



# Long Term Care Policy

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## Designated Care Partners

**Date Approved:** March 2021

**Approved by:** Director of LTC

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**Scheduled for Review By:** 2022

**Replaces:** Jul, Sept, Oct, Nov, Dec/20

**Policy Number:** IX-N-10.46

**Manual:** Infection Prevention and Control

**Author:** Grey County

**Colour It Standard:** Organizational Safety

### References and Related Documents

[December 7, 2020 MOLTC Directive #3](#)

[November 23, 2020 MOLTC Visiting Policy](#)

[MOLTC Visitor Policy update to Directive 3 July 15 2020](#)

[Ministry of Long Term Care Directive #3 October 14, 2020](#)

[Updated LTC Sector Surveillance Testing Strategy November 19, 2020](#)

[FAQs: LTC Home Surveillance Testing November 19, 2020](#)

[MOLTC Resuming Visits in Long Term Care Homes](#)

[Hotel Dieu Grace Coordinated Care Program](#)

[Canadian Foundation for Healthcare Improvement #MoreThanAVisitor](#)

[South West Region Pandemic Planning Caregiver Outdoor Visiting Phase 1](#)

[Grey County Workplace Violence Prevention Program](#)

[Communicating with Visitors LTC Visitors](#)

[NIA Visitor Guidance Document](#)

[Ontario Caregivers Partners in Care](#)

### Forms

IX-N-10.46(a) Designated Care Partner Commitment FORM

IX-N-10.46(b) IPAC DCP Education Booklet

IX-N-10.46(c) Pandemic Visitation Phase 1-3

IX-N-10.46(d) Designated Care Partner Roles and Responsibilities Poster

IX-N-10.46(e) Grey County Visiting Charts

## Policy

The County of Grey Long Term Care homes aspire to provide exemplary care that enriches quality of life. The aim of managing visitors during a pandemic is to balance the need to mitigate risks to residents, staff and visitors with the mental, physical and

spiritual needs of residents. Resident Centered Care is an approach to the planning, delivery, and evaluation of health care that is grounded in mutually beneficial partnerships among health care providers, residents and families. Colour It Your Way is our promise to provide resident centered care.

Our care communities recognize the important role of families/loved ones as allies for safety, quality and acknowledges that connections are integral to the health, and overall wellbeing of each resident.

In response we have introduced the Designated Care Partner (DCP), this role will allow an expansion of visitors for residents whose health and overall wellbeing would benefit from a Designated Care Partner. A DCP is an individual who are not staff, an essential visitor nor on-site contractor that provide care and services to a resident in our home. In many cases, essential caregivers are family members.

Note: Essential Visitor is defined as including a person performing essential support services (i.e. food delivery, inspector, maintenance or health care services (i.e. phlebotomy) or a person visiting a very ill or palliative resident; including compassionate care that addresses the resident's physical, mental and overall wellbeing.

## Procedure

The following guidelines have been reviewed and revised in consultation with Public Health and our Clinical team and take into consideration the level of risk:

1. A Designated Care Partner for a resident is an individual:
  - Who provides care services to one resident, and
  - A DCP is an individual who are not staff, an essential visitor nor on-site contractor that provide care and services to a resident in our home. In many cases, essential caregivers are family members.
  - A DCP may be a family member of the resident but does not need to be one.
  - An individual may only be a Designated Care Partner for a resident at one long term care home at a time.
  
2. The clinical team and the resident and/or SDM identify aspects of the care plan that can be performed by a DCP.
  - Clinical team or designate will ask the resident and/or SDM for the name of two (2) individuals that will serve as the DCP.
  - If the identified DCP is not the SDM, consent to release information will be signed by the resident or SDM, allowing the care community to speak to the DCP regarding care plan using the current release of information form.

- Two (2) DCPs will be allowed to visit at a time during visiting hours unless otherwise determined by Ministry, Public Health or Grey County's Director of Long Term Care.
  - The team will determine the maximum number of DCPs that will be permitted on a wing/home area at a time (may vary from wing/home area to wing/home area).
  - There may be times when the DCP will be asked to temporarily leave the room if their roommate is in need of assistance.
  - Grey County endeavors to provide each resident with safe, high quality care and must ensure a safe environment for residents, staff, volunteers and members of the public at all times. For everyone's safety and protection Grey County has a Workplace Violence Prevention Program and Respectful Workplace policy and does not permit any kind of violence or aggressive behaviour. If DCP becomes aggressive or violent they may be asked to leave the premises.
  - A schedule will be developed to ensure fairness and equity among residents. This will be pre-communicated to the DCPs by the clinical team.
  - The need may arise to increase or decrease the program based on the conditions within the health care system, as well as individual resident care needs. This will be communicated to the DCPs and resident as soon as possible in the event that the care community needs to make adjustments.
  - If the home is in outbreak, a maximum of one (1) caregiver pre resident may visit at a time unless otherwise directed by Public Health.
3. Designated Care Partner visits may include, but are not limited to the following:
- Emotional support
  - Assistance with feeding
  - Assistance with mobility
  - Assistance with personal care
  - Communication assistance for persons with hearing, visual, speech, cognitive, intellectual or memory impairments
  - Visits for supported decision making
4. Expectations of the DCP
- Must be identified by the resident and/or SDM
  - Must be willing to participate in training and provide the care requested
  - DCP must be physically, cognitively, emotionally able to provide care elements identified.
  - Prior to participation, it will be mandatory for all DCPs to complete educational training on the following;

## IX-N-10-46 Designated Care Partners

- Infection Control practices, physical distancing, PPE use, respiratory etiquette, hand hygiene etc.
- Read, understand and agree to the DCP policy
- Review visitor policy monthly
- Participate in the COVID-19 testing/screening process as per provincial direction.
- A DCP must provide essential caregiver support to a resident in one long term care home at a time. (not in more than one healthcare location/site).
- DCPs will be actively screened for signs and symptoms of illness, including COVID19, prior to every entry into the care community.
- DCPs with signs or symptoms of illness or who fail the screening will not be permitted into the care community.
- DCPs must wear a surgical mask and gown (surgical mask and gown is appropriate if resident does NOT have COVID19 in their room.)
- DCPs shall go directly to the resident's room or designated area, remain there during the visit and exit the care community directly afterwards
- DCPs will only provide care to their loved one and care shall be provided according to the care plan for the resident
- All DCPs will be required to wear identification for the duration of their time in the care community. Note this ID is not transferable to another person.
- DCPs will be required to sign a commitment form that identifies the training that has been provided and that the DCP will adhere to all standards outlined.
- Violations of any of the above expectations may result in cancellation of the DCP.

### 5. Appeal Process for residents, families and DCPs

- In the event that a resident, and/or SDM, and/or DCP disagree with a determination of the Clinical Team decision to remove or decline access the following process will be followed:
  - Notice of the disagreement to a decision will be submitted to any member of the leadership team.
  - The notice will go to the Executive Director to review the details of the concern and make every attempt to rectify the concern. The Executive Director may include the Medical Director, Social Worker, BSO representative, Family Council representative, Resident Council representative as resources to support solution finding and decision making.
  - If no resolution the concern will go to the Director of Long Term Care. Final determination will be made regarding the concern and communicated to all the parties involved.



# DESIGNATED CARE PARTNER COMMITMENT

Resident Name: \_\_\_\_\_ Date: \_\_\_\_\_

Family Member/Caregiver Name: \_\_\_\_\_

**Care Service:**

- Direct Care (assisting with eating, bathing, exercise, etc.)
- Emotional Support
- Cognitive Stimulation
- Other (please specify): \_\_\_\_\_

How often do you expect to be in the home each week and length of visit (i.e. daily, twice a week, 1 hr., 4 hrs. etc.)? \_\_\_\_\_

Please provide additional information below:

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This commitment is between \_\_\_\_\_  
(Name of Designated Care Partner - Print)

and **name on care community.**

As a Designated Care Partner (DCP) for \_\_\_\_\_,  
(Resident Name)

- I will complete mandatory infection control training including the proper use of personal protective equipment prior to coming to the care community;
- I am physically, cognitively and emotionally able to provide the care elements that have been identified for the resident listed herein;
- I have read, understand and agree to the Grey County Designated Care Partner Policy.
- I will attest to a negative COVID 19 test within the two week period of visit.
- I will be screened for signs and symptoms of illness, including COVID-19, prior to every entry into care community;
- I will wear identification at all times;
- I will go directly to the resident room, remain there during the visit and exit the facility directly afterward;
- I will not move throughout the care community
- I will follow infection control practices such as hand hygiene, respiratory etiquette, proper utilization of personal protective equipment (PPE) and safe physical distancing while on site;

The Care Community's commitment

We will:

- Respectfully work with visitors and treat them with kindness and compassion
- Provide education to visitors on the safe and proper use of PPE, hand hygiene, physical distancing and respiratory etiquette
- Screen all visitors according to Directives and/or policies prior to visiting
- Provide enhanced cleaning and ensure all IPAC protocols are in place
- Communicate in a timely and transparent way to ensure visitors and LTC residents are made aware of any changes to visiting guidelines
- Continue to ensure additional ways for LTC residents to remain connected with you
- (window visits, virtual visits, outdoor, indoor, etc.) to compensate for limited visits

I have read, understand and agree to the above-listed requirements. I also understand that failure to meet these expectations may jeopardize the safety and wellness of others and will result in immediate termination of the relationship between me and this provider/organization.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 2020

\_\_\_\_\_  
Designated Care Partner Signature

\_\_\_\_\_  
Executive Director or Designate signature

# 2020 Infection Control & Prevention

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## Colour It Designated Care Partners



# County of Grey

## Mission

To help you colour your life your way!

## Vision

To be the place where people feel genuinely at home and naturally inspired.

## Purpose

We're committed to the coordinated, responsive and cost-effective services that strengthen the economic, social, environmental, and cultural health of all our diverse communities.

## Values

### *Leadership*

- Lead by example
- Accountable for our actions

### *Teamwork*

- Support collaboration
- Foster resource sharing, service excellence, and innovation

### *Communication*

- Listen actively to others
- Share information in an honest, timely and fair manner

### *Respect*

- Recognize and embrace diversity and unique strength within our rural, urban and small town communities

### *Fiscal Responsibility*

- Use resources wisely
- Invest responsibly in the future



## Director's Message

This course book is intended to provide the necessary training for COVID 19 Infection Prevention and Control measures to ensure the safety of our residents, families, staff and communities.

The Ministry of Long Term Care (MOLTC) released an updated version of Directive #3 on August 28, 2020 and the Resuming Visits in Long Term Care on September 2, 2020 and a MOLTC Visitor Policy on July 15, 2020. These documents along with consultation with our clinical teams and Public Health have helped our homes prepare for essential visits and essential caregivers.

We wish to give you the necessary tools and knowledge to assist with the prevention and spread of COVID19 while providing you the opportunity to be in the home, with your loved one during their time of need. Families and caregivers are essential to the physical, emotional, social and spiritual wellbeing of our residents. It is my commitment that Grey County Long Term Care will do our part to keep family caregivers and residents engaged and involved as partners in care while maintaining the health and safety for all our residents and our team members.

