



## Services de santé de Chapleau Health Services

<b>Policy Name:</b> LTC COVID-19 Visitation and Management of Residents	<b>Policy Number:</b> PAN-00-12001
<b>Manual:</b> PAN-00-Pandemic	<b>Page:</b> 1 of 14
<b>Issued by:</b> COVID-19 Command Table	<b>Original Date:</b> September 8, 2020
<b>Authorized by:</b> COVID-19 Command Table	<b>Last Revised:</b> March 16, 2021

**Subject:** LTC COVID-19 Visitation and Management of Residents

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**Policy:** The Bignucolo Residence aspires 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 mutual beneficial partnerships among health care providers, residents and families.

Our care community recognizes 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.

**Application:** All staff, residents and visitors

**Exceptions:** None

**Resources:** Grey County Long Term Care Policy on Designated Care Partners  
Novel Coronavirus – COVID-19 Prevention and Management at Grey County

**References:**

- Long Term Care Homes Act, 2007, Directive #3, issued under Section 77.7 of the Health Protection and Promotion Act (HPPA), R.S.O. 1990, c. H7, revised December 7<sup>th</sup>, 2020
- Long Term Care Homes Act, 2007
- Ontario Regulation 79/10
- Ministry of Long-Term Care, Resuming Visits in Long-Term Care Homes, released September 2<sup>nd</sup>, 2020
- Ministry of Long Term Care, Covid-19 Visiting Policy (supplement to Directive #3), November 23<sup>rd</sup>, 2020
- COVID-19 Response Framework: Keeping Ontario Safe and Open-Lockdown Measures, November 22, 2020,
- Minister's Directive: COVID-19: Long-term care home surveillance testing and access to homes
- Ministry of Health – COVID-19 Guidance: Considerations for Antigen Point-of-Care Testing

### **Definitions:**

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<b>Policy Name:</b> LTC COVID-19 Visitation and Management of Residents	<b>Policy Number:</b> PAN-00-12001
<b>Manual:</b> PAN-00-Pandemic	<b>Page:</b> 2 of 14
<b>Issued by:</b> COVID-19 Command Table	<b>Original Date:</b> September 8, 2020
<b>Authorized by:</b> COVID-19 Command Table	<b>Last Revised:</b> March 16, 2021

**Subject: LTC COVID-19 Visitation and Management of Residents**

---

### **Support Worker**

- Defined as an essential visitor who is visiting to perform essential support services for the home or for a resident at the home.
  - Support workers include physicians, nurse practitioners, maintenance workers, government inspectors, maintenance workers, or a person delivering food.

### **Designated Caregiver:**

- Defined as an essential visitor who is designated by the resident and/or their substitute decision-maker. Designated caregivers are not staff, a general visitor nor an on-site contractor.
- An individual may only be a Designated Caregiver for a resident at one long term care home at a time.
- Provide direct care to the resident (i.e. supporting feeding, mobility, personal hygiene, cognitive stimulation, communication, meaningful connection, relational continuity and assistance in decision-making).
- Must be at least 18 years of age.
- A maximum of 2 caregivers may be designated per resident at a time. The designation should be made in writing to the home (Essential Visitor Commitment Form).
- A resident and/or their substitute decision-maker may change a designation in response to a change in the:
  - Resident's care needs that are reflected in the plan of care.
  - Availability of a designated caregiver, either temporary (i.e. illness) or permanent.
- Visitation may continue in the event of isolation or outbreak, however there will be a maximum of one Designated Caregiver at a time or as advised by the local Health Unit.

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## Services de santé de Chapleau Health Services

<b>Policy Name:</b> LTC COVID-19 Visitation and Management of Residents	<b>Policy Number:</b> PAN-00-12001
<b>Manual:</b> PAN-00-Pandemic	<b>Page:</b> 3 of 14
<b>Issued by:</b> COVID-19 Command Table	<b>Original Date:</b> September 8, 2020
<b>Authorized by:</b> COVID-19 Command Table	<b>Last Revised:</b> March 16, 2021

**Subject: LTC COVID-19 Visitation and Management of Residents**

---

- If the local public health unit is in the Orange-Restrict, Red-Control or Lockdown level a maximum of 1 caregiver per resident may visit at a time.
- A caregiver may not visit any other resident or home for 14 days after visiting another:
  - Resident who is self-isolating or symptomatic; and/or,
  - Home in an outbreak.

