

Logo for Golden Plough Lodge	Origination	06/2020	Owner	Metzie Lacroix
	Last Approved	10/2025	Area	LTC Infection Prevention & Control
	Effective	10/2025	Applicability	LTC Infection Prevention & Control
	Last Revised	10/2025		
	Next Review	10/2026		
			Tags	ON

Visitor Protocols (ON), IX-N-10.44

POLICY:

The role that families, friends, and visitors play in caregiving and emotional supports is important to the quality of life for long-term care residents. Visitors are welcome to visit their loved one at any time that is mutually agreed upon and best suits the resident and the visitor during a non-outbreak situation.

During an outbreak of a communicable disease, an outbreak of a disease of public health significance, an epidemic, or a pandemic, visitors are restricted to essential visitors, subject to applicable law.

There are four types of essential visitors as follows:

- **Caregivers:** Designated by the resident/substitute decision maker to provide one or more forms of support or assistance to meet resident care needs, including providing direct physical support e.g. activities of daily living, social, spiritual, or emotional support, whether the individual is paid or unpaid. Must be 16 years of age or older. The approval of a parent or legal guardian is required to permit individuals under the age of 16 years to be designated as a caregiver;
- **Support Workers:** Persons who visit the community to provide support to the critical operations of the community or to provide essential services to residents;
- **Persons visiting very ill residents for compassionate reasons:** To include but not limited to hospice or end of life care; and
- **Government Inspector:** With a statutory right to enter a long-term care community to carry out their duties.

All other visitors who do not fall into the essential visitor category above are considered general visitors and are not permitted during an outbreak in the community or an area of the community or to visit an

isolating resident.

- **General Visitors:** Is not an essential visitor and provides non-essential services either to the operations of the community or to a particular resident or groups of residents. These visits are for social reasons as well as providing personal care services, entertainment, or individuals touring the community. General visitors under the age of 14 must be accompanied by an adult.

Long-term care team members, attending physicians, nurse practitioners, volunteers, and placement students are not considered visitors, as their access is determined by the community. Children under the age of 2 are permitted and are not considered visitors.

Visitors are strongly recommended to wear a mask when visiting the community. In addition, if a resident in a shared room is uncomfortable with others removing their mask, the Infection Prevention & Control (IPAC) Lead/designate will work with the roommate and visitor to find a designated space to enable visits without masking as required.

Additional personal protective equipment (PPE) may be required based on a point of care risk assessment; for residents living in a shared room with a co-resident; co-resident on additional precautions; when the community is in outbreak; or as otherwise determined by public health.

Visits may be ended at any time for any visitor who repeatedly fails to adhere to the community's visitor policy requirements. Where the community has previously ended a visit, or temporarily prohibited a visitor, additional education/training must be provided to the visitor before visitation can resume. If a caregiver is temporarily prohibited, the resident/substitute decision maker may designate an alternative individual as the caregiver to help meet resident care needs.

Note: Visitor protocols may change across regional jurisdictions as per public health and provincial directives, which will supersede this policy requirement.

PROCEDURE:

The Executive Director or designate will:

1. Ensure there is a process for visitors to sign in and conduct passive screening. This may include the use of a kiosk or a paper sign in/screening process.
2. Establish designated outdoor/indoor area(s) for visits to occur.
3. Collaborate with the Infection Prevention & Control (IPAC) Lead to ensure the environment is laid out to adhere to infection prevention and control measures to include but not be limited to: flow of team members/visitors and residents to and from areas throughout the community, signage, access to hand hygiene, and access to personal protective equipment as required.
4. Ensure there is outdoor/indoor space designated that promotes privacy for residents and families.

The indoor space will:

- Promote passive screening measures through the use of signage as visual cues.

- Be a designated location in the community, preferably in the resident home area/ neighbourhood i.e. resident room, lounge area, multipurpose room, empty resident room.
- Determine if a resident room is appropriate for an indoor visit. Take into account the activities to be performed during the visit, if the resident is sharing a room, and whether isolation precautions are in place.