If you have any questions or concerns, please contact myself or a member of the Leadership team.

Thank you for your patience, stay well.



Jennifer Cornell  
Director of Long Term Care  
[Jennifer.cornell@grey.ca](mailto:Jennifer.cornell@grey.ca)

# Colour It Standards

## **C**ommunity

We will work with you to create a sense of community when you choose to move home to our address.

## **O**ppportunity

We will provide meaningful opportunities for you to continue your life interests, connections and values

## **L**eadership

We will stretch ourselves, our services and Long Term Care communities to provide skilled, compassionate leadership for our teams and for you.

## **O**rganizational Quality/Safety

We will ensure all our services and programs are within the quality and safety standards established by the Ministry of Labour, MOHLTC and Grey County.

## **U**are the Centre of All We Do

We will focus our care and services on helping you be the best you can be physically, mentally and psychologically.

## **R**elationships

We will be courageous in creating relationships that work, are respectful, and deserving of trust.

We will include your friends and families as key to your life and our community.

## **I**ntegrity

We will listen to you and be responsive to your concerns and ideas.

## **T**ogether for Tomorrow

We will engage in appropriate research to help continuously advance our ability to be the home that truly enables you to colour your life your way.

## KNOW THE FACTS

# ABOUT CORONAVIRUS DISEASE (COVID-19)

COVID-19 is an illness caused by a coronavirus. Human coronaviruses are common and are typically associated with mild illnesses, similar to the common cold.

Symptoms of human coronaviruses may be very mild or more serious, such as:



**FEVER**



**COUGH**



**DIFFICULTY BREATHING**

Symptoms may take up to 14 days to appear after exposure to the virus.

Coronaviruses are most commonly spread from an infected person through:

- ▶ respiratory droplets when you cough or sneeze
- ▶ close personal contact, such as touching or shaking hands
- ▶ touching something with the virus on it, then touching your eyes, nose or mouth before washing your hands

These viruses are not known to spread through ventilation systems or through water.

The best way to prevent the spread of infections is to:

- ▶ wash your hands often with soap and water for at least 20 seconds;
- ▶ avoid touching your eyes, nose or mouth, especially with unwashed hands;
- ▶ avoid close contact with people who are sick;
- ▶ cough and sneeze into your sleeve and not your hands; and
- ▶ stay home if you are sick to avoid spreading illness to others.

### For more information on coronavirus:

1-833-784-4397

[canada.ca/coronavirus](https://canada.ca/coronavirus)

[phac.info.aspc@canada.ca](mailto:phac.info.aspc@canada.ca)



Public Health  
Agency of Canada

Agence de la santé  
publique du Canada

Canada

<b>TITLE:</b>	<b>Novel Coronavirus – COVID-19 Prevention &amp; Management Grey County</b>	<b>POLICY #:</b>	<b>IX-N-10.40</b>
		<b>PAGE:</b>	<b>1 of 7</b>
MANUAL ORIGINAL ISSUE:	LTC Infection Prevention & Control March 2020	APPROV. AUTH:	Director of LTC
PAST REVISIONS:	Mar/20, Apr/20, May/20, Jul/20, Sep/20, Oct/20, Nov/20	SCOPE:	All Care Communities
CURRENT REVISION:	December 2020		

**POLICY:**

The prevention and management of COVID-19 will be implemented across all care communities.

Residents who wish to leave the care community on short stay absences and temporary absences must have leaves approved by the Executive Director/Director of Care based on provincial health authority and/or Public Health requirements. See applicable Leave of Absence Guidelines-COVID-19 (IX-N-10.40(h), (i), IX-N-10.46(d), (e)) for details on the steps required in ON.

**DEFINITIONS:**

A novel coronavirus (Sars-CoV-2) is a new strain of coronavirus that has not been previously identified in humans. The new, or “novel” coronavirus, now called COVID-19, had not been previously detected before the outbreak was reported in Wuhan, China, in December 2019.

COVID-19 is likely to be introduced into care communities through contact with visitors and team members who may have come into direct contact with an individual who is infected with COVID-19 through travel to affected areas.

COVID-19 cases and clusters demonstrate that Droplet/Contact transmission are the routes of transmission. There is no evidence that COVID-19 is transmitted through the airborne route.

There is currently no vaccine or specific treatment for COVID-19 infection available. Treatment for COVID-19 infected individuals is supportive care and tailored to the care needs of each infected person. The decision to transfer a COVID-19 positive resident to hospital will be based on resident health status and physician/NP direction.

In order to decrease transmission of COVID-19, it is recommended that everyone practice physical distancing. Physical distancing involves taking steps to limit the number of people you come into close contact with and maintaining a 2 metre (6 feet) distance from each other.

**PROCEDURE:**

**Screening & Surveillance**

Active screening is done for team members, volunteers, contractors, private companions, and visitors to all care communities using the Visitor/Team Member Sign-In/Active Illness Screening

Forms (IX-D-10.50(a), (b), (c), (d). All residents, upon entry, re-entry, and return from Leave of Absence will also be required to have active screening completed.

**NOTE:** The active screening process is mandated by Public Health and may change as COVID-19 evolves. Provincial mandates will supersede local practice as the highest authority where applicable.

**ON:** Residents transferred from hospital to long term care communities are required to have COVID-19 testing prior to the resident being transferred back to the care community and remain on isolation x14 days.

The Executive Director will:

- 1) Ensure the coordination of education and training materials and communication of content on COVID-19 is shared with team members, visitors, and residents.
- 2) Ensure active screening is in place for team members, residents, and visitors as directed by Public Health/provincial mandates.
- 3) Report any outbreak notifications and changes in directions during outbreak to the Infection Control Lead and Director of LTC.
- 4) **ON:**
  - a. Review and approve/deny any resident request for a short stay/temporary leave of absence from the care community.
  - b. Communicate in writing the reason for refusal of the short stay/temporary leave if applicable.
  - c. Post the care community's COVID-19 Best Practices Audit upon completion to the Colour It Report in the respective care community Alfresco folder, with file named and dated appropriately.

The Infection Control Lead/Director of Care will:

- 1) Reinforce best practices for infection prevention and control to reduce the spread of infections, including:
  - Hand Hygiene Program compliance
  - Proper use of PPE (donning and doffing)
  - Cough etiquette
  - Avoiding close contact with affected individuals
  - Avoiding touching of face
- 2) Monitor Active Illness Screening Records (residents, team members, visitors) and daily resident surveillance records for infections, including respiratory illnesses, typical and atypical signs and symptoms that may be linked to COVID-19. See attached Surveillance Guidance document for the typical and atypical signs and symptoms of COVID-19.
- 3) Review and analyze this data on an ongoing basis to identify any clusters.
- 4) Immediately contact the local Public Health Unit to determine if exposure to COVID-19 has occurred.
- 5) Ensure team members initiate the checklist for probable and/or confirmed procedures when a probable/confirmed resident is identified at the care community.
- 6) Follow policies and procedures as outlined in the Infection Prevention & Control Manual and Public Health Unit directions should a probable/confirmed case of COVID-19 occur at a care community.

- 7) Complete and save the Public IPAC Audit and the COVID-19 Best Practices Audit (IX-N-10.40(g)) in the Colour It Report monthly and when the care community is in outbreak (beginning and end). Notify ED upon completion of audit.

The Personal Support Worker/Resident Care Aide will:

- 1) Report any respiratory signs and symptoms of infections noted when observed and in caring for residents.
- 2) Report any typical and atypical symptoms of COVID-19.
- 3) Document in resident's health record any change in resident's health status.
- 4) Follow precautions in place as directed by the nurse. For a COVID-19 positive resident, follow droplet and contact precautions.

The Nurse or designate will:

- 1) Conduct active screening on all residents upon entry, re-entry, and return from leave of absence.
- 2) Document twice daily the findings of active screening on the electronic Active Illness Screening Assessment in the resident health record.
- 3) Isolate and place on droplet and contact precautions all resident move-ins and returns from hospital transfers for 14 days.
  - a. Where possible, isolate resident to a single room.
  - b. Conduct COVID-19 testing for negative residents on move in from the community/hospital or return from hospital on day 14. Maintain isolation precautions until a negative result is received. Refer to the Move-In Checklist & Return from Hospital Checklist requirements.
- 4) Conduct further assessments for any resident who failed the Active Illness Screening questions.
  - a. Immediately isolate and place resident on droplet and contact precautions.
  - b. Conduct COVID-19 testing for symptomatic residents and roommates/close contacts as directed by Public Health/provincial mandates.
  - c. Notify the Infection Prevention & Control Lead/Physician/NP of the failed screening results and further clinical findings.
  - d. Monitor and assess residents with signs and symptoms of atypical findings that may indicate COVID-19 infection.
- 5) Follow in house surveillance procedures for any resident who failed the active screening.
- 6) Conduct further clinical assessment for COVID-19 positive residents and document daily using the electronic Resident Daily Status Assessment until COVID-19 is resolved.
- 7) Review and analyze this data on the surveillance records on an ongoing basis to identify any clusters and report to the Infection Prevention & Control Lead/designate.

All Team Members will:

- 1) Self-monitor for symptoms of COVID-19 at home.
- 2) Report to their manager any acute respiratory symptoms (for example, fever, cough, shortness of breath) and not come to work.
- 3) If symptomatic, follow their manager's direction on when to return to work.
- 4) Participate in active screening processes when they enter the care community.

Personnel assigned to the entrance of the care community to conduct active screening will:

- 1) Conduct active screening on all team members, volunteers, contractors, and visitors to the care community as outlined by Public Health.

- 2) Restrict access to the care community for those who fail the active screening.
- 3) Report any failed screening results to the nurse/designate for further investigation.

## **Cleaning & Disposal Procedures**

### Resident belongings and equipment:

- All reusable equipment and supplies, electronic games/toys, exercise equipment, and personal belongings, etc., will be dedicated to use for the resident with signs and symptoms and exposure criteria consistent with COVID-19.
- If resident equipment is shared, the equipment and supplies should be cleaned and low-level disinfected before reuse.
- Items that cannot be appropriately cleaned and disinfected should be discarded upon resident transfer or move-out of the care community.
- Single-use disposable equipment should be discarded into a no-touch waste receptacle after use.

### Handling linen, dishes, and cutlery:

- No special precautions are recommended; routine practices are sufficient.

### Waste Management:

- No special precautions are recommended; routine practices are sufficient.

## Laundering

All team members excluding laundry aides dealing with soiled bedding, towels, and clothes from resident with COVID-19 will:

- Wear disposable gloves when handling dirty laundry from an ill person and then discard after each use, with hand hygiene immediately after.
- If possible, do not shake dirty laundry. This will minimize the possibility of dispersing virus through the air.
  - Dirty laundry from an ill person can be washed with other people's items and does not require separation.
- If there is any solid excrement on the linen, such as feces or vomit, scrape it off carefully with a flat, firm object and put it in the commode or designated toilet/latrine before putting linen in the designated container. If the latrine is not in the same room as the resident, place soiled excrement in covered bucket to dispose of in the toilet or latrine.
- Never carry soiled linen against body; place soiled linen in a clearly labelled, leak-proof container (e.g. bag, bucket).

