



UPDATED: October 9, 2020

Updates to Visiting during the COVID-19 Pandemic

Important Notice re Visiting at Burton Manor LTC Residence, BRAMPTON, ON

The Ministry of Long Term Care has ceased general visiting (indoor and outdoor) in the regions of Peel, Toronto and Ottawa due to high community transmission rates of COVID-19. The general visiting program at **Burton Manor** is now paused until further notice for the safety of our residents and staff. Essential caregiver and essential visitor programs continue. Please contact the Home's Administrator for further details.

Important Notice re Visiting at Henley Place LTC Residence, LONDON, ON

The Middlesex London Public Health Unit has ceased general visiting (indoor and outdoor) in London and area Long Term Care Homes due to high community transmission rates of COVID-19. The general visiting program at **Henley Place** is now paused until further notice for the safety of our residents and staff. Essential caregiver and essential visitor programs continue. Please contact the Home's Administrator for further details.

Dear Residents, Family Members, Caregivers and Friends:

On September 2, 2020, the Ministry of Long-Term Care (MLTC) released an update to the COVID-19 Visiting Policy. This policy was updated to clarify the role of caregivers and other classifications of visitors, and to support long-term care homes (LTCH) in implementing the visiting requirements in Directive #3. These changes are in effect September 9, 2020.

As defined in Directive #3, essential visitors include 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. Essential visitors include essential caregivers and support workers.

Essential Caregivers

Essential caregivers are individuals who are designated by the resident and/or their substitute decision maker (SDM) and are 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). Essential caregivers include family members, privately hired caregivers, paid companions and translators.

- The decision to designate an individual as an essential caregiver is at the discretion and remit of the resident and/or SDM. The LTCH will not partake or interfere in this decision-making process.

- A maximum of two (2) essential caregivers may be designated per resident at a time. The designation will be made in writing to the attention of the Director of Care or Administrator.
- Essential caregivers must be at least 18 years of age.
- The resident and/or SDM may substitute the individuals who are designated as essential caregivers in response to changes in the resident's care needs that are reflected in the plan of care or to changes in the availability of a designated caregiver (temporary or permanent).
- Essential caregivers are the only type of visitors that are permitted when a resident is self-isolating or symptomatic or when a LTCH is in outbreak; however, visiting under these circumstances is at the discretion and direction of the local Public Health Unit (PHU).
- If a resident is self-isolating or symptomatic or if the LTCH is in outbreak, a maximum of one (1) essential caregiver may visit the resident at a time.
- Essential caregivers will wear all required personal protective equipment (PPE) when interacting with a resident or resident's environment who is self-isolating or symptomatic, as outlined in Directive #3. The LTCH will provide all required PPE, which includes surgical/procedural masks, gowns, gloves and eye protection (e.g. face shield or goggles).
- Essential caregivers are not required to maintain physical distancing from the resident they are providing care to, but must maintain physical distancing from other residents, visitors and staff.

General Visitors

General Visitors are individuals who are not essential visitors who are visiting a resident to provide non-essential services (e.g. social visits, family members or friends who are not providing care needs as outlined under essential caregivers).

- There is no age requirement for general visitors; however, general visitors under the age of 14 years of age must be accompanied by an adult (18 years of age or older) and must follow all infection prevention and control practices and precautions that are in place at the LTCH.
- Visits will be by appointment. Families/friends of residents will be able to schedule a minimum of one indoor visit per week online using the online scheduling platform or by calling the Life Enrichment Manager (LEM) or designate directly at the LTCH.
- If the resident is not self-isolating or symptomatic, a maximum of two (2) general visitors may visit the resident at a time.
- If a resident is self-isolating or symptomatic or if the LTCH is in outbreak, general visitors are not permitted.
- General visitors must maintain physical distancing from the resident they are visiting and from other residents, visitors and staff.

Screening and Other Requirements

Both essential caregivers and general visitors are required to participate in and pass active screening on entry to the LTCH. Active screening includes:

- Verbally attest to not be experiencing any typical or atypical symptoms of COVID-19.
- Verbally attest to not having exposure to an individual who is suspect or confirmed COVID-19.
- Temperature checks.

- Verbally attest to have tested negative for COVID-19 within the previous 14 days and have not subsequently tested positive. The LTCH is not responsible for providing the testing.
- Verbally attest to not have visited another resident who is self-isolating or symptomatic in the past 14 days.
- Verbally attest to not have visited another LTCH in outbreak in the past 14 days.