### **General Visitors:**

- Defined as an individual:
  - Who provides non-essential services, who may or may not be hired by the home or the resident and/or their substitute decision-maker; and/or
  - Who for social reasons (i.e. family member 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.
- Visitors under 14 years of age must be accompanied by an adult and be able to tolerate a surgical/medical mask and shield for the duration of the visit.
- Visitation may happen in the resident's room or in a designated visitation area.
- Visits must be scheduled by communicating with Activation at 705-864.3062.
- No general visitors are permitted to visit in any of the following situations:
  - The home has an outbreak.
  - The resident is self-isolating or symptomatic.
  - The local public health unit is in the Orange-Restrict, Red-Control or Lockdown level.
- A General Visitor may not visit any other resident or home for 14 days after visiting another:
  - Resident who is self-isolating or symptomatic; and/or,
  - Home in an outbreak.

### **Procedure:**

### **Support Workers**

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## Services de santé de Chapleau Health Services

<b>Policy Name:</b> LTC COVID-19 Visitation and Management of Residents	<b>Policy Number:</b> PAN-00-12001
<b>Manual:</b> PAN-00-Pandemic	<b>Page:</b> 4 of 14
<b>Issued by:</b> COVID-19 Command Table	<b>Original Date:</b> September 8, 2020
<b>Authorized by:</b> COVID-19 Command Table	<b>Last Revised:</b> March 16, 2021

**Subject: LTC COVID-19 Visitation and Management of Residents**

---

1. Expectations of Support Workers:
  - Must demonstrate that they have received a negative COVID-19 test result from an Antigen Test on the day of the visit or demonstrate proof that they received a negative antigen test from an Antigen Test that was taken on the previous day before gaining entry into the facility.
  - Will be actively screened for signs and symptoms of illness, including COVID-19, prior to every entry into the Residence.
  - Must wear a surgical/medical mask with shield at all times during their visit if they will be in contact with residents. All visitors will be required to wear identification for the duration of their time in the Residence.
2. Support workers with signs or symptoms of illness or who fail the screening will not be permitted into the Residence.

### **Designated Caregivers:**

1. Visits may include, but are not limited to the following:
  - Emotional support
  - 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.
2. Expectations of the Designated Caregivers:
  - Must be identified by the resident and/or SDM.
  - Must be physically, cognitively, emotionally able to provide care elements identified.
  - Prior to participation and monthly thereafter, it will be mandatory for all Designated Care Providers to complete a short educational training session on the following:
    - Infection Control practices, physical distancing, PPE use, hand hygiene, etc.
    - Read, understand and agree to the LTC Visitation at SSCHS policy.

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## Services de santé de Chapleau Health Services

<b>Policy Name:</b> LTC COVID-19 Visitation and Management of Residents	<b>Policy Number:</b> PAN-00-12001
<b>Manual:</b> PAN-00-Pandemic	<b>Page:</b> 5 of 14
<b>Issued by:</b> COVID-19 Command Table	<b>Original Date:</b> September 8, 2020
<b>Authorized by:</b> COVID-19 Command Table	<b>Last Revised:</b> March 16, 2021

**Subject: LTC COVID-19 Visitation and Management of Residents**

---

- Must read, understand and sign the LTC Visitor Declaration.
- Shall follow the testing requirements as follows (See Appendix 1):
  - Shall receive one negative Antigen Test weekly if the facility is in a low prevalence area (Green)
  - Shall receive two negative Antigen Tests within a seven day period if the facility is in a high prevalence area (Yellow/Orange/Red/Grey), unless only visiting once in a seven day period.
  - If the facility is in outbreak, shall follow instructions from Public Health regarding testing.
- Will be actively screened for signs and symptoms of illness, including COVID-19, prior to every entry into the Residence.
- Designated Caregivers with signs or symptoms of illness or who fail the screening will not be permitted into the Residence.
- Must wear a surgical/medical mask and shield at all times during their visit.
- Will only provide care to their loved one.
- All visitors will be required to wear identification for the duration of their time in the Residence.
- Violations of any of the above directions may result in temporary suspension of the Designated Caregiver visitation.
- Visits are limited to designated visiting areas ie: resident room, vestibules (by appointment only) or a courtyard visit (weather permitting)

### **General visitors:**

1. General Visitors will only be permitted if the facility is in a low prevalence area (Green – Prevent or Yellow – Protect)
2. Expectations of a General visitor:
  - Must be identified by the resident and/or SDM.
  - Must be physically, cognitively, emotionally able to provide care elements identified.
  - Must schedule all visitations with the Activation Department.