The Laundry Aide/Care Attendant or designate will:

- 1) Wear appropriate personal protective equipment, which includes heavy-duty gloves, mask, eye protection (face shield/goggles), long-sleeved gown, apron (if gown is not fluid resistant), boots or closed shoes before touching any soiled linen.
- 2) Launder items as appropriate in accordance with the manufacturer's instructions. If possible, launder items using the warmest appropriate water setting (90° Celsius x10

minutes or 70° Celsius x25 minutes) for the items and dry items completely. If hot water not available, soak linen in 0.05% chlorine for approximately 30 minutes.

The Housekeeping Team will:

- 1) Increase cleaning and disinfection procedures for high touch surfaces during respiratory outbreaks including COVID-19 to at least twice daily and when soiled.
- 2) Follow cleaning processes for residents who move in, transfer, and are discontinued from contact and droplet precautions.



## Personal Protective Equipment

As per provincial health authority directives, the minimum requirement for PPE during the COVID-19 Pandemic in long term care communities is:

- **ON:** Universal surgical mask

The chart below highlights the recommendations for long term care communities. Adopted from the Updated IPAC Recommendations for Use of Personal Protective Equipment for Care of Individuals with Suspect or Confirmed COVID-19.

With each resident encounter, the Four Moments of Hand Hygiene must be performed:

<https://www.publichealthontario.ca/-/media/documents/bp-hand-hygiene.pdf?la=en>

Setting	Individual	Activity	Type of PPE or Procedure
Long Term Care Community	Healthcare worker	Providing direct care to suspected, probable, or confirmed COVID-19 positive residents including nasopharyngeal and oropharyngeal swab collection	Droplet & Contact precautions, including: <ul style="list-style-type: none"> <li>- Surgical/procedure mask</li> <li>- Isolation gown</li> <li>- Gloves</li> <li>- Eye protection (goggles or face shield)</li> </ul>
	Providing CPAP/BIPAP and/or open suctioning to suspected or confirmed COVID-19 positive resident	Providing CPAP and/or open suctioning to suspected, probable, or confirmed COVID-19 positive resident	<ul style="list-style-type: none"> <li>- Droplet and Contact precautions using an N95 respirator when providing CPAP/BIPAP</li> <li>- Manage in single room with door closed</li> <li>- Keep number of people in the room during the procedure to a minimum</li> </ul>
	Environmental Service workers	When entering the room of a resident with suspected, probable, or confirmed COVID-19	Droplet and Contact precautions, including: <ul style="list-style-type: none"> <li>- Surgical/procedure mask</li> <li>- Isolation gown</li> <li>- Gloves</li> <li>- Eye protection (goggles or face shield)</li> </ul>
	Administrative areas	Administrative tasks that do not involve contact with resident suspected, probable, or confirmed COVID-19	<ul style="list-style-type: none"> <li>- No additional PPE required</li> <li>- Universal surgical mask in place.</li> </ul>
	Visitors	Entering the room of a suspected, probable, or confirmed COVID-19 positive resident  Should be kept to a minimum	Droplet and Contact precautions, including: <ul style="list-style-type: none"> <li>- Surgical/procedure mask</li> <li>- Isolation gown</li> <li>- Gloves</li> <li>- Eye protection (goggles or face shield)</li> </ul>

## **SURVEILLANCE GUIDANCE – DEFINITIONS**

The following information is for surveillance purposes. It is not intended to replace clinical or Public Health practitioner judgment in individual assessment and management.

### **Suspected Respiratory Illness**

- Anyone with upper or lower respiratory symptoms such as fever, cough, shortness of breath, etc.  
**AND**
  - The person has been tested for COVID-19 (Isolation precaution for 14 days or when their results come back as directed by Public Health)**OR**
  - The person has NOT been tested for COVID-19 (Isolation precaution for 5 days or whenever symptoms resolved, whichever is shorter). Also reference the *Defining an Outbreak* policy in the Infection Prevention & Control Manual.

### **Case Definition – Novel Coronavirus (COVID-19)**

#### **Probable Case**

A person (**who has not had a laboratory test**) with symptoms compatible with COVID-19 (see below for typical and atypical symptoms **AND**

- i. Traveled to an affected area (including inside of Canada) in the 14 days prior to symptom onset; **OR**
- ii. Close contact with a confirmed case of COVID-19 (see footnote 2); **OR**
- iii. Lived in or worked in a facility known to be experiencing an outbreak of COVID-19; **OR**
- iv. A person with symptoms compatible with COVID-19 (see below for typical and atypical symptoms) **AND** In whom laboratory diagnosis of COVID-19 is inconclusive.

#### **Confirmed Case**

- A person with laboratory confirmation of COVID-19 infection.

New evidence regarding the case definition for COVID-19 has emerged indicating that signs and symptoms of COVID-19 may present differently in seniors. Note below the typical and atypical signs and symptoms that service and clinical team members should be observing and assessing for. Upon observation of any of these indications, a full assessment must be conducted.

#### **Common Symptoms of COVID-19 include:**

- Fever (temperature of 37.8°C or greater)
- New or worsening cough
- Shortness of breath (dyspnea)

**Other Symptoms of COVID-19 can include:**

- Sore throat
- Difficulty Swallowing
- New olfactory or taste disorders
- Nausea/vomiting, diarrhea, abdominal pain
- Runny nose, sneezing, or nasal congestion – in absence of underlying reason for these symptoms such as seasonal allergies, post nasal drip, etc.
- Clinical or radiological evidence of pneumonia

**Atypical Symptoms:**

- Unexplained fatigue/malaise
- Delirium (acutely altered mental status and inattention)
- Unexplained or increased falls
- Acute functional decline
- Exacerbation of chronic conditions
- Digestive symptoms, including nausea/vomiting, diarrhea, abdominal pain
- Chills
- Headaches
- Conjunctivitis

**Atypical Signs (synthesized for seniors' care):**

- Decrease in blood pressure
- Unexplained hypoxia (even mild < 90%)

# Personal Protective Equipment (PPE)

Isolation PPE Sequence:

## DON PPE from top to bottom

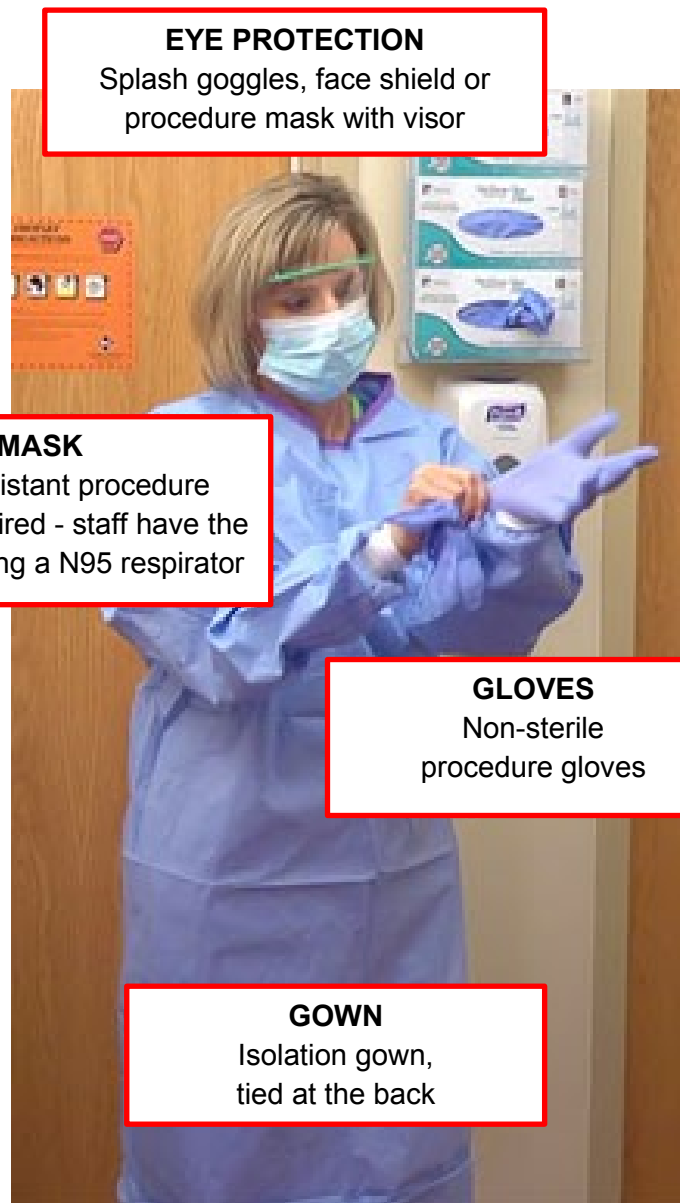
1. Gown
2. Mask
3. Goggles
4. Gloves

## DOFF PPE in Alphabetical Order

1. Gloves
2. Goggles
3. Gown
4. Mask

## Use only articles required for each isolation level

- **CONTACT**
  - gown and gloves
- **DROPLET**
  - mask, gown and gloves, goggles
- **AIRBORNE**
  - gown, gloves & respirator



### EYE PROTECTION

Splash goggles, face shield or procedure mask with visor

### MASK

A fluid resistant procedure mask is required - staff have the option of using a N95 respirator

### GLOVES

Non-sterile procedure gloves

### GOWN

Isolation gown, tied at the back

# HOW TO APPLY A MASK

1



**ALWAYS WASH YOUR HANDS WITH HAND SANTIZIER OR SOAP AND WATER BEFORE PUTTING ON AND REMOVING A MASK.**

2



**MAKE SURE THE MASK IS COMPLETELY COVERING YOUR NOSE, MOUTH, AND CHIN, WITH THE COLOURED SIDE FACING OUT.**

3



**PINCH THE MASK AT THE BRIDGE OF YOUR OF YOUR NOSE TO KEEP IT SECURE.**

4



**TO REMOVE A USED MASK, HOLD ONLY THE EAR LOOPS AND LIFT AWAY FROM YOUR FACE.**

5



**CHANGE AND DISPOSE OF YOUR MASK IF IT BECOMES SOLIED OR WET.**

6



**WASH YOUR HANDS WITH HAND SANTIZIER OR SOAP AND WATER AFTER DISPOSING THE USED MASK IN A DESIGNATED PPE TRASH CAN.**

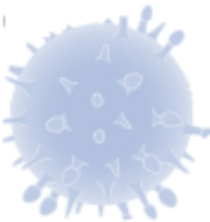
# Cover Your Cough

Stop the spread of germs that make you and others sick!



Cough or sneeze into your sleeve, NOT your hands

or



Cover your mouth and nose with a tissue and put your used tissue in the waste basket

## Clean your hands after coughing or sneezing



or



Wash your hands with soap and warm water for 20 seconds. If soap and water are not available use an alcohol-based hand rub.



