

Bob Rumball Home for the Deaf ~ Policy and Procedure Manual

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POLICY

This policy under the Infection Prevention and Control (IPAC) Program, is intended to provide pertinent information to visitors who visit at Bob Rumball Home for the Deaf (BRHD). The policy includes, but is not limited to the process for visitor access during non-outbreak situations and during an outbreak of a communicable disease, or an outbreak of public health (PH) significance, an epidemic, or a pandemic, or another emergency.ⁱ

Since COVID-19 is still circulating in Ontario, and with the on-going potential for transmission of other infections, this policy will continue to be adjusted as necessary, keeping the safety and emotional well-being of residents and staff at the forefront.

Note: Some COVID-19 references and information have been maintained in the policy, where appropriate.

Visitors must show respect and consideration for those people in the Home, residents, staff and visitors, and abide by this policy, including but not limited to, the health and safety measures/practices contained in this policy as a condition of entry into the home and/or visiting outdoors, as applicable.

BRHD will ensure that the residents are not unreasonably restricted from having visitors in accordance with the Resident's Bill of Rights, the *Fixing Long-Term Care Act, 2021* (FLTCA), its Regulation (O. Reg. 246/22) and other relevant legislation.

GOAL

- To protect the BRHD residents' rights to an optimal Quality of Life by promoting the residents' right to receive visitors of their choiceⁱⁱ, to live in a safe environmentⁱⁱⁱ, including living in a home where staff and visitors help to prevent the spread of infection, and to have family and friends present when dying or very ill.^{iv}

OBJECTIVES

- To allow residents and their loved ones to visit in person, as permitted, in a safe manner.
- To prevent and /or limit the spread of infections/viruses between residents, staff and/or visitors; and
- To support the emotional well-being and quality of life of residents by reducing any potential negative impacts related to social isolation.

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PRINCIPLES ^v

This policy is based on 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 and 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 and or their substitute decision-makers (SDMs), as applicable, have the authority to designate caregivers.

Overview of Policy Contents

This policy sets out the parameters, requirements, and procedures with respect to visitors, including but not limited to: ^{vi}

- Relevant **Definitions**
- **Types of visitors:**
 - **Essential Visitors**, (*Caregivers, Support Workers, Compassionate/End-of-Life Visitors, Emergency responders and Government Inspectors*); and
 - **General Visitors**
- **Public health measures and IPAC practices**, including:
 - vaccination
 - hand hygiene
 - physical distancing
 - respiratory etiquette
 - masking, and the appropriate use of Personal Protective Equipment (PPE)
- **Screening & Visitor logs**
- **Asymptomatic / Symptomatic Screen Testing**
- Visitor **access to the Home** indoors and outdoors; communal dining; group activities, including **restrictions** with respect to visitors in the event of an outbreak, or when a resident is isolating; and resident admissions, transfer and absences.
- **Education / training** for all visitors, including the use of PPE
- Access to and distribution of this policy; and
- Non-compliance by visitors to BRHD's visitor policy
- Documentation and Reporting; and
- Other related policies

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DEFINITIONS (listed alphabetically)

Additional Precautions (AP):

Precautions (*i.e.*, *Contact Precautions*, *Droplet Precautions* and *Airborne Precautions*) that are necessary to be used **in addition to** Routine Practices for certain pathogens or clinical presentations. These precautions are based on the **method of transmission**, e.g., contact, droplet, and airborne.^{vii} (Refer also to BRHD's Policy INF-II-118 *Routine Practices and Additional Precautions*)

Close Contact: is an individual who has a high-risk exposure to a confirmed positive infectious agent, an individual with symptoms of the infectious agent, or an individual with a positive laboratory test result.^{viii}

Cohorting means a group of people banded together or treated as a group.^{ix} (Refer also to BRHD's Policy INF-II-120 *Cohorting of Residents and Staff*)

Direct care services: "... are any services provided to a vulnerable individual that involves hands-on-care, or requires the service provider to be within 2 metres of the vulnerable individual for at least 15 cumulative minutes." ^x

Disease Outbreak

In epidemiology, a **disease outbreak** occurs when there's a sudden increase in cases beyond normal expectations for a specific location or season. It can affect a small localized group or impact thousands of people across an entire continent.^{xi} Outbreaks can be caused by infectious agents or environmental factors, and they may last for days or even years. ^{xii}

Notes:

- Only SMDHU can declare an outbreak and declare when it is over. BRHD reports all **confirmed** outbreaks to the Ministry of Long-term Care (MLTC) through the Critical Incident System (CIS) and report.^{xiii}
- BRHD reports all **confirmed and suspected cases** of communicable diseases and diseases of PH significance to the Simcoe Muskoka District Health Unit (SMDHU) and the Outbreak Management Team (OMT).^{xiv}
- **SMDHU will determine whether cases have an epidemiological link** as part of their investigation, informing the decision whether to declare an outbreak.^{xv}
 - **An epidemiological link**, for purposes of this policy, is defined as: reasonable evidence of transmission between residents/staff/other visitors AND there is a risk of transmission of the infectious agent to residents within the home.

Emergency means an urgent or pressing situation or condition presenting an imminent threat to the health or well-being of residents and others attending BRHD, that requires immediate action to ensure the safety of person in the Home.^{xvi}

Routine Practices (RP): Refers to the system of IPAC practices, recommended by Public Health Agency of Canada (PHAC), to be used with all residents during all care, to prevent and control transmission of microorganisms (spread of infection) in the Home, e.g., handwash/handrub, and respirator etiquette. ^{xvii} (Refer also to BRHD's Policy INF-II-118 *Routine Practices and Additional Precautions*)

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Vaccine a substance put into the blood that protects the body from a disease.^{xviii} The substance is typically prepared from an inactivated or weakened form of the causative agent or from its constituents or products. Recommendations for vaccines are dependent on the individual's immunization history and immune status.

Visitor: A visitor may be deemed an “**essential visitor**” (*which includes several visitor subtypes*), or a “**general visitor**”, as explained in detail in the “**Types of Visitors**” below.

Note: The following are **NOT considered visitors**:^{xix}

- *Infants under the age of one year*
- *BRHD staff, volunteers, and student placements, as their access to the home is determined by the licensee.*

Information for All Visitors

- Visitors must **sign-in on the visitor log**. (*Sample in Appendix A*) located in the front foyer. Visitors are also requested to sign out when leaving the Home. For the safety and security of all while in the Home, it is essential that the Home be aware of who is in the building, particularly in the event of an emergency.
- All visitors must **self-screen** for symptoms and or exposure to communicable infections, including but not limited to, symptoms of or exposure to COVID-19, Influenza, or gastrointestinal illness, prior to entry.
- **Note:** Refer also to the “*Screening and Visitor Logs*” section of this policy for more information.
- Visitors must **follow the required IPAC practices** as directed, when on the BRHD site, both inside and outside.
- In **non-outbreak** situations and when the resident is **not in isolation**, subject to direction from SMDHU:
 - There are no limits on the total number of visitors (including caregivers) per resident, based on space outside, in the resident's room, and/or in the Home, and with respect for other residents in the Home.
- Visitors are strongly encouraged to stay up to date with their vaccinations, including but not limited to COVID-19, and Influenza. Visitors are not required to be vaccinated at this time.
- For “**Resident Safety Measures: What You Can Expect in BRHD**”, refer to Appendix G, which includes:
 - *What measures are in place to make BRHD safe?*^{xx}
 - *What if BRHD is in outbreak?*
- When a resident has external diagnostic testing, appointments and/or transfers to/from BRHD, please refer to the brochure “**External Appointments, Tests and Transfers for Residents**”, Appendix C, for BRHD's expectations and the resident/SDM's responsibilities
- All visitors must follow the “**Visitors' Code of Conduct**”, as outlined in Appendix E.

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- While in the Home, if the fire alarm sounds and flashes, or if you hear “Code Red” announced over the PA system, please make your way to the Front Lobby area and await further instructions.
- **Visitors Responding to a Fire Alarm:**
Upon hearing/seeing the fire alarm, visitors are to proceed to the Front Lobby area, unless otherwise directed.
 - If the fire zone area **is NOT** in the Front Lobby or Chapel area, the visitor may either wait in the Lobby further instructions, or leave the building.
 - If the fire zone area **is in the Front Lobby or Chapel area**, move away from the fire zone area to a safe exit area beyond the fire doors.
 - Await further instructions from the Fire/Incident Warden or Fire Department once they arrive.
- **Caregivers/family members Responding to a Fire Alarm:**
Upon hearing/seeing the fire alarm, caregivers/family members can either choose to respond as if they were a visitor, i.e., the same action as the “**Visitors Responding to a Fire Alarm**” section above, **OR**
 - May stay with their loved one to assist with reassuring the resident and with possible evacuation of the resident, if able and desired.
 - If staying with the resident, please follow the staff direction regarding evacuation.