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## Services de santé de Chapleau Health Services

<b>Policy Name:</b> LTC COVID-19 Visitation and Management of Residents	<b>Policy Number:</b> PAN-00-12001
<b>Manual:</b> PAN-00-Pandemic	<b>Page:</b> 6 of 14
<b>Issued by:</b> COVID-19 Command Table	<b>Original Date:</b> September 8, 2020
<b>Authorized by:</b> COVID-19 Command Table	<b>Last Revised:</b> March 16, 2021

**Subject: LTC COVID-19 Visitation and Management of Residents**

---

- Must demonstrate that they have received a negative COVID-19 test result from an Antigen Test on the day of the visit or demonstrate proof that they received a negative antigen test from an Antigen Test that was taken on the previous day before gaining entry into the facility.
- Will be actively screened for signs and symptoms of illness, including COVID-19, prior to every entry into the Residence.
- General visitors with signs or symptoms of illness or who fail the screening will not be permitted into the Residence.
- Must wear a surgical/medical mask and shield at all times during their visit.
- All visitors will be required to wear identification for the duration of their time in the Residence.
- Must read, understand and sign the LTC Visitor Declaration.
- Violations of any of the above expectations may result in cancellation of the visitation privileges.
- Visits are limited to designated visiting areas ie: resident room, vestibules (by appointment only) or a courtyard visit (weather permitting)

### **Responding to Non-Adherence by Visitors**

Directive #3 for Long Term Care Homes states that a Home may discontinue visitation due to non-compliance of visitors. In the event of non-compliance:

- The Home is responsible for providing reinstruction to the visitor to ensure proper understanding and adherence to the home's visitor policy.
- The Home recognizes the importance of visitation in supporting a resident's care needs, emotional wellbeing and must consider the impact of discontinuing visits on the resident's clinical and emotional well-being.

### **Ending a Visit**

Homes have the discretion to end a visit by ANY visitor who repeatedly fails to adhere to the home's visitor policy, provided:

- The home has explained the applicable requirement(s) to the visitor;

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## Services de santé de Chapleau Health Services

<b>Policy Name:</b> LTC COVID-19 Visitation and Management of Residents	<b>Policy Number:</b> PAN-00-12001
<b>Manual:</b> PAN-00-Pandemic	<b>Page:</b> 7 of 14
<b>Issued by:</b> COVID-19 Command Table	<b>Original Date:</b> September 8, 2020
<b>Authorized by:</b> COVID-19 Command Table	<b>Last Revised:</b> March 16, 2021

**Subject: LTC COVID-19 Visitation and Management of Residents**

---

- The visitor continuously disregards provided instructions despite reinstruction and repeated warnings;
- The visitor has the resources to adhere to the requirement(s) (e.g., there is sufficient space to physically distance, the home has supplied the PPE and demonstrated how to correctly put on PPE, etc.); and
- The visitor has been given sufficient time to adhere to the requirement(s).

Homes should document episodes of non-adherence and where they have ended a visit due to non-adherence.

### **Temporarily Prohibiting a Visitor**

Homes have the discretion to temporarily prohibit a visitor in response to repeated and flagrant non-adherence with the home's visitor policy. In exercising this discretion, the home will consider:

- If the problem may be resolved successfully by explaining and demonstrating how the visitor can adhere to the requirements.
- The negative impact to the health and safety of the resident, staff and other visitors in the home.
- If the non-adherence is continuously demonstrated by the visitor over multiple visits.
- If the visitors previous visits have been ended by the home.