You may be asked to put on a face mask to protect others.

## Coronavirus Disease 2019 (COVID-19)

# Physical Distancing

### What is physical distancing?

- Physical distancing means keeping our distance from one another and limiting activities outside the home.
- When outside your home, it means staying at least 2 metres (or 6 feet) away from other people whenever possible.



### Staying connected from home

- Work from home, if possible.
- Stay in touch with friends and family through phone, instant messaging or video chat.
- Host virtual playdates or take your children on a virtual museum tour.
- Spend time reading, playing board games and watching movies.
- Support neighbours who may feel anxious or isolated at this time by connecting virtually or at a distance.



### If you must leave your home

- Travel to the grocery store, pharmacy and bank only when essential and limit the frequency.
- Use delivery services where possible. When picking up food or a prescription, call ahead so it is ready when you arrive. Use tap to pay, if possible.
- Greet neighbours and friends with a smile, wave, bow or nod.
- If you are working, discuss any concerns about physical distancing with your employer or supervisor.
- Travel by car, bike or walk, where possible. If you need to take public transit, try to travel during non-peak hours and take shorter trips.
- Limit the number of people on an elevator.
- Exercise at home or outdoors, but not with a group.
- Go for an on-leash walk with your pet or take your child for a neighbourhood walk, while maintaining distance from other people.
- Always clean hands with alcohol-based hand sanitizer, or soap and water when you return home.

## Things to avoid



Non-essential trips outside your home



Hugging or shaking hands



Crowds or gatherings



Visiting friends



Sharing food or utensils



Engaging in group activities or sports



Visiting popular destinations



Play dates, parties or sleepovers

## Physical distancing and your mental health

Physical distancing disrupts our normal social routines. During times of uncertainty and change, it is normal for people to worry. If you begin to notice signs of depression or hopelessness in yourself or a loved one, please seek help. Get support if you need to talk. For more information see:

- [Take Care of Yourself and Each Other](#)
- [Resources for Ontarians Experiencing Mental Health and Addictions Issues during the Pandemic](#)

Physical distancing, when combined with proper hand hygiene and cough etiquette, has been shown to limit the spread of COVID-19. If you are self-isolating because you have symptoms of COVID-19 or you may have been exposed to COVID-19, see [How to Self-Isolate](#).

## Learn about the virus

COVID-19 is a new virus. It spreads by respiratory droplets of an infected person to others with whom they have close contact such as people who live in the same household or provide care. You can also access up to date information on COVID-19 on the Ontario Ministry of Health's website: [ontario.ca/coronavirus](https://ontario.ca/coronavirus).

The information in this document is current as of April 2, 2020

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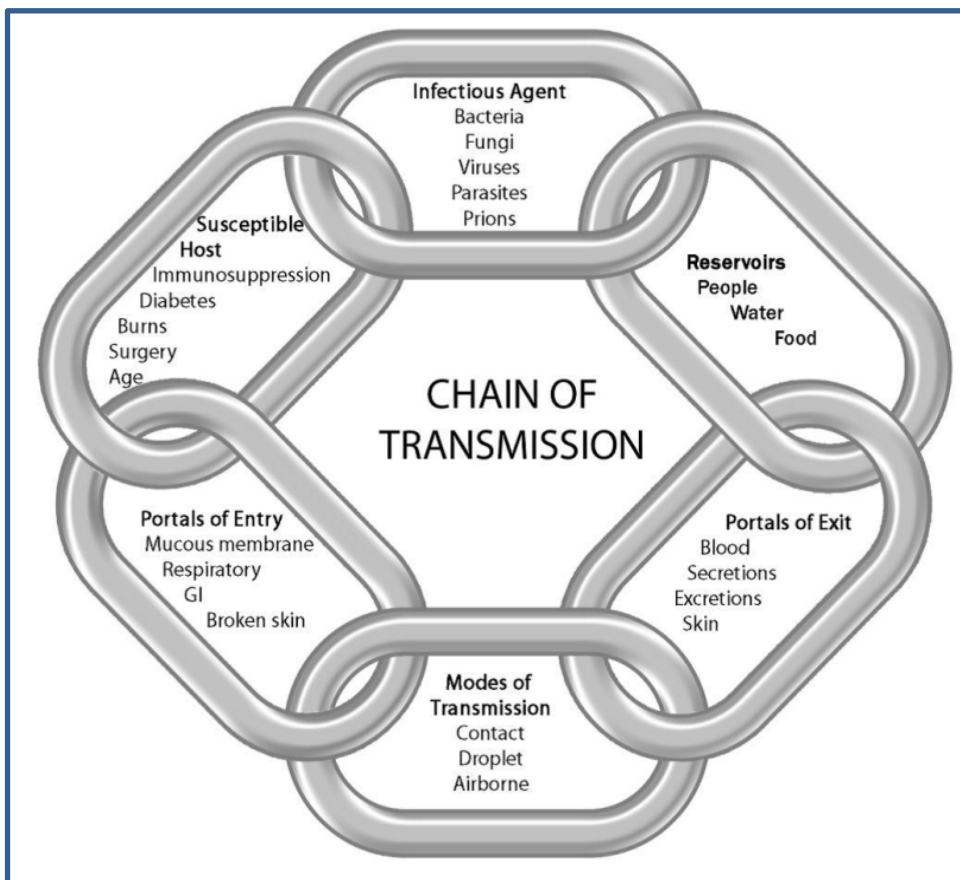
# Infection Prevention

## Chain of Transmission

The chain of transmission of microorganisms and subsequent infection within the care community may be likened to a 'chain', with each link in the chain representing a factor related to the spread of microorganisms. Transmission does not take place unless all six of the elements in the chain of transmission are present (see Figure 1). By eliminating any of the six links, or '*breaking the chain*', transmission does not occur (see Figure 2).

**Figure 1: The Chain of Transmission**

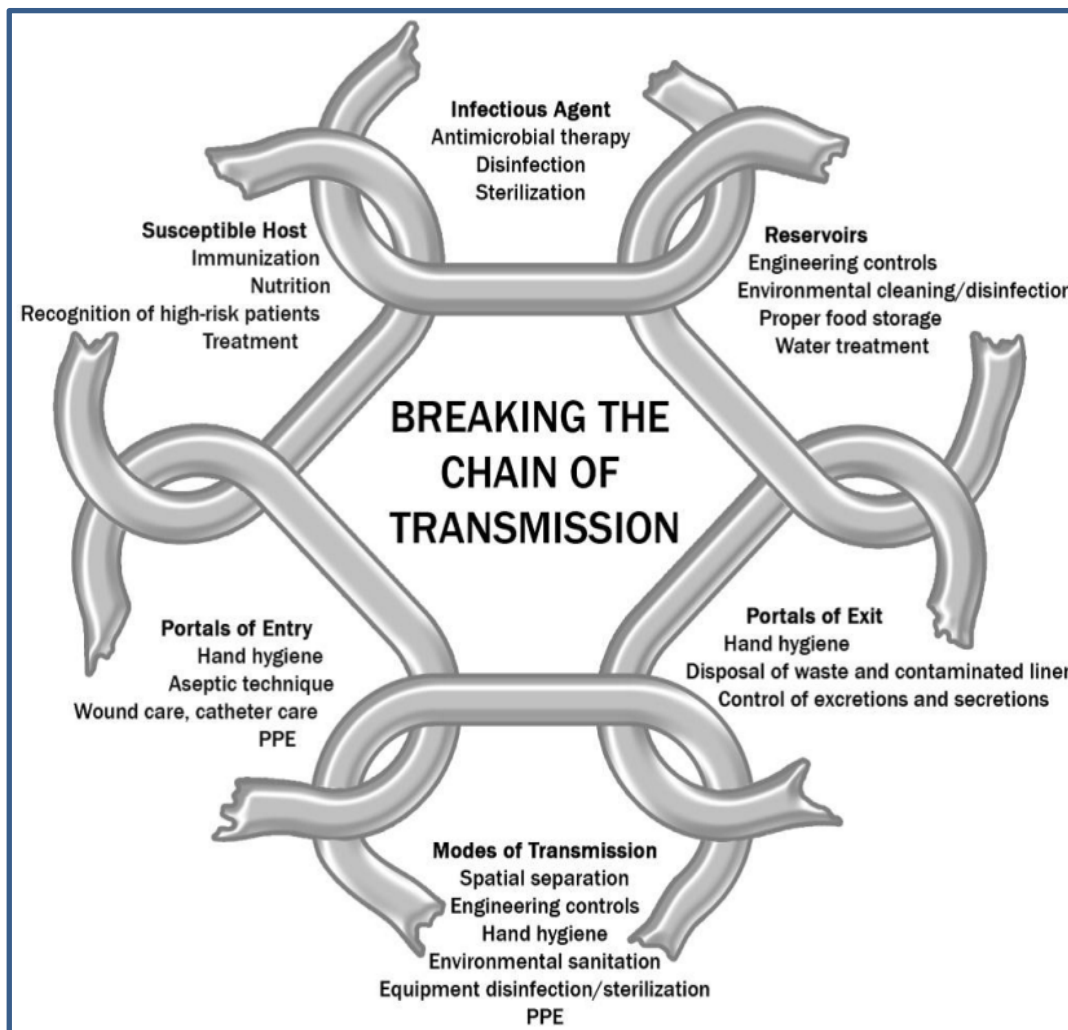
Transmission occurs when the agent, in the reservoir, exits the reservoir through a portal of exit, travels via a mode of transmission and gains entry through a portal of entry to a susceptible host.



**Figure 2: Breaking the Chain of Transmission**

Transmission may be interrupted when:

- the agent is eliminated or inactivated or cannot exit the reservoir
- portals of exit are eliminated through safe practices
- transmission between objects or people does not occur due to barriers and/or safe practices
- portals of entry are protected; and/or
- hosts are not susceptible



# Hand Hygiene

## **Hand Washing**

Hand washing with soap and running water must be performed when hands are visibly soiled. Antimicrobial soap may be considered for use. If running water is not available, use moistened towelettes to remove visible soil, followed by use of alcohol-based hand rub.

Bar soaps are not acceptable in public settings. Hands must be lathered for at least 20 seconds during the hand washing procedure.

## **REDUCE THE SPREAD OF COVID-19. WASH YOUR HANDS.**



1-833-784-4397

@canada.ca/coronavirus



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## **Alcohol-based Hand Rub (ABHR)**

Alcohol-based hand rub is the preferred method for decontaminating hands when hands are not visibly soiled.

### **Alcohol-based hand rubs:**

- 1) Apply 1-2 pumps of product to palms of dry hands (1.5 mL), or a drop about the size of a nickel.
- 2) Rub hands together vigorously, palm to palm.
- 3) Rub in between fingers and around fingers.
- 4) Rub back of each hand with palm of other hand.
- 5) Rub fingertips of each hand in opposite palm; rub each thumb clasped in opposite hand.
- 6) Rub hands until product is dry. Do not use paper towels.
- 7) Once dry, your hands are safe.