Further to active screening, essential caregivers and general visitors must:

- Receive education on the LTCH's visitor policy and on infection prevention and control practices, including Public Health Ontario's guidance on hand hygiene and donning and doffing personal protective equipment (PPE) prior to visiting any resident for the first time after this policy goes into effect.
- Sign a Confirmation of Receipt of Education form acknowledging their understanding of the education provided, that they had an opportunity to ask questions and received a satisfactory response, and their responsibility to follow all requirements.
- Verbally attest to reviewing the LTCH's policy at least once every month thereafter.
- Wear a surgical/procedural mask while in the LTCH at all times. The LTCH will provide visitors/caregivers with surgical/procedural masks.
- Practice physical distancing from other residents, visitors and staff.

Please review attached handouts:

- Public Health Ontario (PHO) guidance document entitled Recommended Steps: Putting on Personal Protective Equipment
- Hand Hygiene/How to hand rub
- Hand Hygiene/How to hand wash
- Physical Distancing
- How to Wear a Face Mask
- Respiratory Etiquette
- How to Self-Isolate
- COVID-19 Symptom List
- Visitor/Essential Caregiver Guidelines Table – Updated September 9, 2020

Please review the following videos from PHO:

- Video entitled [Putting on Full Personal Protective Equipment](#).
- Video entitled [Taking off Full Personal Protective Equipment](#).
- Video entitled [How to Hand Wash](#).

Food, Personal Items and Gifts

Visitors/caregivers may bring in food items or beverages for a resident so long as they are in sealed containers that can withstand being wiped down using high-level disinfectant.

Visitors/caregivers may bring in gifts or personal items for a resident so long as they can withstand being wiped down using high-level disinfectant.

The home is not permitting plants, flowers or other items that cannot be wiped down using high-level disinfectant at this time.

The home is not permitting visits with pets at this time.

Additional Information

Updates to the COVID-19 Visiting Policy also include guidance on other classifications including support workers, volunteers, placement students, support persons under the Accessibility for Ontarians with Disabilities Act (AODA) and government inspectors.

For any questions regarding Directive #3, the MLTC COVID-19 Visiting Policy, the LTCH's policy or to discuss any circumstances surrounding the individualized needs of a resident, please contact the Director of Care or Administrator.

Any non-adherence to this protocol will be the basis for discontinuation of visits or caregiving access. The Administrator will make the final determination and the visitor/caregiver will be notified of the decision in writing.

Recommended Steps: Putting On Personal Protective Equipment (PPE)

1. Perform Hand Hygiene

2. Put on Gown

- Tie neck and waist ties securely

3. Put on Mask/N95 Respirator

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

4. Put on Protective Eyewear

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

5. Put on Gloves

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

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

Recommended Steps: Taking Off Personal Protective Equipment (PPE)

1. Remove Gloves

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

2. Remove Gown

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

3. Perform Hand Hygiene

4. Remove Eye Protection

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

5. Remove Mask/N95 Respirator

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

6. Perform Hand Hygiene

This is an excerpt from Routine Practices and Additional Precautions In All Health Care Settings (Appendix L) and was reformatted for ease of use.

How to handrub

Rub hands for 15 seconds



1
Apply 1 to 2 pumps of product to palms of dry hands.



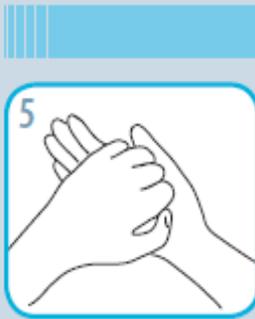
2
Rub hands together, palm to palm.



3
Rub in between and around fingers.



4
Rub back of each hand with palm of other hand.



5
Rub fingertips of each hand in opposite palm.



6
Rub each thumb clasped in opposite hand.



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



8
Once dry, your hands are safe.



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



How to handwash

Lather hands for 15 seconds



1
Wet hands with warm water.



2
Apply soap.



3
Lather soap and rub hands palm to palm.



4
Rub in between and around fingers.

Lather hands for 15 seconds



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



6
Rub fingertips of each hand in opposite palm.



7
Rub each thumb clasped in opposite hand.



8
Rinse thoroughly under running water.



9
Pat hands dry with paper towel.



10
Turn off water using paper towel.



11
Your hands are now safe.



JUST CLEAN
YOUR HANDS

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



STOP THE SPREAD OF GERMS

Help prevent the spread of respiratory diseases like COVID-19.

Stay at least 6 feet (about 2 arms' length)
from other people.