### **Consequences of non-adherence**

**Step 1:** Verbal warning and reinstruction provided to visitor. Documentation in resident chart.

**Step 2:** Written warning and reinstruction provided to visitor. Documentation in resident chart.

**Step 3:** Visit will be terminated early and reinstruction provided to visitor. Documentation in resident chart.

**Step 4:** Visitor will not be permitted visitation for one week and reinstruction will be provided. Documentation in resident chart.

**Step 5:** Visitation terminated until further notice. Documentation in resident chart.

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## Services de santé de Chapleau Health Services

<b>Policy Name:</b> LTC COVID-19 Visitation and Management of Residents	<b>Policy Number:</b> PAN-00-12001
<b>Manual:</b> PAN-00-Pandemic	<b>Page:</b> 8 of 14
<b>Issued by:</b> COVID-19 Command Table	<b>Original Date:</b> September 8, 2020
<b>Authorized by:</b> COVID-19 Command Table	<b>Last Revised:</b> March 16, 2021

**Subject: LTC COVID-19 Visitation and Management of Residents**

---

Where the home has temporarily prohibited a caregiver, the resident and/or their substitute decision-maker may need to designate an alternate individual as a caregiver to help meet the resident's care needs.

### **Appeal process for residents, families and visitors:**

- In the event that a resident, and/or SDM disagree with a determination of the Clinical Team's decision to remove or decline access the following process will be followed:
  - Notice of the disagreement to a decision will be submitted to Brenda Bernier (LTC Charge Nurse) or Jamie Fiaschetti (CNE)
  - A review of the details of the concerns will be performed and an attempt to rectify the concern will be made.
  - If no resolution, the concern will be brought to the CEO. Final determination will be made regarding the concern and communicated to all parties involved.

### **Supervision and reinforcement:**

Homes have the discretion to supervise visits in order to manage health and safety during visits. Where a home needs to supervise visits, the supervision should be implemented in a manner that respects the resident's right to communicate in confidence.

The Infection Control Nurse/CNE/Clinical staff will be reinforcing 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)
- Physical distancing
- Cleaning practices

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## Services de santé de Chapleau Health Services

<b>Policy Name:</b> LTC COVID-19 Visitation and Management of Residents	<b>Policy Number:</b> PAN-00-12001
<b>Manual:</b> PAN-00-Pandemic	<b>Page:</b> 9 of 14
<b>Issued by:</b> COVID-19 Command Table	<b>Original Date:</b> September 8, 2020
<b>Authorized by:</b> COVID-19 Command Table	<b>Last Revised:</b> March 16, 2021

**Subject: LTC COVID-19 Visitation and Management of Residents**

---

### **Screening and Surveillance**

NOTE: The active screening process is mandated by Directive #3 for Long Term Care Homes under the Long term Care Homes Act, 2007 issued under Section 77.7 of the Health Protection and Promotion Act (HPPS), R.S.O.1990, C. H7. Requirements may change as COVID-19 evolves. Provincial mandates will supersede local practice as the highest authority where applicable.

The Nurse or designate will:

1. Conduct active screening on all residents upon entry, re-entry, and return from Short Stay Absence or medical leave.
2. Document twice daily the findings of active screening on the electronic Active Illness Screening Form in the resident health record.
3. Isolate and place in Droplet/Contact Precautions all resident admissions and returns from hospital transfers for 14 days. A COVID-19 PCR swab will be taken upon admission or return post Short Stay Absence or medical leave.
4. A Covid-19 PCR swab will be collected on day 14 and the resident will be removed from isolation once a negative swab is obtained.
5. Conduct further assessments for any resident who failed the Active Illness Screening questions.
  - Immediately isolate and place resident on Droplet/Contact Precautions.
  - Conduct COVID-19 testing for symptomatic residents and roommates/close contacts as directed by Public Health/provincial mandates.
  - Notify the Infection Prevention & Control Practitioner of the failed screening results and further clinical findings
  - Monitor and assess residents with signs and symptoms of atypical findings that may indicate COVID-19 infection.

Active screening is performed for all staff, visitors and contractors of the Residence using the Staff Screening Forms or the Resident Visitor Passports.