### **Advantages of ABHR**

- Contain a variety of acceptable alcohols in concentrations from 60-90%; 70-90% is preferred for healthcare settings
- Less time-consuming than washing with soap and water
- Active against all bacteria and most clinically important viruses and fungi
- Rapid kill of most transient microorganisms
- Spreads quickly across the skin
- Evaporates quickly
- Leaves an emollient on hands that prevents drying and cracking
- No sink necessary



### **Procedure**

All Staff/Volunteers/Visitors will practice hand hygiene:

- Before starting/entering work area and before leaving work area
- Before and after performing a procedure or task involving close resident contact
- Before administering a medication by any route
- Before handling/consuming food or drink – including during nourishment passes and when serving resident meals
- Before and after all breaks and eating and drinking
- Between tasks and procedures on the same resident to prevent cross-contamination of different body sites
- After removing any personal protective equipment
- After contact with body substances or specimens, contaminated or soiled items (laundry, waste, equipment)
- After using the washroom/toilet
- After sneezing, coughing, or blowing nose
- After touching hair, face, etc.
- After smoking cigarettes
- Whenever hands become visibly soiled with dirt, blood, or other organic material
- **Wash resident's hands before and after eating, after toileting, when hands are soiled, after touching therapy and visiting animals, and after activities involving touching and eating.**

# CORONAVIRUS DISEASE (COVID-19) CLEANING AND DISINFECTING PUBLIC SPACES

This document provides guidance on cleaning and disinfecting of public settings, including schools, universities, public libraries, museums, public transit, communal residences and workplaces.



## WHAT YOU SHOULD KNOW

- ▶ Surfaces frequently touched with hands are most likely to be contaminated. These include doorknobs, handrails, elevator buttons, light switches, cabinet handles, faucet handles, tables, countertops and electronics.
- ▶ It is not yet known how long the virus causing COVID-19 lives on surfaces, however, early evidence suggests it can live on objects and surfaces from a few hours to days.

## CHOOSE A PRODUCT THAT CLEANS AND DISINFECTS

- ▶ When cleaning public spaces, choose products that clean and disinfect all at once (e.g. premixed store-bought disinfectant cleaning solutions and/or wipes when available).
  - **Cleaning products** remove germs, dirt, and impurities from surfaces by using soap (or detergent) and water. Cleaning does not necessarily kill germs, but by removing them, it lowers their numbers and the risk of spreading infection.

- **Disinfecting products** kill germs on surfaces using chemicals.

- ▶ Use only **approved hard-surface disinfectants** that have a Drug Identification Number (DIN). A DIN is an 8-digit number given by Health Canada that confirms the disinfectant product is approved and safe for use in Canada.

## CREATE A CLEANING PROCEDURE

- ▶ Operators of community settings should develop or review protocols and procedures for cleaning public spaces. This will help determine where improvements or additional cleaning may be needed.
- ▶ Read and follow manufacturer's instructions for safe use of cleaning and disinfection products (e.g. wear gloves, use in well-ventilated area, allow enough contact time for disinfectant to kill germs based on the product being used).
- ▶ Wash hands with soap and water or use alcohol-based hand sanitizer after removing gloves.



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- ▶ Use damp cleaning methods such as damp clean cloths, and/or a wet mop. Do not dust or sweep which can distribute virus droplets into the air.
- ▶ Contaminated disposable cleaning items (e.g. mop heads, cloths) should be placed in a lined garbage bin before disposing of them with regular waste. Reusable cleaning items can be washed using regular laundry soap and hot water (60-90°C). Clean and disinfect surfaces that people touch often
- ▶ In addition to routine cleaning, surfaces that are frequently touched with hands should be cleaned and disinfected more often, as well as when visibly dirty.
- ▶ Shared spaces such as kitchens and bathrooms should also be cleaned more often.



## **WE CAN ALL DO OUR PART IN PREVENTING THE SPREAD OF COVID-19. FOR MORE INFORMATION, VISIT**

[Canada.ca/coronavirus](https://Canada.ca/coronavirus)  
or contact  
**1-833-784-4397**





# Long Term Care Policy

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## Designated Care Partners

**Date Approved:** March 2021

**Approved by:** Director of LTC

**Last Revision Date:** March 2021

**Scheduled for Review By:** 2022

**Replaces:** Jul, Sept, Oct, Nov, Dec/20

**Policy Number:** IX-N-10.46

**Manual:** Infection Prevention and Control

**Author:** Grey County

**Colour It Standard:** Organizational Safety

### References and Related Documents

[December 7, 2020 MOLTC Directive #3](#)

[November 23, 2020 MOLTC Visiting Policy](#)

[MOLTC Visitor Policy update to Directive 3 July 15 2020](#)

[Ministry of Long Term Care Directive #3 October 14, 2020](#)

[Updated LTC Sector Surveillance Testing Strategy November 19, 2020](#)

[FAQs: LTC Home Surveillance Testing November 19, 2020](#)

[MOLTC Resuming Visits in Long Term Care Homes](#)

[Hotel Dieu Grace Coordinated Care Program](#)

[Canadian Foundation for Healthcare Improvement #MoreThanAVisitor](#)

[South West Region Pandemic Planning Caregiver Outdoor Visiting Phase 1](#)

[Grey County Workplace Violence Prevention Program](#)

[Communicating with Visitors LTC Visitors](#)

[NIA Visitor Guidance Document](#)

[Ontario Caregivers Partners in Care](#)

### Forms

IX-N-10.46(a) Designated Care Partner Commitment FORM

IX-N-10.46(b) IPAC DCP Education Booklet

IX-N-10.46(c) Pandemic Visitation Phase 1-3

IX-N-10.46(d) Designated Care Partner Roles and Responsibilities Poster

IX-N-10.46(e) Grey County Visiting Charts

### Policy

The County of Grey Long Term Care homes aspire to provide exemplary care that enriches quality of life. The aim of managing visitors during a pandemic is to balance the need to mitigate risks to residents, staff and visitors with the mental, physical and spiritual needs of residents. Resident Centered Care is an approach to the planning,

delivery, and evaluation of health care that is grounded in mutually beneficial partnerships among health care providers, residents and families. Colour It Your Way is our promise to provide resident centered care.

Our care communities recognize the important role of families/loved ones as allies for safety, quality and acknowledges that connections are integral to the health, and overall wellbeing of each resident.

In response we have introduced the Designated Care Partner (DCP), this role will allow an expansion of visitors for residents whose health and overall wellbeing would benefit from a Designated Care Partner. A DCP is an individual who are not staff, an essential visitor nor on-site contractor that provide care and services to a resident in our home. In many cases, essential caregivers are family members.

Note: Essential Visitor is defined as including a person performing essential support services (i.e. food delivery, inspector, maintenance or health care services (i.e. phlebotomy) or a person visiting a very ill or palliative resident; including compassionate care that addresses the resident's physical, mental and overall wellbeing.

## Procedure

The following guidelines have been reviewed and revised in consultation with Public Health and our Clinical team and take into consideration the level of risk:

1. A Designated Care Partner for a resident is an individual:
  - Who provides care services to one resident, and
  - A DCP is an individual who are not staff, an essential visitor nor on-site contractor that provide care and services to a resident in our home. In many cases, essential caregivers are family members.
  - A DCP may be a family member of the resident but does not need to be one.
  - An individual may only be a Designated Care Partner for a resident at one long term care home at a time.
2. The clinical team and the resident and/or SDM identify aspects of the care plan that can be performed by a DCP.
  - Clinical team or designate will ask the resident and/or SDM for the name of two (2) individuals that will serve as the DCP.
  - If the identified DCP is not the SDM, consent to release information will be signed by the resident or SDM, allowing the care community to speak to the DCP regarding care plan using the current release of information form.
  - Two (2) DCPs will be allowed to visit at a time during visiting hours unless otherwise determined by Ministry, Public Health or Grey County's Director of Long Term Care.



- The team will determine the maximum number of DCPs that will be permitted on a wing/home area at a time (may vary from wing/home area to wing/home area).
  - There may be times when the DCP will be asked to temporarily leave the room if their roommate is in need of assistance.
  - Grey County endeavors to provide each resident with safe, high quality care and must ensure a safe environment for residents, staff, volunteers and members of the public at all times. For everyone's safety and protection Grey County has a Workplace Violence Prevention Program and Respectful Workplace policy and does not permit any kind of violence or aggressive behaviour. If DCP becomes aggressive or violent they may be asked to leave the premises.
  - A schedule will be developed to ensure fairness and equity among residents. This will be pre-communicated to the DCPs by the clinical team.
  - The need may arise to increase or decrease the program based on the conditions within the health care system, as well as individual resident care needs. This will be communicated to the DCPs and resident as soon as possible in the event that the care community needs to make adjustments.
  - If the home is in outbreak, a maximum of one (1) caregiver pre resident may visit at a time unless otherwise directed by Public Health.
3. Designated Care Partner visits may include, but are not limited to the following:
- Emotional support
  - Assistance with feeding
  - Assistance with mobility
  - Assistance with personal care
  - Communication assistance for persons with hearing, visual, speech, cognitive, intellectual or memory impairments
  - Visits for supported decision making
4. Expectations of the DCP
- Must be identified by the resident and/or SDM
  - Must be willing to participate in training and provide the care requested
  - DCP must be physically, cognitively, emotionally able to provide care elements identified.
  - Prior to participation, it will be mandatory for all DCPs to complete educational training on the following;
    - Infection Control practices, physical distancing, PPE use, respiratory etiquette, hand hygiene etc.
    - Read, understand and agree to the DCP policy
    - Review visitor policy monthly

- Participate in the COVID-19 testing/screening process as per provincial direction.
  - A DCP must provide essential caregiver support to a resident in one long term care home at a time. (not in more than one healthcare location/site).
  - DCPs will be actively screened for signs and symptoms of illness, including COVID19, prior to every entry into the care community.
  - DCPs with signs or symptoms of illness or who fail the screening will not be permitted into the care community.
  - DCPs must wear a surgical mask and gown (surgical mask and gown is appropriate if resident does NOT have COVID19 in their room.)
  - DCPs shall go directly to the resident's room or designated area, remain there during the visit and exit the care community directly afterwards
  - DCPs will only provide care to their loved one and care shall be provided according to the care plan for the resident
  - All DCPs will be required to wear identification for the duration of their time in the care community. Note this ID is not transferable to another person.
  - DCPs will be required to sign a commitment form that identifies the training that has been provided and that the DCP will adhere to all standards outlined.
  - Violations of any of the above expectations may result in cancellation of the DCP.
5. Appeal Process for residents, families and DCPs
- In the event that a resident, and/or SDM, and/or DCP disagree with a determination of the Clinical Team decision to remove or decline access the following process will be followed:
    - Notice of the disagreement to a decision will be submitted to any member of the leadership team.
    - The notice will go to the Executive Director to review the details of the concern and make every attempt to rectify the concern. The Executive Director may include the Medical Director, Social Worker, BSO representative, Family Council representative, Resident Council representative as resources to support solution finding and decision making.
    - If no resolution the concern will go to the Director of Long Term Care. Final determination will be made regarding the concern and communicated to all the parties involved.