TYPES OF VISITORS

ESSENTIAL VISITORS

“Essential Visitor” means:^{xxi}

- (a) a **caregiver**,
 - (b) a **support worker** who visits a home to provide support to the critical operations of the Home, or to provide essential services to residents,
 - (c) a person visiting a **very ill** resident for **compassionate reasons** including, but not limited to, hospice services or **end-of-life care**, or
 - (d) a **government inspector** with a statutory right to enter a LTCH to carry out their duties.
- This excludes infants under the age of one year.^{xxii xxiii}

- **Essential visitors** are the **only** type of visitors allowed when there is an endemic, pandemic, or an outbreak (*of a communicable disease or public health significance*), area of the Home or when a resident has failed screening, is symptomatic or in isolation, subject to applicable laws.^{xxiv}
- All essential visitors will **be apprised of the type of outbreak affecting the Home, area or individual**, by signage in the Home, and/or where they will be performing their essential duties. **They must take the appropriate IPAC precautions, and wear the appropriate PPE as directed.**

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(a) **Caregiver**

“caregiver” means an individual who,

- (a) is a family member or friend of a resident or a person of importance to a resident,
- (b) is able to 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*,
- (c) 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,
- (d) is **designated by the resident** or the resident’s substitute decision-maker (SDM) with authority to give that designation, if any, and
- (e) 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.^{xxv}

- Each caregiver must complete the “**Designated visitors**” prior to starting as a caregiver. (Refer to **Appendix D**)
BRHD uses the *Designated Caregiver Registration Form* to facilitate processing and **maintaining a current record** of the caregivers at BRHD.
Note: An approval from a parent or legal guardian to permit persons under 16 years of age to be designated as a caregiver, is required under the regulation of the FLTCA.^{xxvi}
- After the form is completed, forward copies to Social Services Manager, Administrative Co-ordinator, or their designate.
- The **Social Service Manager/designate will coordinate the required follow-through action**, including but not limited to:
 - Ensuring completion of the caregiver registration form, as appropriate, including approval from a parent or legal guardian to permit persons under 16 years of age to be designated as a caregiver, if applicable^{xxvii}
 - Checking with the resident/authorized SDM re the designation of the caregiver, where appropriate, and documenting the new caregiver’s name and contact information in the Resident’s plan of care;
 - Updating the Caregiver list for reference, as applicable;
 - Ensuring the caregiver receives the required orientation / training, including access to and review of the current Visitor Policy.
 - Maintaining the completed registration form as per BRHD’s records management practices.
- Caregiver(s) may continue to have access to the Home and visit their loved one when there is a communicable disease, an outbreak of PH significance, an epidemic, or a pandemic, or another emergency,^{xxviii} subject to SMDHU and MLTC’s direction.

However, the caregiver **should not visit any other home for 10 days after visiting:**

- A resident or individual with a confirmed case of a transmissible infection, e.g., COVID-19, Influenza, gastroenteritis, and/or
- A resident or individual experiencing infectious symptoms.^{xxix}

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- Caregivers who visit a resident residing in an **outbreak** area, or when the resident is **symptomatic, or self-isolating**, will be required to **wear full PPE at all times**, (no eating/drinking with the resident). Under these circumstances, the caregiver(s) should confine their indoor visit to the resident's room, and not co-mingle with other residents or staff.
 - 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 (unrelated)** residents who have the same infection, provided **BRHD obtains consent from all involved residents** (or their SDMs). Caregivers may also support more than one resident in non-outbreak situations, with the same expectation regarding resident/SDM consent. ^{xxx}
- (b) **Support Worker** - is a type of "essential visitor" who visits a home to provide support to the critical **operations of the Home**, or to provide essential services to a resident. ^{xxxi} Essential services include, but are not limited to:
- services provided by regulated health professionals, **emergency services** (e.g., 911 responder - Police, Fire fighter, Ambulance), social work, moving services, legal services, post-mortem services, maintenance and repair services (e.g., contractor), food and nutrition services, water and drink delivery services, mail, delivery and courier services, assistive devices program vendors, and election/voting services.
- (c) **Compassionate /End-of-Life Visitor** - is a type of "essential visitor," who is visiting a **very ill** resident for compassionate reasons, including but not limited to, hospice services or **end-of-life** care. ^{xxxii}
- (d) **Government Inspectors** - have a statutory right of entry. They **cannot be prohibited from entering the home**. ^{xxxiii}

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 BRHD, or a particular resident, or group of residents.
 - General visitors include those persons visiting for social reasons as well as visitors providing non-essential services such as personal care services, entertainment, for individuals touring the home. ^{xxxiv}
- 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 and outlined in this policy.
- General visitors **should postpone non-essential visits** to residents(s) who are symptomatic and/or self-isolating, when BRHD is in outbreak, and as SMDHU directs. ^{xxxv} If only a portion of the Home is in outbreak, residents unaffected by that outbreak may still have visitors. ^{xxxvi}

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HEALTH MEASURES AND IPAC PRACTICES

- Respiratory infections, e.g., **SARS-CoV-2, the virus which causes COVID-19**, primarily spreads from one person to another when an infected person breathes, talks, coughs or sneezes and releases respiratory emissions of different sized virus-laden particles into the air. There is not one specific measure that will prevent infection transmission. However, **the use of multiple layers of prevention provides the best protection, especially when people cannot avoid closed spaces, crowded places, and close contact.**^{xxxvii}
- Prevention is better than cure**, so taking measures to protect ourselves and our loved ones from becoming infected with a communicable infectious disease is the best approach.
- All visitors need to **practice strong IPAC measures** and be vigilant with respect to BRHD and SMDHU public health measures as applicable, including, but not limited to: self-screening for communicable infectious diseases, frequent hand hygiene (*Appendix B*), staying up to date with vaccinations, respiratory etiquette, appropriate use of personal protective equipment (PPE) when required (*Appendix B*), and physical distancing when directed.
- Prior to the visitation, all visitors should **consider their personal health and susceptibility** to the infections, e.g., COVID-19, influenza, etc., that may be present in the Home, when determining whether visiting BRHD is appropriate.
- In the case where SMDHU directs or orders BRHD to follow any IPAC practices, additional precautions and/or outbreak activities (pre, during and post a declared outbreak), all persons, including but not limited to BRHD staff **and visitors must follow the direction of SMDHU**, which may include advising general visitors to postpone all non-essential visits.^{xxxviii}
- No one protective technique is 100% effective. Staying up to date with vaccinations, ventilation, avoiding ill people, and wearing PPE and physically distancing when appropriate**, are all important and effective to prevent you from getting an infection. Remember that it is critical to isolate yourself from others when you are infected to prevent you from spreading the infection to others.^{xxxix}
- Cohorting:** During an **infectious outbreak** (e.g., respiratory, gastrointestinal) in the Home, residents may be cohorted for all non-essential activities including communal dining, activities, organized events and social gatherings. Different cohorts (e.g., infectious and non-infectious) are not to be mixed, and residents from different cohorts should not visit one another. *For additional information on **cohorting** please refer to BRHD's policy INF-II-120.*

COVID-19 Vaccination

- Vaccinations and therapeutics (e.g., antiviral medication) substantially reduce the risk of hospitalization and severe outcomes, e.g., from COVID-19 and influenza, for all persons, particularly for the BRHD residents, who live in a high-risk congregate setting.
- BRHD does not mandate visitors to be vaccinated for visitations at the Home. Although visitors are not required to be vaccinated at this time, it is **strongly recommended that all visitors consider**

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their own health and protection against infections, and stay up to date with their vaccinations, including COVID-19 and influenza.^{xi}

- BRHD retains the right to set their own vaccination policy, which may change, based on the advice of SMDHU, or as directed by government (federal, provincial, or local).
 - **Essential visitors** in particular should stay up to date with their vaccinations since they are allowed to visit in the Home **when the resident** is symptomatic, self-isolating, or is residing in an outbreak area.
- All visitors, whether they are up to date with vaccinations or not, must continue to practice the recommended Public Health (PH) measures and comply with all applicable laws for the ongoing prevention and control of infection and transmission.
- Although COVID-19 is no longer a pandemic:
 - For additional details about COVID-19 vaccines, please refer to the current version of MOH's "**COVID-19 Health Sector Guidance**." ^{xii}
 - BRHD will continue to work with SMDHU to facilitate easy access to COVID-19 immunization and boosters, particularly for residents, caregivers, and staff.
 - You can book a COVID-19 vaccine appointment online: "**How to book a COVID-19 Vaccine Appointment**" ^{xlii} by calling the **Provincial Vaccine Contact Centre at 1-833-943-3900**, or through **select pharmacies**, and **primary care settings**.

Hand Hygiene

- Hand hygiene is the core element of BRHD's IPAC program. Good hand hygiene is the single most important way to prevent infections. Keeping hands clean is one of the best ways to remove germs, avoid getting sick and prevent the spread of germs (e.g., respiratory, and diarrheal infections) from one person to the next.^{xliii}
- **Appendix B** of this policy directs the visitor on how **to handrub and how to wash your hands**, including references to short videos. (*Refer also to BRHD's Hand Hygiene Policy # INF-II-27*)
- **Practicing hand hygiene**, includes, but not limited to:
 - Before contact with the resident or their environment
 - After resident environment contact, e.g., leaving the resident's room.
 - Before eating/drinking
 - After using the toilet.
- BRHD staff conduct regular hand hygiene audits, which includes auditing staff and visitors, to ensure correct hand hygiene is conducted. Retraining of visitors on hand hygiene is available upon request and as needed.
- When visitors are visiting with their loved ones during a meal time or social activities, please encourage the resident to practice good hand hygiene prior to and after eating their meal, and participating in social activities.

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Physical Distancing

- Physical distancing means maintaining a distance of 2 metres or 6 feet, at minimum.
- During non-outbreak situations and when the resident is not isolating, no specific physical distancing is required, unless otherwise directed.^{xliv}
- BRHD bedroom types are comprised of: private rooms, 2 single bedrooms separated by a shared washroom, and a bedroom shared by 2 residents with a wall partition between the residents. In the event a resident requires isolation, BRHD's bedrooms can easily accommodate sufficient physical distancing between 2 residents.^{xlv}
- In the event of a community infectious endemic or pandemic, to avoid contact with others who may have a communicable infectious disease, individuals are encouraged to avoid situations where the infection can easily spread, such as:
 - Crowded places with many people nearby
 - Close-contact settings
 - Confined and enclosed spaces with poor ventilation.

Respiratory Etiquette

- Respiratory etiquette means personal practices that help prevent the spread of bacteria and viruses that cause acute respiratory infections (ARI), e.g., covering the mouth when coughing or sneezing and care when disposing of tissues.^{xlvi}
- BRHD encourages all persons to practice respiratory etiquette.