[cdc.gov/coronavirus](https://www.cdc.gov/coronavirus)

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World Health
Organization

How to **put on, use,** **take off and dispose** of a mask

1



Before putting on a mask, wash hands with alcohol-based hand rub or soap and water

2



Cover mouth and nose with mask and make sure there are no gaps between your face and the mask

Avoid touching the mask while using it; if you do, clean your hands with alcohol-based hand rub or soap and water

3



Replace the mask with a new one as soon as it is damp and do not re-use single-use masks

4



To remove the mask: remove it from behind (do not touch the front of mask); discard immediately in a closed bin; wash hands with alcohol-based hand rub or soap and water

Cover Your Cough



1. Cover your mouth and nose when you cough, sneeze or blow your nose.



2. Put used tissue in the garbage.



3. If you don't have a tissue, cough or sneeze into your sleeve, not in your hands.



4. Wash hands with soap and water or hand sanitizer (minimum 60% alcohol-based).

Stop the Spread of Germs

Always Cover Your Cough

- Covering your cough or sneeze can stop the spread of germs
- If you don't have a tissue, cough or sneeze into your sleeve
- Keep your distance (more than 1 metre/3 feet) from people who are coughing or sneezing

Coronavirus Disease 2019 (COVID-19)

How to Self-Isolate

You must isolate yourself from others if you have COVID-19 symptoms or may have been exposed to COVID-19. If you start to feel worse, contact your health care provider or Telehealth (1-866-797-0000).

Stay home

- Do not use public transportation, taxis or rideshares.
- Do not go to work, school or other public places.



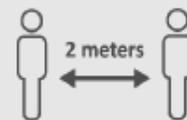
Avoid contact with others

- No visitors unless essential (e.g., care providers).
- Stay away from seniors and people with chronic medical conditions (e.g., diabetes, lung problems, immune deficiency).
- As much as possible, stay in a separate room from other people in your home and use a separate bathroom if you have one.
- Make sure that shared rooms have good airflow (e.g., open windows).
- If these steps are not possible, keep a distance of at least two metres from others at all times.



Keep your distance

- If you are in a room with other people, keep a distance of at least two metres and wear a mask that covers your nose and mouth.
- If you cannot wear a mask, people should wear a mask when they are in the same room as you.



Wash your hands

- Wash your hands often with soap and water.
- Dry your hands with a paper towel or with cloth towel that no one else will share.
- Use an alcohol-based hand sanitizer if soap and water are not available.



Cover your coughs and sneezes

- Cover your mouth and nose with a tissue when you cough or sneeze.
- Cough or sneeze into your upper sleeve or elbow, not your hand.
- Throw used tissues in a lined wastebasket and wash your hands.
Lining the wastebasket with a plastic bag makes waste disposal safer.
- Clean your hands after emptying the wastebasket.



Wear a mask over your nose and mouth

- Wear a mask if you must leave your house to see a health care provider.
- Wear a mask when you are within two metres of other people, or stay in a separate room.
- If you do not have a mask, maintain two meters distance from people and cover your cough and sneezes. See our [Physical Distancing](#) fact sheet.



What should I do if I develop symptoms?

- Complete the [COVID-19 Self-Assessment](#).
- Contact Telehealth (1-866-797-0000) or your health care provider.
- Anyone with whom you had close physical contact (e.g., in your household) in the two days before your symptoms started or after symptoms started should also self-isolate. If you have questions about this, call your [local public health unit](#).
- Isolate for 14 days beginning when your symptoms started.
- After 14 days, you can stop isolating if you no longer have a fever and your symptoms have improved, but you should continue with [physical distancing measures](#).
- If you are still unwell at 14 days, contact Telehealth or your health care provider.

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.

The information in this document is current as of April 10, 2020.

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Ontario 

Ministry of Health

COVID-19 Reference Document for Symptoms

Version 7.0 – September 21, 2020

This document outlines the symptoms, signs, and clinical features which have been most commonly associated with COVID-19. This information is current as of September 21, 2020 and may be updated as the situation on COVID-19 continues to evolve. If there is a discrepancy between this list and other guidance, this list should be considered as the most up to date.

When assessing for the symptoms below the focus should be on evaluating if they are **new, worsening, or different from an individual's baseline health status (usual state)**. Symptoms should not be chronic or related to other known causes or conditions (see examples below).

Common symptoms of COVID-19 include:

- **Fever** (temperature of 37.8°C/100.0°F or greater)
- **Cough** (that is new or worsening (e.g. continuous, more than usual if chronic cough) including croup (barking cough, making a whistling noise when breathing)
 - *Not related to other known causes or conditions (e.g., chronic obstructive pulmonary disease)*
- **Shortness of breath** (dyspnea, out of breath, unable to breathe deeply, wheeze, that is worse than usual if chronically short of breath)
 - *Not related to other known causes or conditions (e.g., chronic heart failure, asthma, chronic obstructive pulmonary disease)*

Other symptoms of COVID-19 can include:

- **Sore throat** (painful swallowing or difficulty swallowing)
 - *Not related to other known causes or conditions (e.g., post nasal drip, gastroesophageal reflux)*
- **Rhinorrhea** (runny nose)
 - *Not related to other known causes or conditions (e.g., returning inside from the cold, chronic sinusitis unchanged from baseline)*
- **Nasal congestion** (stuffy nose)
 - *Not related to other known causes or conditions (e.g., seasonal allergies)*

- **New olfactory or taste disorder** (decrease or loss of smell or taste)
 - *Not related to other known causes or conditions (e.g., nasal polyps, allergies, neurological disorders)*
- **Nausea and/or vomiting**
 - *Not related to other known causes or conditions (e.g. transient vomiting due to anxiety in children, chronic vestibular dysfunction)*
- **Diarrhea**
 - *Not related to other known causes or conditions (e.g., Irritable bowel syndrome, inflammatory bowel disease, side effect of medication)*
- **Abdominal pain** that is persistent or ongoing
 - *Not related to other known causes or conditions (e.g., menstrual cramps, gastroesophageal reflux disease)*

Atypical signs and symptoms of COVID-19 should be considered, particularly in infants and children, older persons, and people living with a developmental disability.

Atypical symptoms can include:

- **Chills**
- **Headache** that is new and persistent, unusual, unexplained, or long-lasting
 - *Not related to other known causes or conditions (e.g., tension-type headaches, chronic migraines)*
- **Conjunctivitis** (pink eye)
 - *Not related to other known causes or conditions (e.g., blepharitis, recurrent styes)*
- **Fatigue, lethargy, or malaise** (general feeling of being unwell, lack of energy, extreme tiredness) that is unusual or unexplained
 - *Not related to other known causes or conditions (e.g., depression, insomnia, thyroid dysfunction, anemia, malignancy)*
- **Myalgias** (muscle aches and pain) that are unexplained, unusual, or long-lasting
 - *Not related to other known causes or conditions (e.g., fibromyalgia)*
- **Decreased or lack of appetite**
 - *For young children and not related to other known causes or conditions (e.g., anxiety, constipation)*

Atypical signs should be based on an assessment by a Health Care Provider, should not be explained by other known causes or conditions, and can include:

- **New or unusual exacerbation of chronic conditions** (e.g. chronic lung diseases such as asthma, emphysema, or chronic obstructive pulmonary disorder)
- **Tachycardia** (fast heart rate), including age specific tachycardia for children
 - *Not related to other known causes or conditions (e.g., atrial fibrillation)*
- **Low blood pressure** for age
- **Hypoxia** (i.e. oxygen saturation less than 92%)
 - *Not related to other known causes or conditions (e.g., chronic obstructive pulmonary disorder)*
- **Difficulty feeding in infants**
 - *Not related to other known causes or conditions (e.g., gastroesophageal reflux disease, cleft palate)*
- **Delirium** (acutely altered mental status and inattention)
 - *Not related to other known causes or conditions (urinary tract infection, substance-related such as alcohol withdrawal, medication induced)*
- **Increased number of falls** in older persons
- **Acute functional decline** (a sudden change in ability to function compared to baseline)
 - *Not related to other known causes or conditions (e.g. gradual decline over months due to a neurological disorder such as dementia or Parkinson's disease)*

Clinical features of COVID-19 that can be diagnosed by a health care provider include:

- Clinical or radiological evidence of pneumonia

Multisystem Inflammatory Syndrome in Children and Adolescents (MIS-C) less than 19 years old

Information on this syndrome and its temporal association with COVID-19 is still emerging and may evolve over time. An assessment for MIS-C should be done by a Health Care Provider. Please see the [World Health Organization \(WHO\) Case Definition](#) or the [Canadian Paediatric Surveillance Program \(CPSP\) Case Definition](#) for diagnostic criteria.

The [WHO MIS-C preliminary case definition](#):

- Persistent fever for 3 or more days

AND two or more of the following:

- Rash or bilateral non-purulent conjunctivitis or muco-cutaneous inflammation signs (oral, hands, or feet).
- Hypotension or shock.
- Features of myocardial dysfunction, pericarditis, valvulitis, or coronary abnormalities (including ECHO findings or elevated Troponin/NT-proBNP),
- Evidence of coagulopathy (by prolonged PT, PTT, elevated d-Dimers).
- Acute gastrointestinal symptoms (diarrhea, vomiting, or abdominal pain).

AND

- Elevated markers of inflammation such as ESR, C-reactive protein, or procalcitonin.

AND

- No other obvious microbial cause of inflammation, including bacterial sepsis, staphylococcal or streptococcal shock syndromes.

AND

- Evidence of COVID-19 (RT-PCR, antigen test or serology positive), or likely contact with patients with COVID-19