## Universal Codes

- ▶ County of Grey Long Term Care emergencies will be identified through the use of universal codes.
- ▶ All staff, residents and families will have an orientation to the codes.
- ▶ Staff will achieve proficiency through the provision of ongoing education and practical application of universal codes.

### Note:

- ▶ **DCPs/Essential visitors will remain with resident until directed by staff.**

<b>CODE RED</b>	<b>FIRE</b>
<b>CODE GREEN</b>	<b>EVACUATION</b>
<b>CODE WHITE</b>	<b>VIOLENT RESIDENT</b>
<b>CODE YELLOW</b>	<b>MISSING RESIDENT</b>
<b>CODE BLUE</b>	<b>MEDICAL EMERGENCY</b>
<b>CODE ORANGE</b>	<b>EXTERNAL DISASTER</b>
<b>CODE BLACK</b>	<b>BOMB THREAT</b>
<b>CODE BROWN</b>	<b>INTERNAL ENVIRONMENTAL EMERGENCY</b>

### Code Red - Fire

- 1) To alert all occupants when a fire is discovered;
- 2) When conducting FIRE DRILLS;
- 3) When there is a suspicious event that may lead to a fire (i.e. smoke, smelling something burning).

### If you discover FIRE or SMOKE

- ▶ Call out "**CODE RED**" and fire location;

and **REACT**:

- ▶ **R**-Remove Residents from immediate area;
- ▶ **E**-Ensure windows and doors are closed;
- ▶ **A**-Activate Alarm;
- ▶ **C**-Call the Fire Department **DIAL 911**
- ▶ **T**-Try to extinguish fire (if possible).

#### **UPON HEARING THE ALARM:**

- 1) If on break, return to assigned area.
- 2) Clear work area and corridors.
- 3) Shut all doors and windows in assigned work area.
- 4) Proceed with pre-planned fire procedures for your area.
- 5) Keep all residents and visitors where they are until instructed to move.
- 6) Prepare to assist with Horizontal Evacuation if needed, **(Code Green)**.
- 7) The Charge Nurse or designate is responsible for announcing of fire, calling 911 and directing fire department to fire scene.
- 8) All areas in the home will:  
Resume normal duties/activities **only** after the “all clear” is announced.  
If it is a fire drill, the person in charge of each area will complete a FIRE DRILL report noting areas that require follow up and gives the report to the Charge Nurse as soon as possible.
- 9) The fire alarm to be shut off by authorized personnel **only**. In the event that it is a false alarm, **DO NOT SILENCE BELLS**. The Fire Department will conduct a total search and determine when to shut off fire alarm.
- 10) The alarm system has two rings; these are:  
Short rings – 1<sup>st</sup> stage general alarm  
Continuous rapid sound – 2<sup>nd</sup> stage alarm which means prepare to evacuate.

#### **Code Green – Evacuation**

- ▶ Safely evacuate all residents, visitors, staff and volunteers in a controlled manner that will prevent injury and loss of life.
- ▶ It can be a partial or a total evacuation

#### **Code Green Stages**

- ▶ **Code Green-Standby:** requires all staff to return to work stations and all affected areas will prepare to evacuate

- ▶ **Code Green-In Effect:** is the implementation of a controlled specific or total evacuation. It is based on evacuation instructions from the Charge Person (or Chief Fire Official or designate). Paging should include “Code Green” followed by the location to be evacuated. For example “Code Green, Unit 2 West”
- ▶ **Code Green-All Clear:** Identifies that all areas are to resume normal duties. Areas that may have been evacuated will be directed and receive instructions from the Charge Person (or Chief Fire Official or designate).

### **Horizontal Evacuation**

Used to completely evacuate residents from the disaster area to a designate safe place on the same floor. Only affected area(s) will move at this point. All persons in a zone/wing are moved beyond a corridor fire separation door to an adjacent area on the same floor.

### **Vertical Evacuation**

All persons on the affected floor are moved vertically toward the ground level first and ground floors are moved out of the building

### **Code White – Violent Resident**

Is to be used every time immediate response is needed to manage violent/aggressive behaviours

#### **Code White Procedure**

- ▶ Call out “**Code White**”.
- ▶ Designate staff member to call 911 and Page “**Code White**”, floor number and location, e.g. “Unit 2 West, Room 220”.
- ▶ Assign a staff member to go to the front door to direct emergency personnel when they arrive.
- ▶ RN/RPN’s must always respond to **Code White**.
- ▶ Remove uninvolved Residents/Visitors from immediate area, control access to the area.
- ▶ Ensure environment is safe.
- ▶ Stay in the area with the involved Resident/Visitor
- ▶ Provide reassurance and assess contributing factors until police arrive.

### **Code Yellow – Missing Resident**

An organized and comprehensive home specific centralized search procedure for a missing resident shall be initiated immediately in the event that a resident cannot be found within 15 minutes of the absence being reported.

### **All Staff will:**

Notify the unit nurse floor immediately when a staff member is unable to locate a resident.

### **Code Blue – Medical Emergency**

Designed to ensure a skilled and timely respond to a medical emergency, when a person is experiencing a real or suspected imminent loss of life

### **Code Orange – External Disaster**

Coordinate a safe and effective response to an external disaster or any external pressure that may impact surge capacity or capability on the Long Term Care Home.

### **Code Black – Bomb Threat**

Provides a course of action to follow in the event of a written or verbal bomb threat or upon the discovery of a suspicious package or object.

### **Code Brown – Internal Disaster**


Is required for the safe containment and management of chemical spills or release.

Will be called if there is an internal spill/contamination, leak, suspicious unusual smell, gas, or vapour, or discovery of an unknown substance, liquid or powder.

### **Keeping everyone safe**

Remember an emergency code is a notification of an event that requires immediate action.

The universal codes are to provide safety and security for our residents, employees and visitors at all times



Grey  
County **Corporate Procedure**

## Workplace Violence Prevention Program

**Approved by:** Council

**Date Approved:** April 4, 2006

**Last Modified Date:** June 3, 2016

**Replaces:** Section 11- 150 HR Manual

**Scheduled for Review by:** 2017

**Procedure Number:** HR-H&S-002-001

**Parent Policy:** HR-H&S-002

**Author:** Human Resources

### References and Related Documents

[Workplace Violence Prevention - Policy](#)

[Health and Safety Policy](#)

[Health and Safety Policy - Schedule B 4413-07](#)

### Forms

[Form - Workplace Violence Incident Report](#)

## Definitions and Examples

### *Violence*

For the purposes of this policy, violence is defined as any conduct, threatened or actual, by any person, that causes or is likely to cause injury, and includes any threatening statement or behaviour that gives an employee reasonable cause to believe that he/she is at risk of injury

### *Workplace Violence*

Workplace violence includes:

- Threatening behaviour such as shaking fists, destroying property, or throwing objects;
- Property damage – theft, destroying property, vandalism, sabotage of equipment, or arson;
- Verbal or written threats – any expression of intent to inflict harm;
- Bullying and intimidation;
- Verbal abuse – swearing, insults, or threatening language;
- Psychological trauma – includes stalking;
- Physical attacks or assaults – hitting, shoving, pushing, or kicking;

- Murder; and
- Sexual assaults, including rape

## Roles and Responsibilities of Workplace Parties

### *Directors*

- Ensure that measures and procedures identified in the Violence Prevention Program are carried out, and that Management is held accountable for responding to and resolving complaints of violence.
- Ensure compliance by all persons who have a relationship with the organization, such as physicians, contractors, volunteers, etc.
- In consultation with all JHSC, conduct regular risk assessments.
- In consultation with all JHSC, establish control measures.
- In consultation with all JHSC, establish and deliver training and education for all employees.
- Integrate safe behaviour into day-to-day operations.
- Review all reports of violence or threats of violence in a prompt, objective and sensitive manner. This includes a review of all investigations associated with violence-related incidents.
- Take corrective action.
- Provide response measures.
- Facilitate medical attention and support for all those either directly or indirectly involved.
- Ensure any deaths or critical injuries have been reported to a Ministry of Labour (MOL) inspector, the police (as required), the JHSC, the H&S representative and trade union and investigated with the JHSC, and that a report goes to all parties in writing within 48 hours of the occurrence on the circumstances of the occurrence, including such information and particulars as the Occupational Health and Safety Act and regulations prescribe.
- Ensure a report goes to WSIB of all accidents where a worker loses time from work, requires health care, earns less than regular pay for regular work, requires modified work at less than regular pay or performs modified work at regular pay for more than 7 days.

### *Managers/Supervisors*

- Enforce policy and procedures and monitor worker compliance.
- Identify and alert staff to violent patients, residents or clients and hazardous situations.
- Investigate all workplace violence using the organization's Workplace Violence



Investigation procedure and Workplace Violence Incident Form, and contact the police department as required.

- Facilitate medical attention for employee(s) as required.
- Ensure that debriefing is completed for those directly or indirectly involved in the incident.
- Contact Human Resources to ensure the employee receives further counselling about the employee's legal rights.
- Track and analyse incidents for trending and prevention initiatives.
- Immediately report a death or critical injury to a Ministry of Labour (MOL) inspector, the police (as required), JHSC, H&S representative and trade union, and investigate with JHSC and report to all parties in writing within 48 hours of the occurrence the circumstances of the occurrence, including such information and particulars as the regulations prescribe.
- Issue a report to WSIB on all injury involving lost time, where a worker requires health care, earns less than regular pay for regular work, requires modified work at less than regular pay or performs modified work at regular pay for more than seven days. Copies of injury information (where there is no critical injury) must be provided to the JHSC.
- Ensure there is a review at least annually of the Workplace Violence Prevention Program.

### *Employees*

- Participate in education and training programs to be able to respond appropriately to any incident of workplace violence.
- Understand and comply with the violence in the workplace prevention policy and all related procedures.
- Report all incidents or injuries of violence or threats of violence to their supervisor immediately, completing the Workplace Incident Report form.
- Inform a member of the JHSC about any concerns about the potential for violence in the workplace.
- Contribute to risk assessments.
- Seek support when confronted with violence or threats of violence.
- Seek medical attention.

### *Joint Health and Safety Committee (JHSC)*

- Be consulted about the development, establishment and implementation of violence measures and procedures (the violence prevention program).
- Be consulted and make recommendations to the employer to develop, establish

and provide training in violence measures and procedures.

- Take part in a review at least annually of the Workplace Violence Prevention Program. The worker designate should investigate all critical injuries related to violence.
- Receive and review reports of any critical injury or death immediately and in writing outlining the circumstances and particulars as prescribed within 48 hours of the occurrence.
- Review all reports of injury or incident.