Masking

- Masks are the first defense against the transmission of respiratory infections.
- For **staff, students, volunteers and support workers**:
 - Masks are required based on a point of care risk assessment (PCRA), prior to every resident interaction and task, to determine whether there is a risk to the health care worker (HCW) or other individuals of being exposed to an infectious agent, and to determine the appropriate IPAC measures to be taken.
 - If the resident is on isolation, the IPAC Practitioner/designate, will **determine and post additional precautions signage on, or near the resident's door to indicate the level of precautions needed**.^{xlvii}
 - Staff may consider wearing a mask during prolonged direct resident care, defined as one-on-one care within two metres of an individual for 15 min. or longer.
 - BRHD has "mask friendly" policies, and will accommodate:
 - staff who prefer to continue to wear a mask beyond minimum requirements; and
 - a resident/SDM's request for a staff member to wear a mask while providing care.^{xlviii}
- Visitors are not required to wear masks in the Home,^{xlix} unless otherwise directed by additional precautions signage on the resident's door, or area of the Home.
- There are no specific masking requirements or restriction related to communal dining or group activities, unless otherwise directed. IPAC routine practices should continue to be followed in communal spaces to promote safety and well-being.ⁱ

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When a mask is required, the following are exempt to the masking requirements: ^{li}

- Children who are younger than two years of age
- Any individual (staff, student, volunteers, support worker, caregiver, visitor or resident) who is being accommodated in accordance with the Accessibility for Ontarians with Disabilities Act, 2005,^{lii} or the Ontario Human Rights Code.^{liii}
- **Note:** Any masking exemption request to be accommodated in accordance with the Accessibility for Ontarians with Disabilities Act, or the Human Rights Code, will be assessed by BRHD staff on an individual basis, and when determined applicable, an accommodation plan will be established.
- During an infectious outbreak in the Home, all persons must follow the direction of the Simcoe Muskoka District Health Unit (SMDHU) regarding wearing PPE.
- If the home is in an outbreak situation, or if the resident is isolating, all permitted visitors (e.g., essential visitors) must use the appropriate mask and other PPE as directed by the Infection Prevention and Control (IPAC) Practitioner and/or SMDHU.

Appropriate Use of Personal Protective Equipment

- BRHD will follow and the applicable provisions in the **Fixing Long-Term Care Act, 2021**,^{liv} including its **Regulation** (O. Reg. 246/22),^{lv} the IPAC Standard for LTCHs,^{lvi} and other best practice guidelines related to the appropriate use of PPE.
- Visitors will be directed by BRHD signage and staff, to **wear the appropriate PPE** when and where needed.
- Visitors are provided information on “donning” (*putting on*) and “doffing” (*taking off*) PPE through this Visitor Policy (**Appendix B**). Staff will provide additional IPAC information and/or training, upon request, and as needed, including but not limited to: during an outbreak, while visiting a resident in isolation and on additional precautions, and when additional PPE is used in the Home during an outbreak, pandemic or endemic.
- **Assistance** to all individuals with putting on and or taking off PPE will be provided as needed and/or requested.
- Where needed, “**Additional Precautions**” signage (e.g., *contact, droplet and/or airborne*) will be used to identify the appropriate PPE to wear. (Refer also to BRHD Policy # INF-II-118.)
- When providing care to residents with suspect/confirmed respiratory infection, and in the provision of direct care within 2 metres of residents in an outbreak area, appropriate eye protection (e.g., goggles or face shield) is required for all staff and essential visitors. In all other circumstances, the use of eye protection and other PPE by staff is based on the point-of-care risk assessment (PCRA) when within 2 metres of a resident.^{lvii}

Note: BRHD is responsible for supplying medical masks, gloves, gowns, and eye protection to visitors, as required. BRHD may provide goggles or face shields for eye protection. Face shields protect both the individual’s eyes and mask. BRHD maintains a sufficient inventory of PPE in the event of an outbreak.

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SCREENING & VISITOR LOGS

- There are two types of screening, active and passive screening.
 - **“Active screening** means there is some form of attestation or confirmation of screening. This can be achieved through pre-arrival submission of online screening [if available] or in person.
 - **Passive screening** means that those entering the setting [BRHD] review screening questions themselves, and there is no verification or reporting of screening results.”^{lviii}
- The purpose of screening is to provide another protective layer to identify those who may be infectious, to reduce the potential entry and spread of an infection within BRHD.^{lix} Please report any signs or symptoms of an infection that develops while in the Home, to the IPAC Practitioner, or a registered nursing staff member on a Care Centre.^{lx}
Note: *Essential visitors are not restricted from visiting during an outbreak or when a resident is isolating, but must wear the appropriate PPE and follow the directions of the SMDHU.*
- If you are **feeling unwell**, or believe you will fail the screening for communicable infections, please do not visit the Home.^{lxi}
- All visitors, when entering the Home, must conduct passive screening at this time, and complete the **visitor log**, which includes:
 - their name and contact info,
 - the time and date of the visit,
 - the purpose of their visit/resident’s name they are visiting,^{lxii} and
 - indicate whether they passed the screening questions, as per the posted **“Screening Tool”**.**Note:** *The screening tool for COVID-19 is found in **Appendix F**. If a visitor fails the screening questions, please follow the directions as outlined in detail in the screening tool. If a visitor requires additional PPE, or needs a review of the IPAC practices that apply to them, please request assistance from staff PRIOR to entry.*
- When the COVID-19 virus is circulating, **COVID-19 signs and symptoms** will be posted at the entrance of the Home for self-monitoring. The COVID-19 symptoms are also listed in the COVID-19 Screening Tool – **Appendix F**, question #1.
- All visitors should **continue to self-monitor for other contagious infectious diseases**, and practice IPAC routine practices, to prevent the spread of illness in the Home. Please report any signs/symptoms of infection that are developed in the Home, and follow signage posted in the Home.^{lxiii}
- BRHD will keep the visitor logs / records for a period of at least 30 days and be readily available for SMDHU for contact tracing purposes upon request.^{lxiv}

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ASYMPTOMATIC / SYMPTOMATIC SCREEN TESTING

- “Currently, there are no **asymptomatic** screen-testing requirements for visitors.”^{lxv}
- “Testing of **symptomatic** residents will continue; and staff students, volunteers, general visitors, caregivers and support workers are encouraged to get tested if symptomatic.”^{lxvi}

***Note:** BRHD retains the right to implement an asymptomatic screen-testing policy, if deemed necessary and upon the direction of SMDHU. If BRHD implements asymptomatic testing, the criteria will be identified in a policy. Asymptomatic testing would not apply to outdoor visitors, those visiting residents who are receiving end-of-life care, or to inspectors with a statutory right of entry, unless otherwise directed by SMDHU.*^{lxvii}

- Testing type and frequency during an outbreak is dependent on SMDHU direction.

Notes:

- A Handout (**INF-II-116. c.)** “What to do if you have COVID-19 symptoms, or have a positive RAT” (rapid antigen test) is available for visitors upon request.
- BRHD will continue to conduct COVID-19 testing of residents, staff, students, and volunteers who are symptomatic, have had high risk exposure, or are in an outbreak setting as directed by SMDHU.^{lxviii}

VISITOR ACCESS TO HOME

- During **non-outbreak times**, limit the number of visitors that a resident may visit with at a time, for indoor or outdoor visits, subject to space and respect for a roommate’s privacy.
- A visitor may visit at any time, unless otherwise informed.
- The front entrance is secured at all times. During regular business hours, visitors may enter by pushing the red button on the wall.
- During non-business hours a visitor may have access by using a visitor access card.
***Note:** A visitor may obtain a visitor access card by contacting the Nursing Administrative Assistant at the front reception [Ext 309]. There is a \$20 fee for the visitor access card, which is refundable upon its return.*
- If a visitor doesn't have a visitor card and wishes to access the building during non-business hours (e.g., weekends, evening, or night) please use the intercom system to obtain access.
 - Push the white intercom button on the wall located at the front entrance. A nurse will respond, and inquire as to who is entering the building and for what purpose. After the nurse is able to see the visitor through the video system, the nurse will release the lock on the front door from inside the Home, allowing the visitor access.
- **All visitors are required to conduct passive screening for communicable infections and sign the visitor log.** The COVID-19 screening tool is posted in the Front Entrance area. Visitors must follow the direction on the COVID-19 screening tool if they fail the screening.
- **Indoor visitors** are encouraged to use the washroom near the front lobby, rather than in the resident’s washroom.

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Communal Dining (in non-outbreak times)

- Communal dining is an important part of BRHD's social environment.
- Visitors are allowed to bring a beverage/snack for your loved one to enjoy.
- Visitors may assist their loved one with their meal at the resident's regular dining table, barring any IPAC restrictions.
- IPAC practices, such as hand hygiene, should continue to be followed in communal dining settings.^{lxi}
- Visitors may have a meal with the resident/loved one in a communal dining room. No masking is required, unless otherwise indicated by BRHD. If you wish to purchase a meal from BRHD to join your loved one with a meal, please purchase the meal ticket(s) from the front receptionist.

Note: *The activity table may be booked in each dining room for lunch and/or supper. The table will accommodate the resident and up to 4 guests.*

Group Activities (in non-outbreak situations)

- BRHD will continue to provide opportunities for residents to gather for group activities.
- Visitors and caregivers may join residents for group activities. Masking is not required, unless otherwise directed. IPAC routine practices should continue to be followed in communal spaces to promote safety and well-being.^{lxx}
- BRHD has pet visitations in the Home for residents who enjoy a pet visitation. Before a pet is allowed in the Home, proof of the pet's rabies vaccination must be provided to either the Social Services Manager, or the IPAC Practitioner.

1. "What happens in an outbreak?"

In the event of an outbreak, BRHD will follow the direction of SMDHU, including cohorting practices, as applicable.^{lxxi}

Group activities and communal dining will be conducted such that the outbreak unit is cohorted separately from unexposed persons. Group activities and communal dining for cohorts (exposed separated from unexposed) may resume.

BRHD will wherever possible, continue group activities for exposed cohorts to support resident mental health and well-being."^{lxxii}

2. "What happens when a resident is isolating or fails screening?"