5. Communicate with residents and families the process for visiting the community, prioritizing emotional and/or clinical decline of residents.
6. Ensure there is a process to maintain visitor logs for all visits to the community for a minimum of 30 days where it can be readily available upon request from Public Health for contact tracing purposes as required. The log will contain at minimum:
 - The name and contact information of the visitor
 - Time and date of the visit
 - The purpose of the visit (e.g. the name of the resident visited)
7. Provide a copy of the current version of the Visitor Protocols policy to Residents' Council and Family Council (if any).
8. Ensure visitors have access to the Visitor Protocols policy.

The Director of Resident Programs or designate will:

1. Be accountable for communicating the Visitor Protocols policy.
2. Document essential visitors who are caregivers in the resident profile section of electronic health record.
3. Communicate caregivers and the care needs provided to the interprofessional team.
4. Inform the resident/substitute decision maker (SDM) that the community must be notified of any changes in who is assigned as the caregiver(s).
5. Ensure all visitors are educated about respiratory etiquette, hand hygiene, IPAC practices, and proper use of Personal Protective Equipment (PPE).
6. Ensure designated caregivers receive additional education and training (posters, videos, and training sessions may be used) on IPAC when residents are placed on additional precautions, during an outbreak, and as required by Public Health, which may include:
 - Putting on Full Personal Protective Equipment;
 - Taking off Full Personal Protective Equipment;
 - How to Hand Wash; and
 - Use of Alcohol-based Hand Sanitizer.
7. Appoint team member(s) to provide education to visitors as required.
8. Maintain all records related to the family visiting process, including all changes to caregiver(s).
9. Cancel and reschedule visits for any of the following reasons:
 - Resident is experiencing symptoms of illness or is self-isolating (with exception

essential visitors)

- Inclement weather (i.e. heat wave or rain) for outdoor visits
- Other emergencies (i.e. Code Red)
- As directed by Public Health during an outbreak

The Nurse or designate will:

1. Update the resident's plan of care (profile section) with the care needs provided by the caregiver(s).

All Team Members will:

1. Participate in and support visiting of residents as needed.
2. Guide any visitor with PPE use as needed.
3. Seek support from nurse in charge and/or manager(s) to address questions and concerns, including immediate advice to support individual resident and family needs.

The Visitor will:

1. Participate in the visitor sign in and passive screening process, surveillance testing (as required), perform hand hygiene, and don required personal protective equipment based on point of care risk assessment during non-outbreak and outbreak conditions (where permitted to visit) throughout the visit as directed by the community.
2. Follow all infection prevention & control measures in place as directed by the community.
3. Coordinate with the Director of Resident Programs or designate and obtain approval prior to bringing any pets to the community.

NOTE: Any non-compliance with the visitor responsibilities in this policy will result in discontinuation of the visit for the non-compliant visitor.

References:

Recommendations for Outbreak Prevention and Control in Institutions and Congregate Living Settings:<https://www.ontario.ca/files/2025-02/moh-recommendations-for-outbreak-prevention-and-control-in-institutions-and-cls-en-2025-02-28.pdf>

Attachments:

IX-N-10.44(a) Visitor Respiratory & Gastroenteritis Protocols (ON)

IX-N-10.44(b) Designated Caregiver & Attestation Form (ON)

Attachments

↳ [IX-N-10.44\(a\) Visitor Respiratory & Gastroenteritis Protocols \(ON\)](#)

↳ [IX-N-10.44\(b\) Designated Caregiver & Attestation Form \(ON\)](#)

Approval Signatures

Step Description	Approver	Date
	Kelly Seow: Manager, Resident Experience & Service Excellence	10/2025
	Lexi Tokhi: Operations Specialist	10/2025
	Tamara Ross	10/2025
	Metzie Lacroxi	09/2025

Applicability

Algoma Manor, Arnprior - The Grove, Bruce County, Camilla, Chester Village, Enterprise, Golden Dawn, Golden Plough Lodge, Grey County, Lanark Lodge, Leamington Mennonite Home, Long Term Care (BC), Long Term Care (ON), Maple View Lodge, Stirling Manor

