. Perform Hand Hygiene



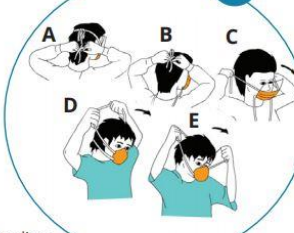
4. Remove Eye Protection

- Arms of goggles and headband of face shields are considered to be 'clean' and may be touched with the hands
- The front of goggles/face shield is considered to be contaminated
- Remove eye protection by handling ear loops, sides or back only
- Discard into waste receptacle or into appropriate container to be sent for reprocessing
- Personally-owned eyewear may be cleaned by the individual after each use




5. Remove Mask/N95 Respirator

- Ties/ear loops/straps are considered 'clean' and may be touched with hands
- The front of the mask/respirator is considered to be contaminated
- Untie bottom tie then top tie, or grasp straps or ear loops
- Pull forward off the head, bending forward to allow mask/respirator to fall away from the face
- Discard immediately into waste receptacle



6. Perform Hand Hygiene



For more information, please contact Public Health Ontario's Infection Prevention and Control Department at ipac@ohpp.ca or visit www.publichealthontario.ca.

Concerned you may have COVID-19?

- ✍ Separate yourself from others as soon as possible.
- ✍ Stay home and contact the Assessment Centre for direction at 705-671-7373.
- ✍ Monitor symptoms.
- ✍ Get rest and stay hydrated.
- ✍ Cover your cough and sneezes.
- ✍ Wash your hands often.
- ✍ Call ahead to your health care provider if you are ill and seeking medical attention.
- ✍ Avoid sharing personal items.
- ✍ If you have had contact with a loved-one in the Home, please call to let us know.

Responding to Visitor Non-Adherence

Pioneer Manor has developed its visitor policy to ensure the safety of those living in, working in and visiting our Home. In the event there is a concern raised related to visitor non-adherence, the following guidelines are in place:

- 1 Education and support will be provided to help the visitor understand policy and protocols that have been established by the Home Area Registered Staff Member/Registered Nurse.
- 2 If non-adherence continues, the concern will be escalated to the Resident Care Coordinator (RCC) responsible for the resident's Home Area who will speak with the visitor. They will provide additional education and reinforce the impact and importance visits have in supporting a resident's care needs and emotional well-being.
- 3 If non-compliance continues after the RCC has explained applicable requirements and the visitor has the resources and time to adhere to the requirements, the RCC may end the visit and ask the visitor to leave the Home. If a visit has been ended by the Home, this decision must be documented. Any decisions to end a visit will be communicated to the Manager of Resident Care and will be reviewed by the Director of Long-Term Care Services (Pioneer Manor).
- 4 After reviewing circumstances related to the situation, the Manager of Resident Care will contact the visitor to review concerns and determine next steps which may include additional education to be taken.
- 5 In the event where there is repeated or flagrant non-adherence by a visitor, the Home may decide to temporarily prohibit visits if:
 - The non-adherence negatively impacts the health and safety of residents, team members and other visitors,
 - It is demonstrated continuously by the visitor over multiple visits, and they have had previous visits ended.
- 6 Decisions to temporarily prohibit a visitor will be made only if all other reasonable efforts to maintain safety during a visit have been exhausted. In this case, the following will be documented and communicated to the visitor:
 - Length of time for prohibition,
 - Requirements visitor must meet before visits may be resumed.
- 7 Should additional support be required, the Home may reach out to the local Public Health for further direction.