Residents in isolation, or who fail screening (such as, during daily monitoring) are **not to join in group organized events, activities, dining or social gatherings**. However, BRHD will attempt to have these residents join in virtually where possible, to provide these residents with an alternative to in-person social interaction."^{lxxiii}

Resident Admissions and Transfers

- BRHD follows the MOH's COVID-19 guidance for new admissions to the Home and transfers, as outlined in the "*Algorithm for Admissions and Transfers for Long-Term Care Homes and Retirement Homes*"^{lxxiv} (Appendix H, of this policy)

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Resident Absences:

- All residents may leave BRHD for all types of absences as outlined in the FLTCA, including social day and overnight casual or vacation absences, and not have to be actively screened, tested or isolated upon return to the Home, unless the resident is symptomatic.
 - Any resident who has infectious symptoms is permitted entry, but will be isolated on Additional Precautions, and may be tested as ordered, with consent.
 - If the resident has COVID-19 symptoms, the resident will be tested, isolated, and placed on Additional Precautions as per the *“Infectious Disease Protocol Appendix 1: Case Definitions and Ministry of Long-Term Care Disease Specific Information Disease: Diseases caused by a novel coronavirus”*,^{lxxv} and the *“COVID-19 Guidance: Long-Term Care Homes, Retirement Homes, and other Congregate Living Settings for Public Health Units.”*^{lxxvi}

EDUCATION / TRAINING FOR ALL VISITORS (includes use of PPE)

- IPAC training is provided to all people who regularly attend BRHD, including but not limited to **essential and general** visitors relevant to the individual's responsibilities, their direct care to the resident, and based on that person's assessed needs.
- Visitors will have access to and/or be given a copy of this policy upon request, which includes, but is not limited to, the following IPAC practices:
 - Appendix B: PHO poster^{lxxvii} and videos, including: **How to:**
 - . Perform Hand Hygiene Using Soap and Water^{lxxviii}
 - . Perform Hand Hygiene using Alcohol Based Hand Rub (ABHR)^{lxxix}
 - . Put on Personal Protective Equipment (PPE) ~ “Contact Precautions”
 - . Take off Personal Protective Equipment (PPE) ~ “Contact Precautions”
 - . Put on **FULL** Personal Protective Equipment (PPE)^{lxxx}
 - . Take off **FULL** Personal Protective Equipment (PPE)^{lxxxi}
 - Appendix E: Visitors Code of Conduct
- Each visitor wishing to be a **caregiver must complete** the required **Designated Caregiver Registration Form** confirming that they have read the home's visitor policy and have received the training as outlined.
- Prior to visiting any resident for the first time, caregivers must review the training materials that address how to safely provide the appropriate direct care, including how and when to perform hand hygiene, and how to put on and take off required PPE.
- BRHD will provide training and/or retraining to all visitors as needed, or upon request. To make arrangements for training/re-training, as needed or desired, please contact the Social Services Manager, at jpilon@bobrumball.org, or by phone at (705) 719-6700, Ext 308.
- Visitors are reminded to respect and follow the **IPAC directions measures** that have been put in place. Ask for assistance if you do not understand them and/or require further **training**. Respect and cooperation when interacting with all individuals is appreciated.
- Additional **Public Health Ontario resources** related to COVID-19 and LTC Homes may be found at: [COVID-19 Long-Term Care Resources | Public Health Ontario](#).^{lxxxii}

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VISITOR POLICY ACCESS AND DISTRIBUTION

- Changes in this policy will be communicated to visitors, Residents' Council, and Family Council if any,^{lxxxiii} by providing current copies of the policy **by e-mail**, by providing hard copies of the policy left at the reception area, and/or discussed during Resident Council, Family, and staff meetings, as applicable.
- In addition, this policy is posted in the Home,^{lxxxiv} and on BRHD's website.^{lxxxv} For accessing the website, go to Home (B.R.H.D.) - Bob Rumball Organizations, then click on "BRHD Website information section".^{lxxxvi}

DOCUMENTATION AND REPORTING

- BRHD has a process for documenting and keeping a written record of:
 - The designation of a caregiver; and
 - The approval from a parent or legal guardian to permit persons 16 years of age to be designated as a caregiver, if applicable.^{lxxxvii}
- All records relating to visits between visitors and their loved ones will be documented, e.g., on visitor logs, as required. During a pandemic, and as requested, the completed visitor logs will be forwarded to the IPAC Practitioner/designate.
 - The visitor logs, at a minimum, will contain the following information:
 - The name and contact information of the visitor
 - The time and date of the visit; and
 - as applicable, the name of the resident visited.^{lxxxviii}
 - All visitor logs are maintained by BRHD for minimum of **30 days** and be readily available to SMDHU for contact tracing purposes upon request.^{lxxxix}
- Required statistical information will be documented, collected and provided to the required authorities, as directed.
- BRHD will ensure that the current version of the Visitor Policy is provided to the Residents' Council (RC) and Family Council (FC), if any.^{xc}
- BRHD reviews this policy regularly to ensure it is supported by the most current clinical advice, and will seek independent legal advice, as needed.

NON-COMPLIANCE BY VISITORS TO BRHD'S VISITOR POLICY^{xc}

- BRHD respects and promotes the "Residents' Bill of Rights",^{xcii} including but not limited to the right to be free from abuse^{xciii} and the right to live in a safe environment.^{xciv}
- BRHD is serious about protecting the residents, staff and visitors in the home from the risk of infection.
- Visitors will be supported in understanding and adhering to the BRHD visitor policy.
- BRHD recognizes visits are critical to supporting a resident's care needs and emotional well-being.
- BRHD may end a visitor's visit with a resident if the visitor abuses any resident in the Home. *Please refer to Policy ADM-VI-18 "Zero Tolerance of Abuse and Neglect of Residents."*

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- BRHD may end a visitor's visit after any serious and/or repeated non-adherence with the home's policy, if BRHD has:
 - explained the applicable requirements to the visitor (e.g., through this policy and/or in person);
 - the visitor was given sufficient resources to adhere to the requirement, e.g., there is sufficient space to physically distance, the home has supplied the PPE and demonstrated how to correctly put on PPE; and,
 - the visitor has been given sufficient time to adhere to the requirement(s).
- BRHD will reflect and be proportionate to the severity of the non-adherence.
- BRHD will consider the impact of discontinuing visits on the resident's clinical and emotional well-being.
- BRHD may temporarily prohibit a visit in response to repeated and flagrant non-adherence, after all other reasonable efforts to maintain safety during visits have been exhausted.
- In exercising this discretion, BRHD will take into consideration whether the non-adherence:
 - Can be resolved successfully by explaining and demonstrating how the visitor can adhere to the requirements.
 - Meets compliance with the required documents that BRHD is to follow, including but not limited to the requirements of a Directive, COVID-19 Guidance document, legislation/regulation, etc., and whether that requirement is in Visiting 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 will:
 - Be made only after all other reasonable efforts to maintain safety during visits have been exhausted;
 - Stipulate the length of the prohibition; and,
 - Clearly identify what requirements the visitor must meet prior to resuming visits (e.g., reviewing the home's visitor policy, reviewing specific Public Health Ontario resources, etc.); and,
 - Be documented by BRHD staff, including any action taken to end the visit or temporarily prohibiting the visitor from returning.
 - Please follow the Visitor Code of Conduct (Appendix E)

Notes:

- *If BRHD has temporarily prohibited a caregiver, the resident/SDM may wish to designate an alternate individual as caregiver to help meet the resident's care needs.*
- *BRHD will discuss the procedures for addressing non-adherence by visitors with the resident and family members.*
- *During ~~the~~ a pandemic with high transmission of a highly contagious infection in the community, e.g., COVID-19, and when the home is in outbreak, meetings with Residents' Council are conducted separately for each care centre.*

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Other Related Policies/Plans

- ADM-VI-18 ~ Zero Tolerance to Abuse and Neglect of Residents
- INF-II-115. a. ~ Resident Absences, Admissions, Transfer/Readmission
- INF-II-116. c. ~ Handout – What to do if you have COVID-19 symptoms, or have a positive RAT
- INF-II-117 ~ Mask – Resident Use
- INF-II-118 ~ Routine Practices and Additional Precautions
- INF-II-120 ~ Cohorting of Residents and Staff
- INF-II-127 ~ Hand Hygiene Program

List of Appendices

Appendix A: BRHD Visitor Log

Appendix B: PHO Poster, ^{xv} including How to:

- **Perform Hand Hygiene Using Soap and Water**
Note: “How to Hand Wash” video also available; [How to Hand Wash \(Descriptive Video\)](#). Current as of May 29/25.
- **Perform Hand Hygiene using Alcohol Based Hand Rub (ABHR)**
*Note: “How to Hand Rub” video also available;
<https://www.publichealthontario.ca/en/videos/ipac-handrub>. Current as of May 29/25*
- **Put on Personal Protective Equipment (PPE) ~ “Contact Precautions”**
- **Take off Personal Protective Equipment (PPE) ~ “Contact Precautions”**
- **Put on FULL Personal Protective Equipment (PPE)**
*Note: “Putting on Full PPE” also available;
<https://www.publichealthontario.ca/en/Videos/I/2021/IPAC-FullPPE-On>. Current as of May 29/25.*
- **Take off FULL Personal Protective Equipment (PPE)**
*Note: “Taking off Full PPE” also available;
<https://www.publichealthontario.ca/en/Videos/I/2021/IPAC-FullPPE-Off>. Current as of May 29/25.*

Appendix C: Brochure ~ External Appointments, Tests and Transfers for Residents

Appendix D: Designated Caregiver Registration Form ^{xvii}

Appendix E: Visitors Code of Conduct (ADM-II-23)

Appendix F: COVID-19 Screening Tool ^{xviii} (3 pages)

Appendix G: Resident Safety Measures: What Residents Can Expect in BRHD ^{xix}

Appendix H: Resident Admissions and Transfers Algorithm ^{xx}

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Appendix A: BRHD Visitor Log

BRHD Visitor Log

* Please self-screen for any infectious disease, particularly respiratory infections, e.g., for COVID, Influenza, and RSV. The signs and symptoms of a respiratory infection are posted near this log. **If you failed the screening test and are not an essential visitor, please do not enter the Home.** If you failed the screening and are an essential visitor, please ask for appropriate PPE prior to entry. If you require assistance with putting on or taking off PPE, please ask for assistance.

[illegible]

Please forward completed log to Chris Burns, Administrative Assistant, who will retain the records for the past 30 days, at minimum.