## Reporting and Investigation

- Workers are to report all violence-related incidents or hazards to their manager or supervisor. This report can be made confidentially, at the employee's request, with the exception of the steps to ensure the safety of others and prevention of recurrence. For example, a police report may be necessary.
- The reporting worker may make the report confidentially and thus not leave a copy in the log, but simply indicate the need for confidentiality to her or his direct manager or supervisor, or in the manager's or supervisor's absence, to another manager or supervisor.
- The manager or supervisor receiving the report investigates the report and ensures that measures are taken to safeguard employees and curtail the violence. No report of workplace violence or risks of violence can be the basis of reprisal against the reporting employee.
- The employer reports all injuries as required to the MOL and WSIB.

## Response Procedures

- The manager or supervisor documents all reports of workplace violence and hazard reporting and measures taken to address them, using the Workplace Violence Incident Investigation Form.
- If the resolution of the incident is beyond the authority of the manager or supervisor receiving the report, they must make the director aware of the report. The director involves other managers or supervisors in the investigation, as appropriate (for example, when the incident involves clients or employees under another manager's or supervisor's area of responsibility).
- Management reviews all incident reports, monitors trends and makes recommendations for prevention and enhancements of the Workplace Violence Prevention Program to the director.
- These findings are shared with the JHSC, which is consulted about any revision to the Violence Prevention Program and Training Program.
- The director reviews reports of workplace violence and ensures that actions have been taken.

- The managers or supervisors who investigate the reported incident warn all staff who might be affected of dangerous situations. The same managers or supervisors tell the reporting employee of the outcome of the investigation enough to minimize the chance of similar incidents.
- If a violent incident results in a critical injury to a worker, the JHSC certified members investigate the incident or injury and reports in writing to the MOL and JHSC

### *Emergency Response Measures*

Refer to the Department / facility Emergency Response Procedure.

### *Supports for Employees Affected by Workplace Violence*

Management will respond promptly, assess the situation and ensure that these interventions are followed:

- Facilitation of medical attention
- Debriefing (by skilled professional)
- Referrals to community agencies, treating practitioner
- Referral to trade union
- Completion of incident reports, WSIB reports, reports to MOL (critical injury or fatality)
- Reporting to police (as required)
- Team debriefing

### **Risk Assessment**

Management (with worker involvement) assesses workplace violence hazards in all jobs, and in the workplace as a whole. Risk assessments are reviewed annually and whenever new jobs are created or job descriptions are substantially changed. A risk assessment tool is appended as 11-150.16.

### **Education**

All new employees will receive both general and site-specific orientation to the Workplace Violence Prevention Program. In addition, all employees will receive an annual review of both the general and site-specific components of the program.

Any training developed, established and provided shall be done in consultation with and in consideration of the recommendations of the joint health and safety committees.

### **Program Evaluation**

The effectiveness of the Workplace Violence Prevention Program is evaluated annually by Management and reviewed by the joint health and safety committee.

## *Accountability*

All workplace parties are accountable for complying with the policy, program, measures and procedures related to workplace violence.

## *Records*

All records of reports and investigations of workplace violence are kept for seven (7) years.

## *Policy Review*

The Violence in the Workplace Prevention Policy and Program will be reviewed annually.

## *Workplace Violence Reporting Procedures*

Any employee of the County of Grey who believes that he or she is threatened or who experiences or witnesses any workplace violence, as defined in the Workplace Violence Prevention Program (Section 11-150), must promptly report it to their supervisor and complete a Workplace Violence Incident Report Form. In the event of immediate danger, refer to steps outlined in the Department's Emergency Response Procedure

When threatening or violent behaviour is connected to the County of Grey or carried out on the County of Grey property, the employee must report incidents immediately using the following procedure:

All staff is responsible for reporting threats or violence to their Supervisor or Manager. If the employee's direct supervisor is involved in the act, the employee contacts the Human Resources Department. In all cases, the Employee Workplace Violence Incident Report form needs to be completed.

1. If the perpetrator has no relationship to the organization (Type I) or has a personal relationship with an employee (Type IV), the Supervisor consults with Human Resources personnel and contacts the Police Department. The police are also to be called in incidents involving serious, life-threatening injuries to any client or employee.
2. Report incidents of client abuse immediately and complete a Workplace Violence Incident Report form. The supervisor must immediately notify the appropriate agency.
3. Supervisors must investigate all reports of violence. If cases of staff-to-staff, staff-to-management, or management-to-staff incidents, contact Human Resources and the Union representative.
4. The County of Grey takes all reported incidents of violence seriously and will not ignore, condone or tolerate disruptive, threatening or violent behaviour by any member of the organization.
5. Managers, supervisors, staff or visitors engaged in such behaviour shall be removed from the premises as quickly as safety permits. They shall be banned from access to the County of Grey premises pending the outcome of an investigation. Employees will be removed from the premises with pay. The

investigation will be conducted under the direction of a Manager, Director or his/her designate and Human Resources.

6. The County of Grey will do its best to preserve and protect the anonymity of those involved and confidentiality in the alleged case. However, it may not be possible to preserve confidentiality or anonymity of those involved, as it may be necessary for the County of Grey to take action, including consultation with others.
7. In no circumstances will any person who, in good faith, reports an incident of threats, intimidation or violence, or assists in its investigation, be subject to any form of retribution, retaliation or reprisal.
8. Any person who makes or participates in such retribution or retaliation, directly or indirectly, will be subject to disciplinary action. A person who believes s/he has been or is being subjected to retribution or retaliation should immediately notify the Director of Human Resources, his/her designate or the company owner, or file a reprisal complaint with the Ontario Labour Relations Board, or file a grievance.

## Prevention Programs

The County of Grey provides training for recognition and prevention of violence through training, in-service activities for staff, and printed materials.

The Director of Human Resources or his/her designate will conduct exit interviews when employees retire, resign or are transferred or terminated, to help identify potential workplace violence-related incidents.

# RESPECTFUL WORKPLACE

The County of Grey is committed to providing a safe, secure and respectful environment for our staff and visitors by:

- Providing a violence free workplace;
- Providing a friendly and safe place;
- Ensuring the use of respectful language; and
- Behaving in a safe manner.

Violent, abusive or aggressive behaviour will not be tolerated. Staff have the right to ask you to leave or contact the Police.



Grey  
County

ACCEPTANCE

COURTESY

RESPECT

APPRECIATION

EQUALITY

A handwritten signature in black ink, appearing to read 'Kim Wingrove'.

**KIM WINGROVE**  
CHIEF ADMINISTRATIVE OFFICER

## References

### Local Public Health Units

Grey Bruce Health Unit	1-800-263-3456
Huron Perth Public Health	1-888-221-2133
Middlesex-London Health Unit	519-663-5317
Southwestern Public Health (Elgin & Oxford)	1-800-922-0096

### **Grey Bruce Assessment Centres**

#### **Grey Bruce Health Services – Owen Sound Hospital**

Location: Portable facility just outside the entrance to the Owen Sound Hospital Emergency Department

Book: <https://gbhs.simplybook.me/v2/>

#### **Grey Bruce Health Services – Southampton Hospital**

Location: Southampton Hospital, Day Surgery Waiting Area

Book: <https://gbhssouthampton.simplybook.me/v2/>

#### **Grey Bruce Health Services – Lion's Head Hospital**

Location: Lion's Head Hospital, Park at back of hospital and enter at back door. Screening staff will be at door.

Book: <https://gbhslionshead.simplybook.me/v2/>

#### **South Bruce Grey Health Centre – Kincardine Hospital**

Location: Portable facility located between hospital and medical clinic

Book: <https://booking.sbghc.on.ca>

#### **Hanover & District Hospital- Hanover & District Hospital**

Location: Main entrance to the hospital

Book: <https://hdh.appointlet.com/s/assessment>

### Local Alzheimer Societies

Grey Bruce	1-800-265-9013
Huron	1-800-561-5012
Perth County	1-888-797-1882
London and Middlesex	1-888-495-5855
Elgin- St Thomas	1-888-565-1111
Oxford	1-877-594-2368

## CONSENT TO PUBLISH FORM

As part of our celebration of residents and their activities, the County of Grey undertakes to publish images and interviews of community events. This includes, but is not limited to, photographs, interviews, and/or audio recordings which involve residents, their families and friends, and our team members and volunteers. This release is to request your permission to allow the County of Grey to publish materials using these images and/or interviews.

I am a (please check appropriate box):

- Resident             POA/SDM for the Resident indicated below
- Family Member/Friend
- Team Member
- Volunteer
- Other \_\_\_\_\_

Name of Resident: \_\_\_\_\_  
(If POA/SDM is consenting on behalf of the Resident)

### CONSENT

I, \_\_\_\_\_  
(Name of Resident (or POA/SDM for Resident), Family Member/Friend, Team Member, Volunteer)

give the County of Grey permission to use my PHOTOGRAPH, VIDEOTAPE, ARTWORK, AUDIOTAPE, OR INTERVIEW (or any other such other medium that may be used) for any of the following purposes, which includes but is not limited to: marketing brochures, newsletters, annual reports, posters, displays, newspapers, corporate website, educational and teaching materials, and social media platforms (i.e. Facebook, YouTube). It is understood that the County of Grey retains all rights to these materials.

By signing this form I confirm that I am 18 years of age or older.

\_\_\_\_\_  
Signature of Resident (or POA/SDM for Resident), Family Member/Friend, Team Member, Volunteer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witnessed by

\_\_\_\_\_  
Date





## Declaration – Completion of Infection Prevention & Control Education 2020

I declare that I have read and understood the course content for COVID 19 Infection Control & Prevention, and I have had the opportunity to contact the care community for any clarification.

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Witness: \_\_\_\_\_

*Document to be saved in Resident file in the Business Office*

Resident Name: \_\_\_\_\_



# Pandemic Visitation

**Phase 1** – Essential Visitors

**Phase 2** – Restart - Designated Care Partners

**Phase 3** – Recovery – “New Normal”



## **Phase 1: Protect and Support**

This phase ensures that first and foremost the safety of our residents and staff is paramount. Restrictions are very strict, and closures are put in place quickly coinciding with provincial guidelines and state of emergency directives. This phase consists of essential visitors for palliative or very ill residents (overall wellbeing).

## **Phase 2: Restart – Designated Care Partners (DCP)**

This phase will take a careful, staged approach to relax the visitation restrictions while ensuring safety for residents and staff as the main priority. Phase 2 will consist of the introduction of indoor visits and a pilot project that will be monitored and reevaluated prior to progressing to an increased number of DCPs.

## **Phase 3: Recovery – New Normal**

This phase will focus on determining what the new visitor policy will look like at the Care Community going forward.

**Phase 1**, In this phase, the goal is to protect and support the residents, staff and families as well as the organization. In this phase, the majority of direction is taken from the Provincial and Federal levels of government as well as emergency orders or directives. This phase is the most restrictive phase and is meant to control access to the organization for maximal safety.