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Appendix B: PHO Poster

How to: Perform Hand Hygiene Using Soap and Water ^c

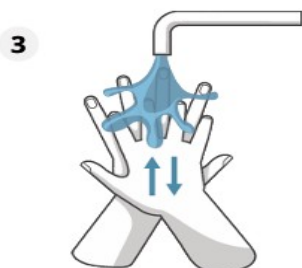
If hands are visibly soiled:



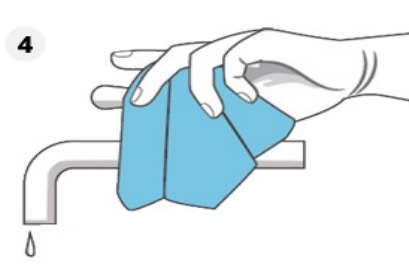
Wet hands with warm water and apply soap.



Clean all surfaces, palms, backs of each hand, fingertips, between fingers, and bases of thumbs for at least 15 seconds.



Rinse hands with water and pat dry with a paper towel.



Turn off the tap using a paper towel.

How to: Perform Hand Hygiene using Alcohol Based Hand Rub (ABHR)

If hands are not visibly soiled:



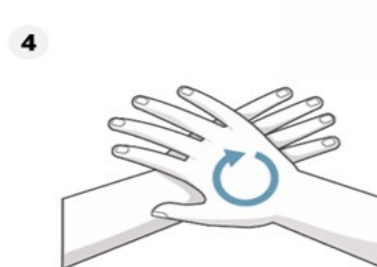
Apply 1-2 full pumps of product onto one palm.



Spread the product over all surfaces of hands.



Rub palms, backs of each hand, fingertips, between fingers, and bases of thumbs for at least 15 seconds.



Rub hands until the product is dry.

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How to:

Put On Personal Protective Equipment (PPE)



Contact Precautions

1 Perform Hand Hygiene

Use alcohol-based hand rub, or soap and water if hands are visibly soiled.



2 Put on Gown

Tie at neck and waist.



3 Put on Gloves

Pull glove over the cuff of the gown.



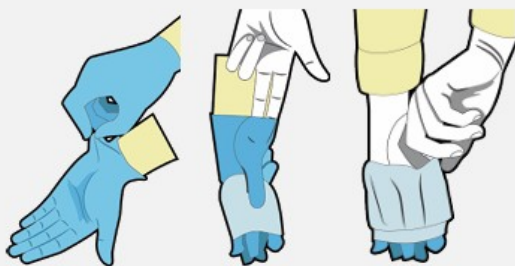
How to:

Take Off Personal Protective Equipment (PPE)



Contact Precautions

1 Remove Gloves



Take care not to touch your bare skin to the outside of the glove.

2 Remove Gown



Undo ties and pull gown away from body.

Carefully roll gown inside out, dispose into waste container.



Perform Hand Hygiene

Use alcohol-based hand rub, or soap and water if hands are visibly soiled.

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How to:

Put On Personal Protective Equipment (PPE)

1 Perform Hand Hygiene

Use alcohol-based hand rub, or soap and water if hands are visibly soiled.



2 Put on Gown

Tie at neck and waist.



3 Put on Mask / N95 Respirator



Secure ties, loops or straps and mould metal piece over nose.



Perform a seal check for N95 respirators.

4 Put on Protective Eyewear



Place eye protection over face and eyes and adjust to fit.

5 Put on Gloves

Pull glove over the cuff of the gown.



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

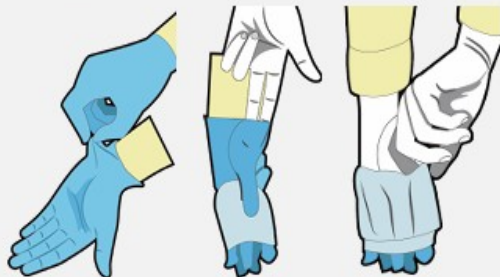
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How to:

Take Off Personal Protective Equipment (PPE)

1 Remove Gloves

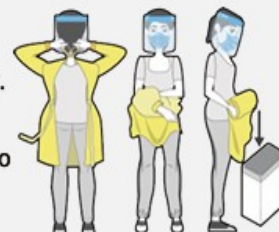
Take care not to touch your bare skin to the outside of the glove.



2 Remove Gown

Undo ties and pull gown away from body.

Carefully roll gown inside out, dispose into waste container.



Perform Hand Hygiene

Use alcohol-based hand rub, or soap and water if hands are visibly soiled.

3 Remove Protective Eyewear

Do not touch the front.

Carefully remove eyewear by pulling up and away from face and dispose into waste container.



4 Remove Mask / N95 Respirator

Take off using the ear loops/straps, pull forward away from face and dispose into waste container.



Perform Hand Hygiene

Use alcohol-based hand rub, or soap and water if hands are visibly soiled.

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

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Appendix C: Brochure ~ External Appointments, Tests and Transfers for Residents
(2 pages ~ Trifold format)

**Responsibilities regarding:
External diagnostic tests,
appointments, and non-urgent transfers of residents to hospital or alternate health care facility.**

If the resident/SDM, is aware of an external appointment for the resident, please inform the unit nurse ASAP.

When the nurse is aware of an external appointment that has been arranged for a resident, the nurse will:

- Inform the resident/SDM (primary contact) of the date and time of the appointment;
- Remind them of their responsibility to:
 - arrange and cover the cost associated for transportation and accompaniment to and from the appointment.
- Inform the nurse if they have cancelled the appointment/transportation.
- Notify the nurse prior to departure from BRHD for any pertinent information and to sign the resident out.
- Upon return from the appointment; sign the resident in, and inform the nurse of the outcome including any written or verbal information/instructions.

The resident/SDM are expected to follow their responsibilities, as outlined above.
For transportation options, please refer to "Patient Transfer Services" section in this brochure. For associated costs, please contact the service provider.

BRHD responsibilities: Communication services to our Deaf residents for external appointments will be provided. (subject to availability)

Urgent Transfers to Hospital

When a resident is transferred to the hospital, the nurse will:

- **Contact the resident's SDM/ Primary contact** and inform them of the hospital transfer, name of the hospital, and the reason.
- Advise the SDM/Primary Contact if they are able, they can meet the resident at the hospital, and obtain updates from the hospital regarding treatment, possible admission and discharge.

When the resident is ready to be discharged from hospital back to BRHD, it is the resident/SDM's responsibility to arrange and cover the associated costs for the resident's transportation back to BRHD.



Patient Transfer Services

The following transfer services are available through advance booking, and only for ambulatory or residents in a wheelchair, who require transportation to a medical appointment. Please contact the service provider for associated costs.

Overall Independence
705-331-5581

Red Cross
705-721-3313 ext. 5206

B.A.C.T.S
705-792-5033 Press #1
Note : You will need a client ID #, which Judy Drury can provide you with this at the reception desk, or by calling BRHD's main number 705-719-6700 during regular business hours.

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Patient Transfer Services

The following are non-urgent transfer services for residents with stable, non-urgent health conditions, who may require **stretchers, chair lifts or oxygen**. Please contact the service provider for associated costs.

RNR Patient Transfer Services:
705-327-0070, or
toll free 1-866-567-1001

Voyago Medical Transportation
1-855-263-7163 (all of Ontario)

Care-NET
249-989-4905 (STRETCHERS ONLY)



Wheelchair Accessible Taxi

Barrie Taxi
705-721-7777

The following Taxi companies can be contacted if a **mobile** resident wishes to attend an appointment unaccompanied or with an escort that does not want to drive to the appointment.
Note: The resident/SDM is responsible to make the Taxi arrangements.

Deluxe Taxi
705-728-4444

Barrie Yellow Taxi
705-733-8888



External Appointments, Tests and Transfers for Residents



This guide is intended to clarify expectations and responsibilities when a resident has diagnostic testing, appointments, and/or transfers to/from Bob Rumball Home for the Deaf (BRHD).



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Appendix D: Designated Caregiver Registration Form ^{ci} (Page 1 of 3)

Name of Resident: _____

Name of Caregiver: _____

Caregiver's Contact # _____

Caregiver's Email: _____

Name of SDM if different than Caregiver _____

Definition of a Caregiver: "caregiver" means an individual who,

(a) is a family member or friend of a resident or **a person of importance to a resident**,

(b) is able to **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*,

(c) **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,

(d) **is designated by the resident or the resident's substitute decision-maker** with authority to give that designation, if any, and

(e) **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.**^{cii}

- Caregivers are "essential visitors" and are allowed to visit their loved one in the Home when there is an outbreak in the Home, or area of a home, or when the resident has failed screening, is symptomatic or in isolation.^{ciii} Caregivers must follow the infection prevention and control (IPAC) practices when in the Home.
- Caregivers, when entering the Home must agree to sign in (*their name and contact info, the time and date of the visit, and the resident's name they are visiting*).^{civ} As required, caregivers should screen for communicable infections prior to entry. If infectious symptoms, please do not visit.
- Caregivers agree to testing for a communicable infection, if required by SMDHU or the MLTC.
- BRHD retains the right to set their own vaccination policy, which may change based on the advice of SMDHU or government orders. At this time, BRHD does not mandate visitors, including caregivers to be vaccinated against COVID-19 or Influenza. However, **caregivers are strongly encouraged to stay up to date with recommended doses of all vaccines**, including COVID-19 booster doses when eligible,^{cv} and annual influenza vaccination, as recommended ^{cvi} by the National Advisory Committee on Immunization (NACI).
Vaccinations and therapeutics (e.g., antiviral medication) substantially reduce the risk of severe outcomes, e.g., from COVID-19 and influenza, for yourself and particularly for the BRHD residents, who live in a high-risk congregate setting.
- BRHD does not require scheduling and will not restrict the **length or frequency of visits** by caregivers. Caregiver(s) may visit a resident who resides in an area of the Home in **outbreak, and/or is symptomatic or isolating**, under additional precautions. In these circumstances the caregiver(s) should confine their indoor visit to the resident's room, and not co-mingle with other residents or staff. Please note SMDHU may impose some visitor restrictions which must be followed.^{cvi}

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- **A caregiver should not visit any other home for 10 days after visiting:**
 - an individual with a confirmed case of a communicable disease, or
 - an individual experiencing infectious symptoms. ^{cviii}
- A resident/SDM may change a designation in response to a change in the:
 - Resident's care needs that are reflected in the resident's plan of care.
 - Availability of a caregiver, either temporary (e.g., illness) or permanent.

Note: Resident/SDM may not continuously change the caregiver to increase the number of people able to enter the home.

Please check the activities that you as a Caregiver will be performing:

___ supporting feeding, ___ mobility, ___ personal hygiene, ___ cognitive stimulation, ___ communication, ___ meaningful connection (*spiritual, emotional*), ___ relational continuity, ___ assistance in decision-making, ___ other (*If other describe: _____*).

Orientation /Training

By signing this form, the caregiver acknowledges that they:

- Have received the required **caregiver orientation** (*to be attached to this form*)
- Have read and will comply with the current version of **BRHD's Visitor Policy** (INF-II-115) and will read any future revised versions of the BRHD Visitor Policy, including Public Health Ontario poster Information^{cix} including How to:
- **Perform Hand Hygiene Using Soap and Water**

Note: "How to Hand Wash" video also available; [How to Hand Wash \(Descriptive Video\)](#). Current as of May 29/25.
- **Perform Hand Hygiene using Alcohol Based Hand Rub (ABHR)**

Note: "How to Hand Rub" video also available;
<https://www.publichealthontario.ca/en/videos/ipac-handrub>. Current as of May 29/25
- **Put on Personal Protective Equipment (PPE) ~ "Contact Precautions"**
- **Take off Personal Protective Equipment (PPE) ~ "Contact Precautions"**
- **Put on FULL Personal Protective Equipment (PPE)**

Note: "Putting on Full PPE" also available;
<https://www.publichealthontario.ca/en/Videos/I/2021/IPAC-FullPPE-On>. Current as of May 29/25.
- **Take off FULL Personal Protective Equipment (PPE)**

Note: "Taking off Full PPE" also available;
<https://www.publichealthontario.ca/en/Videos/I/2021/IPAC-FullPPE-Off>. Current as of May 29/25.
- And will undergo **additional training and/or re-training** related to their caregiver role at BRHD, including any infection prevention and control (IPAC) requirements while at BRHD (*indoors and outdoors*), that may be required, including but not limited to: physical distancing, respiratory etiquette, hand hygiene, IPAC practices, and proper use of PPE.
- Will ask for clarification and or retraining if unclear on the caregiver requirements.

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Complaint Process Policy ADM-V1-19 *(In the “Bob Rumball Home for the Deaf: Posting of Information in the Home” binder located in the front foyer or a hard copy of policy is available at the screening desk.)*

Date Completed: _____ Signature of Caregiver: _____

Parent or Legal Guardian of person under 16 years of age to become a caregiver, as applicable:
(Signature): _____ (Print Name) _____

Note: BRHD must retain the completed form as per the retention of records requirements (i.e., 7 years after the person is no longer a caregiver.)

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Appendix E: Visitors' Code of Conduct (ADM-II-23) ~ 3 pages

The **Visitors' Code of Conduct** applies to all visitors to the Bob Rumball Home for the Deaf (BRHD), so that all residents, staff and visitors are treated with **respect** and are not subject to bullying, harassment, intimidation, or abuse.^{cx} "Abuse includes threats, yelling, hitting, or making sexual or humiliating remarks."^{cx}

BRHD recognizes that being a resident, or visiting a loved one in the Home, may be personally difficult. "We acknowledge that loved ones may become emotional and angry when they are visiting and advocating for the resident.

Staff safety is uncompromising and **we have a zero tolerance for abuse, harassment and intimidation of our staff**. Comments and complaints are a positive means of affecting continuous improvement for review of our systems and practices.^{cxii} We encourage you to direct your comments or concerns to management or the nurse in charge, so it can be resolved peacefully. If you wish to make a complaint, we encourage you to view the "Process for Initiating Complaints" as posted on the bulletin board in the front vestibule area.

Visitor Requirements include, but are not limited to, the following.

- Visitors must **respect** the rights and needs of other residents, their loved ones, staff and volunteers. Show courtesy, politeness and honesty towards others. Show consideration and respect for the dignity and privacy of others.^{cxiii cxiv}
- "Visitors must follow the **health and safety rules** required by the Home.
- Visitors must **comply with the Visitor Policy** as posted on the BRHD Website,^{cxv} and as posted in the Front Lobby. This policy includes significant information on infection prevention and control (IPAC) practices and precautions, as well as other general information, including the signing in and out in the visitor log.
- **Do not** threaten, resist, intimidate, abuse, or intentionally interfere with BRHD staff in their official duties."^{cxvi}
- "**Refrain from** shouting, running, and other disruptive behaviour. Individuals exhibiting any offensive, abusive or threatening language or behaviour, or individuals suspected of being intoxicated or under the influence of drugs, will be asked to leave the Home."^{cxvii}
- "Keep noise to a minimum so as not to disturb others."^{cxviii}
- Visitors are **not allowed to** photograph or video-tape residents other than their loved one, staff or visitors, without their consent.
- General visitors younger than 14 years of age must be **accompanied by an adult**.
- "Visitors should **wear proper attire**. Shirt and shoes must be worn at all times."^{cxix}
- "The use of all smoke-related products are prohibited by visitors: including, but not limited to, cigars, e-cigarettes, vaporizers, tobacco and its derivatives and cannabis and its derivatives"^{cxx} inside BRHD and within nine metres (30 feet) of the entrance or exit of the Home.^{cxxi}
- "The following items are not permitted by visitors in the Home at any time:
 - Bicycle, tricycles, skateboards, roller/in-line skates
 - Weapons of any kind, and any other item deemed dangerous;
 - Any other item prohibited under Canada's Criminal Code."^{cxxii}
- "Do not promote, support or glorify hatred towards people based upon race, ethnicity, national origin, religion, gender, gender identity, disability, or sexual orientation (collectively considered

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“protected groups”) nor does it permit items or content that promote organizations or people with such views. Items or displays that contain racial slurs or derogatory language about protected groups are strictly prohibited.” ^{cxxiii}

Preventative Measures:

- Staff will:
 - Advise residents and their visitor where expectations may not be met.
 - Ensure that care and services provided to the resident are consistent with their assessed needs and plan of care.

“When Unacceptable Behaviour is Exhibited by a Visitor:

- Staff shall remain calm and advise the visitor that the conduct is unacceptable and request they stop the behaviour.
- If the behaviour persists, staff shall ask the visitor to leave.
- If the visitor refuses to leave, the staff will call the Police to assist the visitor to leave.
- Attendance at the Home by the visitor will not resume until there has been follow-up of the incident.” ^{cxxiv}
 - **Please note: BRHD has a duty to protect the residents from abuse by anyone, and neglect of a resident by the licensee or staff.** ^{cxxv}
 - **Immediate action must be taken by staff, in every alleged, suspected or witnessed incident of abuse, which includes but is not limited to:**
 - **Protect the resident victim,**
 - **Isolate and remove the offender / abuser**
 - **Report the incident to the Nurse / Nurse in Charge, who will follow the direction as outlined in Policy ADM-VI-18 “Zero Tolerance of Abuse and Neglect of Residents”.**
 - ***Barrie Police and the Ministry of Long-Term Care (MLTC) must be notified of any suspected or witnessed incident of abuse of a resident.** ^{cxxvi}

Follow Up:

The appropriate BRHD manager will:

- Organize a meeting and speak to the visitor concerned;
- Issue a letter to the visitor regarding the visitors conduct requiring the conduct to cease;
- If the conduct persists, advice will be given in writing that access to BRHD may result in temporary suspension of visiting privileges. ^{cxxvii}

Non-adherence to the Visitor Code of Conduct

- In exercising temporary suspension of visiting privileges, BRHD will take into consideration whether the non-adherence:
 - Can be resolved successfully by explaining and demonstrating how the visitor can adhere to the requirements.
 - 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 will:
 - Be made only after all other reasonable efforts to maintain safety during visits have been exhausted;

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- Stipulate the length of the prohibition;
- Clearly identify what requirements the visitor must meet prior to resuming visits (e.g., reviewing the home's visitor policy, and/or the Visitors Code of Conduct, and
- Be documented by BRHD staff, including any action taken to end the visit or temporarily prohibiting the visitor from returning.

Note: *If BRHD has temporarily prohibited a caregiver, the resident/SDM may wish to designate an alternate individual as caregiver to help meet the resident's care needs.*

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Appendix F: COVID-19 Screening Tool ^{cxxviii} (3 pages)

- Anyone who **does not pass screening** should be informed of this result and **should not be permitted to enter the home**. They should be advised to self-isolate, ideally at home, and call their health provider or Telehealth Ontario (1-866-797-0000) to get advice or an assessment, including if they need a COVID-19 test (if eligible). Refer to YES response to specific questions below.
 - **Exceptions:** Emergency services / first responders in emergency situations; BRHD residents returning home; and Compassionate/End-of-Life visitors, except those who failed screening due to federal quarantine requirements. EOL visitors who failed screening would be confined to the resident's room with full PPE (incl. surgical mask, shield/eye protection, gown) & IPAC measure restrictions (incl. hand hygiene, physical distance from staff & other residents).
1. In the last **10 days** have you experienced any of these symptoms (new, or worsening, not chronic or related to other known causes of conditions):
Fever and/or chills (temp of 37.8 or higher); cough or barking cough (croup); shortness of breath; Decrease or loss of smell or taste; muscle aches/joint pain; fatigue; sore throat; runny or stuffy/congested nose; headache; nausea, vomiting and/or diarrhea?
Yes___ / No___
. Select "No if all of these apply:
 - Since your symptoms began, you tested negative for COVID-19 on one PCR or rapid molecular test, or two RATs taken 24-48 hrs. apart; and
 - You do not have a fever; and
 - Your symptoms were improving for 24 hrs (48 hrs if nausea, vomiting, +/- diarrhea)
 2. Have you been told that you should currently be quarantining, isolating, staying at home, or not attending a high-risk setting (e.g., BRHD)? (Could be told by doctor, HCP, PHU, border agent, government authority) Yes___ / No___
Note: There are federal requirements for individuals who travelled outside Canada, even if exempt from quarantine. (<https://travel.gc.ca/travel-covid>)
 3. In the **last 10 days**, (regardless of whether you are currently self-isolating or not) have you tested positive for COVID_19, including on a RAT or a home-based self-testing kit? If you have since tested negative on a LAB-BASED PCR test, select "No". Yes___ / No___
 4. In the **last 10 days**, (regardless of whether you are currently self-isolating or not) have you been identified as a "**close contact**" or someone regardless of whether you live with them or not) who has tested positive for COVID-19 or have symptoms consistent with COVID-19?
Yes___ / No___

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Results of Screening Questions:

If the individual answered “**No**” to all applicable questions (1-4), the individual has passed the screening and can **enter the home**.