### **Visitation restricted as follows:**

- No visitors unless resident is considered palliative or very ill resident (overall wellbeing)
- Essential Visitors are restricted to only those residents who require end of life care. These residents are limited to one (1) visitor. That essential visitor must adhere to the visitor restrictions listed below:
  - Visitor will be actively screened upon entrance (if screening is failed, then entry is denied)
  - No Children under the age of 18

- All visitors must wear a surgical mask (surgical mask is appropriate if resident does NOT have COVID19 in their room.)
- All visitors will be restricted to visitation in the resident's room with no access to any common area.

**Note**, during phase 1, the care community will support residents and families with the Colour It Connect program that consists of virtual, window or outdoor visits.

**Phase 2**, in this phase the goal is slow re-introduction of support to residents at Grey County's Care Communities. At this phase it is important to reintroduce care partnership as an essential component of resident centered care and our Colour It philosophy.

On July 15, 2020 MOLTC Directive #3 states indoor visits up to two (2) visitors per resident is available on July 22, 2020. Homes have an indoor visitor procedure in place that maintains the safety of residents, visitors and staff. Visits must be scheduled, and homes are to consider staffing levels and PPE supplies. Homes have designated areas for indoor visits, all indoor visits include attestation for negative COVID19 testing within the previous two weeks of visit.

Phase 2 also includes the introduction of the Designated Care Partner (DCP) will allow an expansion of visitors for residents whose health and overall wellbeing would benefit from a Designated Care Partner. As of September 9<sup>th</sup> MOLTC, updated the Visitor policy allows each resident to have two (2) DCPs. [MOLTC Visitor Policy](#)

With this introduction, the disease burden, PPE supply and staff burdens are considered along with any Ministry of Health/Ontario Health/Public Health orders or directives. Some of the limiting factors include the number of people in the building at given times, the amount of additional PPE that the care community will need to supply and the necessary training to be completed in advance of any visiting.

### **Designated Care Partner (DCP)**

- A Designated Care Partner is any person that the resident identifies, if the resident is unable the substitute decision maker (SDM) will identify. Note: only two (2) DPCs will be approved for each resident and can consist of two (2) visitors at a time.
- The resident and DCP works with the clinical team to design how they will be involved in care. Residents who require a DCP at the care community will be identified as:
  - Those residents who are being admitted to the care community and requires support during the transition
  - Those planning for discharge whereby a DCP is required for support and health teaching
  - Residents who have shown a decline in their physical, mental or overall wellbeing. (Our goal is to eventually have DCPs identified for each resident.)

**Guidelines**

- In accordance with Public Health guidelines for COVID19, Designated Care Partners will be restricted to coordinated visits only.
- Care Community staff will determine if a coordinated visit is necessary in collaboration with resident and/or SDM.
- Coordinated visits can include but are not limited to:
  - Visits for compassionate care, including critical illness, palliative care, and end of life
  - Visits paramount to the resident's physical care, mental and overall wellbeing, including:
    - Emotional Support
    - Assistance with feeding
    - Assistance with mobility
    - Assistance with personal care
    - Communication assistance for persons with hearing, visual, speech, cognitive, intellectual or memory impairments
    - Visits for supported decision making
- DCPs must attest to a COVID 19 negative test within two weeks of the visit.
- DCPs will be actively screened for signs and symptoms of illness, including COVID19, prior to every entry into the care community
- DCPs with signs or symptoms of illness or who fail the screening will not be permitted into the care community
- DCPs must be physically, cognitively, emotionally able to provide the care elements identified.
- Prior to participation, it will be mandatory for all DCPs to complete educational training on the following:
  - Infection Control practices, physical distancing, PPE use, respiratory etiquette, hand hygiene etc. and review visitor policy monthly
- DCPs shall go directly to the resident's room or designated area, remain there during the visit and exit the care community directly afterwards
- DCPs will only provide care to their loved one and care shall be provided according to the care plan for the resident
- DCPs shall not be permitted movement throughout the care community
- All DCPs will be required to wear identification for the duration of their time in the care community. Note this ID is not transferable to another person.
- DCPs will be required to sign a commitment form that identifies the training that has been provided and that the DCP will adhere to all standards outlined. Violations of the commitment may result in cancellation of the DCP.
- A schedule will be developed to ensure fairness and equity among residents.

- The need may arise to increase or decrease the program based on system and organizational pressures related to the pandemic crisis. This will be communicated to the DCPs and resident as soon as possible in the event the care community needs to adjust.
- If the home is in outbreak, a maximum of one (1) caregiver pre resident may visit at a time unless otherwise directed by Public Health.

**Phase 3**, this phase is characterized by the development of a “new normal” visitor program. Ensuring the health and safety of our residents, our staff and our community will be our priority as we transition into the new normal and will adjust our policy as needed.

## FEEDBACK ON VISITATION

*Consultation with Leadership Team, Team Members and Family Council*

QUESTION ASKED	FEEDBACK THEMES
1. What are some resident needs that would help us determine our second phase of visitors? (who are the residents that would most benefit from visitation?)	Example: assistance with meals, behaviours etc.
2. What are some risk factors to consider?	Example: PPE supply, families not following guidelines
3. What are the safeguards that we need to put in place?	Example: Consistent and fair, Education resources
4. Should there be a limit of visitors allowed on a unit at one time?	Example: 10%
5. Should there be a time limit or a certain time of during the day for these visits?	Example: needs to be scheduled, start slow and grow
6. Should there be a schedule regarding certain units having visitation on certain days?	Example: case by case, afternoons and evenings

# DESIGNATED CARE PARTNER

## PHASED IN APPROACH TO VISITATION

Grey County Long Term Care recognizes the important role of families/ loved ones as allies for safety and quality and acknowledges that connections are integral to the health and overall wellbeing of an individual.

In working to protect residents, staff and families during COVID 19, changes have been made related to pandemic visitation policies, including Essential Visitors and Designated Care Partners (DCP).

The purpose is to provide residents with a designated DCP who understands and supports their needs and has been trained in all necessary IPAC education.

*The Care Community will ensure that we communicate any changes as Ministry and Public Health Directives change.*

## ROLES

Phase 1 - Essential Visits can include coordinated compassionate care, critical illness, palliative and end of life.

Phase 2 - Designated Care Partner visits include, but are not limited to the following:

- Emotional Support
- Assistance with feeding
- Assistance with mobility
- Assistance with personal care
- Communication assistance for persons with hearing, visual, speech, cognitive, intellectual or memory impairments
- Visits for supported decision making

## RESPONSIBILITIES

- DCP must attest to a COVID 19 negative test within two weeks of the visit.
- DCP must be physically, cognitively, emotionally able to provide care elements identified.
- Complete mandatory educational training on the following; infection Control practices, physical distancing, PPE use, respiratory etiquette, hand hygiene etc. and review visitor policy monthly
- Read, understand and agree to the DCP policy
- Undergo screening for signs and symptoms of illness, including COVID19, prior to every entry into care community. Note entry will be denied if screening is failed.
- Wear identification at all times
- Be considerate and respectful of all residents and team members
- DCPs shall go directly to the resident's room or designated area, remain there during the visit and exit the care community directly afterwards
- Refrain from bringing in any food or beverages
- Wear appropriate PPE during visit
- DCPs will be required to sign a commitment form. Violations of the commitment may result in cancellation of the DCP

# Types of Visitors

GENERAL VISITORS	SUPPORT WORKER	ESSENTIAL VISITORS	CAREGIVER – Grey County’s DESIGNATED CARE PARTNER
<p>A general visitor is a person who is not an essential visitor and is visiting:</p> <ul style="list-style-type: none"> <li>a) To provide non-essential services, who may or may not be hired by the home or the resident and/or their substitute decision maker; and/or</li> <li>b) For social reasons (e.g. family members or friends) that the resident or their substitute decision-maker assess as different from direct care, including care related to cognitive stimulation, meaningful connection, and relational continuity.</li> </ul>	<p>A support worker is a type of essential visitor who is visiting to perform essential support services for the home or for a resident at the home.</p> <p>Examples of support workers include physicians, nurse practitioners, maintenance workers or a person delivering food, provided they are not staff of the LTC home as defined in the LTCHA.</p>	<p>Under Directive #3, a home’s visitor policy must specify that essential visitors be defined as including a person performing essential support services (e.g., food delivery, inspector, maintenance, or health care services (e.g., phlebotomy)) or a person visiting a very ill or palliative resident.</p> <p>Essential visitors include support workers and caregivers. However, an essential visitor does not need to be a support worker or caregiver, as long as they meet the definition under Directive #3.</p>	<p>A caregiver (Grey County Designated Care Partner) is a type of essential visitor who is</p> <ul style="list-style-type: none"> <li>a) Designated by the resident and/or their substitute decision-maker; and</li> <li>b) Visiting to provide direct care to the resident (e.g. supporting feeding, mobility, personal hygiene, cognitive stimulation, communication, meaningful connection, relational continuity and assistance in decision-making).</li> </ul> <p>Examples of caregivers include family members who provide meaningful connection, a privately hired caregiver, paid companions and translators.</p>



# LTC Visiting at a Glance



Type of VISIT	Colour It Connect (Virtual Visits)	Window Visits	Outdoor Visits	Indoor Visits	Essential Visitor	Designated Care Partner
<b>How to schedule Your Visit</b>	Through our Programs Team or online booking tool	Through our Programs Team or online booking tool	Through our Programs Team or online booking tool	Through our Programs Team or online booking tool	Through our Leadership team based on acute changes in condition, critical illness, end of life	Assigned by Resident or POA/SDM, times noted on Commitment FORM
<b>Maximum # of Visitors</b>	No Restrictions	No Restrictions	2	2	2 if not self-isolating or symptomatic 1 if self-isolating or symptomatic	2
<b>Screening Required?</b>	X	X	✓	✓	✓	✓
<b>Mask required for duration of visit?</b>	X	X if you are alone, mask must be worn in a group visit	✓	✓	✓ <sub>1</sub>	✓ <sub>1</sub>
<b>Physical Distancing required?</b>	X	✓	✓	✓ 30 second hug is allowed at beginning and end of visit	X <sub>2</sub>	X <sub>2</sub>
<b>Negative COVID test in the last 14 days?</b>	X	X	X	✓	✓ If time allows	✓
<b>Permitted during Outbreak?</b>	✓	✓	X	X	✓ Only 1 visitor allowed	✓ Only 1 DCP allowed
<b>Education Required</b>	X	X	✓ <sub>3</sub>	✓	✓ If time allows	✓

1 Additional PPE as required

2 Not required during the provision of care/comfort, but must be maintained with other residents and care team

3 Cancellations may also occur due to weather

**Designated**   
**CARE PARTNER**  
*Colouring It with Care and Support*



**Shawn Murphy**  
Grey Gables 

**Designated**   
**CARE PARTNER**  
*Colouring It with Care and Support*



**Terri Murphy**  
Grey Gables 

**Designated**   
**CARE PARTNER**  
*Colouring It with Care and Support*



**Shelley Barter**  
Grey Gables 

**Designated**   
**CARE PARTNER**  
*Colouring It with Care and Support*



**Colleen Ryan**  
Grey Gables 