. All Individuals must wear the **appropriate PPE**, as required; and **self-monitor** for symptoms and report any symptoms immediately should they develop during the visit.

If the individual answered “**YES**” to ANY question from 1 through 4, see detailed instructions below.

- If you answered YES to question 1 or 2: you **must not enter the home**. You should **stay home (self-isolate)** until you do not have a fever and your symptoms have **been improving for at least 24 hours** (48 hours for nausea, vomiting, and/or diarrhea). If COVID-19 testing is available, **you should get tested, and seek treatment**, if eligible. If you **test positive for COVID-19**, you should not enter BRHD for **at least 10 days after developing symptoms** (or date of specimen collection, whichever is earlier/applicable) **AND** provided you have **no fever and other symptoms have been improving for at least 24 hours** (or 48 hours if vomiting/diarrhea).

General visitors are recommended to postpone non-essential visits to the LTCH for **10 days after developing symptoms, regardless of the results of their COVID-19 test results**, to reduce the risk of introduction of any respiratory pathogens into highest risk settings.

- **Exceptions**, where an individual should be permitted entry:
 - a **resident**, in which case they should be permitted entry but **isolated on additional precautions and tested for COVID-19**; or
 - a **Compassionate/End-of-Life visitor**, in which case they **must wear a well-fitted medical mask, N95 respirator or KN95 mask for the duration of their visit and maintain physical distance** from other residents and staff.
 - **staff on early return-to-work protocols** to address a critical staffing shortage.
- If you answered **YES to question 3**: you must **not enter the home**. You should **stay home and do not leave** except to get tested, visit a clinical assessment centre, or for a medical emergency. Follow any other guidance or directions that have been provided to you.
- If you answered **YES to question 4**:
 - Visitors should **postpone non-essential visits for 10 days after last exposure** to the individual with symptoms of COVID-19.
 - **Staff and essential caregivers (ECs)**:
 - May enter BRHD, while following the guidance below:
 - **Self-monitor** for symptoms for **10 days** from last exposure to the individual with COVID-19. **Self-isolate immediately if any symptoms develop**.
 - Wear a well-fitted medical mask or fit or non-fit tested **N95 respirator** or KN95 mask for the **duration of their time in the setting, and not remove their mask when in the presence of others, including staff** (i.e., not eating meals/drinking in shared spaces when in the presence of others).
 - Staff/ECs **close contacts with a household** (ongoing) exposure are recommended to **obtain an immediate PCR (or rapid molecular test) and re-test at Day 5 from initial**

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exposure if initial test was negative. Testing of staff/ECs close contacts with ***RAT daily for 10 days*** may be recommended as an ***alternative***.

- Staff should speak with **IPAC Practitioner** and follow their workplace guidance for return to work.
- If any of the answers to these screening questions change during the day, the individual should inform the nurse in charge of BRHD, go home to self-isolate immediately, and contact their health care provider or Telehealth Ontario (1-866-797-0000) to get medical advice or an assessment, including if they need a COVID-19 test.
- BRHD will maintain visitor logs of all visits to the home. (Visitor log includes, name and contact information of the visitor, time and date of the visit, and the purpose of the visit (e.g., name of resident visited). These records must be maintained for a period of at least 30 days.
- Any record created as part of worker screening may only be disclosed as required by law.

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Appendix G: Resident Safety Measures: What You Can Expect in BRHD



During non-outbreak times, all residents are invited to:

- Spend time with visitors and caregivers.
- Enjoy the company of visitors, indoors or outdoors, consistent with the BRHD's visitor policies.
- Participate in group social activities, dining and social gatherings.
- Have meals in the dining room, including meals together with their caregiver(s) and/or other visitors.
- Leave the home for all types of absences, and not have to be actively screened, tested or isolated upon their return to the Home, unless the resident is symptomatic.
- Have care provided, as outlined in the resident's plan of care, inside the Home by staff, students, volunteers and support workers.

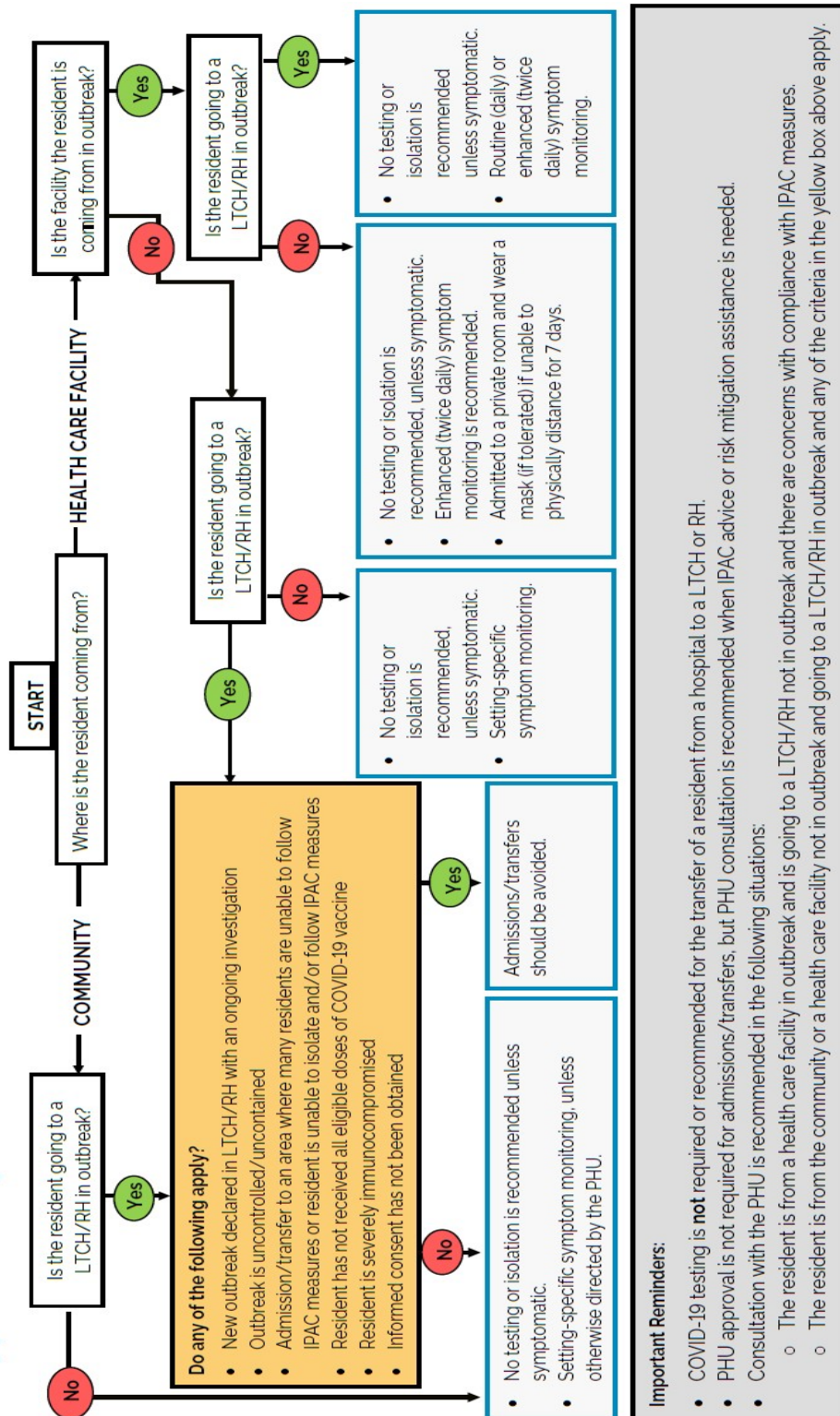
What measures are in place to make BRHD safe?

- Everyone must screen for symptoms of or exposure to infectious agents, including but not limited to COVID-19 and other infections.
- Everyone is required to follow the infection prevention and control (IPAC) routine practices, while in the Home, e.g., handwash/handrub with alcohol-based hand rub (ABHR) to promote safety and well-being. ^{CXXIX}
- Residents are monitored daily for infection.
- Staff, students, support workers and volunteers are required to conduct a point of care risk assessment (PCRA) prior to each resident interaction and task to determine whether there is a risk to the health care worker (HCW) or others of being exposed to an infectious agent, and determine the appropriate IPAC measures to take. ^{CXXX}

What if BRHD is in Outbreak? *

- Group activities, dining and social gatherings can continue in **non-outbreak areas** of the Home, if residents follow Simcoe Muskoka District Health Unit (SMDHU) measures and direction.
- For **outbreak areas** of BRHD, residents may be cohorted in small groups for all essential activities. Group activities for specific cohorts may continue if operationally feasible.
- Communal dining, non-essential activities and personal care services may be suspended or modified.
- Caregivers and essential visitors can still visit with the appropriate PPE.

Note: *Unless otherwise directed by the SMDHU.



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Endnotes

- ⁱ O. Reg. 246/22. s. 267 (1)(a).
- ⁱⁱ FLTCA. s. 3(1)6.
- ⁱⁱⁱ FLTCA. s. 3(1)11.
- ^{iv} FLTCA. s. 3(1)26.
- ^v MLTC. COVID-19 Guidance Document for LTCHs in Ontario. As of Mar. 31/23. pp.17-18.
- ^{vi} MLTC. COVID-19 Guidance Document for LTCHs in Ontario. As of Mar. 31/23. p.18.
- ^{vii} PHO. PIDAC. Routine Practices and Additional Precautions in All Health Care Settings, 3rd edition. Nov. 2012. pp. vii.
- ^{viii} Management of Cases and Contacts of COVID-19 in ON Nov. 30/22. v.15.1. s.6. Guidelines for Close Contacts.
- ^{ix} Oxford Dictionary.
- ^x [class-order-to-service-providers-of-vulnerable-settings-s-22-smdhu-final.pdf \(simcoemuskokahealth.org\)](#) p.1.
- ^{xi} [Disease outbreak - Wikipedia](#)
- ^{xii} [Pandemics: Definition, Prevention, and Preparation \(webmd.com\)](#)
- ^{xiii} COVID-19 guidance document for LTCHs in Ontario. As of Mar. 31/23. p.24.
- ^{xiv} COVID-19 guidance document for LTCHs in Ontario. As of Mar. 31/23. p.23.
- ^{xv} COVID-19 guidance document for LTCHs in Ontario. As of Mar. 31/23. p.23.
- ^{xvi} O. Reg. s.267(4).
- ^{xvii} PHO. PIDAC. Routine Practices & Additional Precautions in All Health Care Settings, 3rd edition. Nov.2012. pp. xi and 5.
- ^{xviii} [vaccine noun - Definition, pictures, pronunciation and usage notes | Oxford Advanced Learner's Dictionary at OxfordLearnersDictionaries.com](#)
- ^{xix} Minister's Directive: COVID-19 response measures for LTCHs. Dec. 23/22. Visitors.
- ^{xx} Ltchomes.net June 26, 2023. Revised Nov. 7/23 based on COVID-19 Guidance Document for LTCHs.
- ^{xxi} O. Reg. 246/22. s.267.(4).
- ^{xxii} Minister's Directive: COVID-19 response measures for LTCHs. Aug 30/22. Definitions.
- ^{xxiii} COVID-19 guidance document for LTCHs in Ontario. As of Mar. 31/23. p.19.
- ^{xxiv} O. Reg. 246/22. s.267. (1)(a)(d).
- ^{xxv} O. Reg. 246/22. s.4.
- ^{xxvi} O. Reg. 246/22. s.267(1)(b).
- ^{xxvii} O. Reg. 246/22. s.267(1)(b).
- ^{xxviii} O. Reg. 246/22. s.267(1)(d).
- ^{xxix} MLTC. COVID-19 Guidance Document for LTCHs in Ontario. As of Mar. 31/23. pp.19-20.
- ^{xxx} MLTC. COVID-19 Guidance Document for LTCHs in Ontario. As of Mar. 31/23. p.20.
- ^{xxxi} O. Reg. 246/22. s.4.b.
- ^{xxxii} O. Reg. 246/22. s. 267. (4) (c).
- ^{xxxiii} MLTC. COVID-19 Guidance Document for LTCHs in Ontario. As of Mar. 31/23. p.21.
- ^{xxxiv} Minister's Directive: COVID-19 response measures for LTCHs. Dec. 23/22. Visitors.
- ^{xxxv} MOH. https://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/LTCH_RH_guidance_PHU.pdf. P.24.
- ^{xxxvi} MLTC COVID-19 Response Measures. Frequently Asked Questions. June 26, 2023. p.7 of 9.
- ^{xxxvii} MLTC. COVID-19 Guidance Document for LTCHs in Ontario. As of Jun. 28/23. p.3.
- ^{xxxviii} MLTC. COVID-19 Guidance Document for LTCHs in Ontario. As of June 26/23. P14.
- ^{xxxix} [Can COVID-19 vaccines protect against the Omicron variant? \(medicalnewstoday.com\)](#)
- ^{xl} [Recommended immunization schedules: Canadian Immunization Guide - Canada.ca](#)
- ^{xli} [COVID-19 health sector guidance | ontario.ca](#). Last updated Mar. 12/25.
- ^{xlii} [How to book a COVID-19 vaccine appointment | Ontario.ca](#). Oct. 18/24.
- ^{xliii} [Handwashing - Clean Hands Save Lives | CDC](#)
- ^{xliv} MLTC. COVID-19 Guidance Document for LTCHs in Ontario. As of June 26/23. p.9.
- ^{xlvi} MLTC. COVID-19 Guidance Document for LTCHs in Ontario. As of June 26/23. p.9.
- ^{xlv} Infection Prevention and Control (IPAC) Standard for Long-Term Care Homes. April 2022. P. 17.
- ^{xlvii} MLTC. COVID-19 Guidance Document for LTCHs in Ontario. Mar. 4/24. p.7.
- ^{xlviii} MLTC. COVID-19 Guidance Document for LTCHs in Ontario. Mar. 4/24. p.8.
- ^{xlix} MLTC. COVID-19 Guidance Document for LTCHs in Ontario. Mar. 4/24. p.8.

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- ¹ MLTC. COVID-19 Guidance Document for LTCHs in Ontario. Mar. 4/24. p.10.
- ^{li} COVID-19 guidance document for long-term care homes in Ontario. Nov.2, 2023. Masking. p.8.
- ^{lii} <https://www.ontario.ca/laws/statute/05a11>.
- ^{liii} <https://www.ontario.ca/laws/statute/90h19>.
- ^{liv} [Fixing Long-Term Care Act, 2021, S.O. 2021, c. 39, Sched. 1 \(ontario.ca\)](#)
- ^{lv} [O. Reg. 246/22: GENERAL \(ontario.ca\)](#)
- ^{lvi} IPAC Standard for Long-Term Care Homes. Revised. September 2023.
https://ltchomes.net/LTCHPORTAL/Content/Snippets/2023-10-06-01-EN-IPAC_Standard_Fall_2023_Revisions.pdf.
- ^{lvii} MLTC. COVID-19 Guidance Document for LTCHs in Ontario. As of Jun 28/23. pp. 8-9.
- ^{lviii} MLTC. COVID-19 Guidance Document for LTCHs in Ontario. Jun. 26, 2023. p.11.
- ^{lix} MLTC. COVID-19 Guidance Document for LTCHs in Ontario. Jun. 26, 2023. p.11.
- ^{lx} MLTC. COVID-19 Guidance Document for LTCHs in Ontario. Jun. 26, 2023. p.12.
- ^{lxi} MLTC. COVID-19 Guidance Document for LTCHs in Ontario. Jun. 26, 2023. p.11.
- ^{lxii} O. Reg. 267(2).
- ^{lxiii} MLTC COVID-19 guidance document for LTCHs in Ontario. As of Mar. 31/23. pp.3.
- ^{lxiv} O. Reg. 246/22. s.267(2).
- ^{lxv} MLTC. COVID-19 Guidance Document for LTCHs in Ontario. Jun. 26, 2023. p.14.
- ^{lxvi} MLTC. COVID-19 Guidance Document for LTCHs in Ontario. Jun. 26, 2023. p.15.
- ^{lxvii} MLTC. COVID-19 Guidance Document for LTCHs in Ontario. Jun. 26, 2023. p.15.
- ^{lxviii} MLTC. COVID-19 Guidance Document for LTCHs in Ontario. Jun. 26, 2023. p.15.
- ^{lxix} COVID-19 guidance document for long-term care homes in Ontario. Nov.2, 2023. Communal Dining. p.9.
- ^{lxx} COVID-19 guidance document for long-term care homes in Ontario. Mar. 4/24. Group Activities. p. 10.
- ^{lxxi} https://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/LTCH_RH_guidance_PHU.pdf
- ^{lxxii} MLTC. COVID-19 Guidance Document for LTCHs in Ontario. Jun. 26, 2023. p.10.
- ^{lxxiii} MLTC. COVID-19 Guidance Document for LTCHs in Ontario. Jun. 26, 2023. pp.10-11.
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- ^{lxxv} https://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/docs/novel_coronavirus.pdf. Sept. 2023.
- ^{lxxvi} https://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/LTCH_RH_guidance_PHU.pdf. June 26/23.
- ^{lxxvii} PHO Poster. [How to: Put On and Take Off Personal Protective Equipment \(PPE\)](#).
- ^{lxxviii} PHO. “How to Hand Wash” video. [How to Hand Wash \(Descriptive Video\)](#). Current as of May 29/25.
- ^{lxxix} PHO. “How to Hand Rub” video. <https://www.publichealthontario.ca/en/videos/ipac-handrub>. Current as of May 29/25.
- ^{lxxx} PHO. “Putting on Full PPE” video. <https://www.publichealthontario.ca/en/Videos/I/2021/IPAC-FullPPE-On>. Current as of May 29/25.
- ^{lxxxi} PHO. “Taking off Full PPE” video. <https://www.publichealthontario.ca/en/Videos/I/2021/IPAC-FullPPE-Off>. Current as of May 29/25.
- ^{lxxxii} [COVID-19 Long-Term Care Resources | Public Health Ontario](#)
- ^{lxxxiii} O. Reg. 246/22. s.267. (3).
- ^{lxxxiv} O. Reg. 246/22. s.265. (1).10.
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- ^{lxxxvi} [Home \(B.R.H.D.\) - Bob Rumball Organizations](#) / BRHD website information section.
- ^{lxxxvii} O. Reg. 246/22 s.267.(1). (b).
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- ^{lxxxix} O. Reg. 246/22 s. 267. (2).
- ^{xc} O. Reg. 246/22. s.267. (3).
- ^{xci} MLTC. COVID-19 Guidance Document for LTCHs in Ontario. As of Mar. 31/23. pp. 18.
- ^{xcii} FLTCA. S. 3(1).
- ^{xciii} FLTCA. S. 3(1). #4.
- ^{xciv} FLTCA. S. 3(1). #11.
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