All team members will:

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## Services de santé de Chapleau Health Services

<b>Policy Name:</b> LTC COVID-19 Visitation and Management of Residents	<b>Policy Number:</b> PAN-00-12001
<b>Manual:</b> PAN-00-Pandemic	<b>Page:</b> 10 of 14
<b>Issued by:</b> COVID-19 Command Table	<b>Original Date:</b> September 8, 2020
<b>Authorized by:</b> COVID-19 Command Table	<b>Last Revised:</b> March 16, 2021

**Subject: LTC COVID-19 Visitation and Management of Residents**

---

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 Occupational Health and Safety Nurse's directions on when to return to work.

Screeners/Reception staff assigned to the entrance of the hospital to conduct active screening will:

1. Conduct active screening of all persons entering Services de santé de Chapleau Health Services and the Bignucolo Residence.
2. Restrict access to the Residence for those who fail the active screening.
3. Report any failed screening results to the nurse/designate for further investigation.

### **Typical and Atypical Symptoms of COVID-19:**

Fever (temp. of 37.8°C or greater)	New or worsening cough	Shortness of breath
Sore throat	Difficulty swallowing	Nausea/vomiting, diarrhea, abdominal pain
Runny nose, sneezing, or nasal congestion – in absence of underlying reason (i.e. allergies)	Clinical or radiological evidence of pneumonia	Unexplained fatigue/malaise
Delirium	Unexplained or increased falls	Acute functional decline
Exacerbation of chronic conditions	Chills	Headache
Conjunctivitis (pink eye)		

### **Universal masking of residents:**

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## Services de santé de Chapleau Health Services

<b>Policy Name:</b> LTC COVID-19 Visitation and Management of Residents	<b>Policy Number:</b> PAN-00-12001
<b>Manual:</b> PAN-00-Pandemic	<b>Page:</b> 11 of 14
<b>Issued by:</b> COVID-19 Command Table	<b>Original Date:</b> September 8, 2020
<b>Authorized by:</b> COVID-19 Command Table	<b>Last Revised:</b> March 16, 2021

**Subject: LTC COVID-19 Visitation and Management of Residents**

---

As per Directive #3 for Long-Term Care Homes under the Long-Term Care Homes Act, 2007 being implemented on December 9<sup>th</sup>, 2020 it is **recommended** that residents wear a medical/surgical mask when in common indoor areas within the home.

It is **recommended** for residents to wear a medical/surgical mask, as tolerated, when leaving the Home for visitation or appointments.

Any resident who is leaving the unit to attend a family meeting in any other area of Chapleau Health Services will be required to wear a medical/surgical mask for the duration of the meeting. In the event that the resident is incapable of tolerating a mask, arrangements will be made for the meeting to be held via teleconference or videoconference.

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## Services de santé de Chapleau Health Services

<b>Policy Name:</b> LTC COVID-19 Visitation and Management of Residents	<b>Policy Number:</b> PAN-00-12001
<b>Manual:</b> PAN-00-Pandemic	<b>Page:</b> 12 of 14
<b>Issued by:</b> COVID-19 Command Table	<b>Original Date:</b> September 8, 2020
<b>Authorized by:</b> COVID-19 Command Table	<b>Last Revised:</b> March 16, 2021

**Subject: LTC COVID-19 Visitation and Management of Residents**

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### **APPENDIX 1: Memo**

#### **NOTICE: ALL ESSENTIAL CAREGIVERS VISITING THE BIGNUCOLO RESIDENCE**

As part of the Ministry of Long Term Care's objective to surveillance test in all long term care homes in Ontario, point of care Rapid Antigen Testing will be implemented at the Bignucolo Residence beginning Monday, March 22, 2021 for all staff, students, volunteers, and essential caregivers. The purpose of the Rapid Antigen Testing program is to ensure individuals entering the home can be screened simply and quickly and that positive COVID-19 cases that may otherwise be missed are identified.

Staff, students, volunteers and essential caregivers are required to complete a point of care rapid antigen test (RAT) 1 time in a seven day period while in the "green zone" of the Government's COVID19 Response Framework, and 2 times in a seven day period while in any other of the coloured zone framework. Essential caregivers visiting the home only once in a seven day period only require testing on the day of the visit or on the day prior to the visit. If testing is not available on the day of or day before, 2 tests must be completed during the week.

Here is some important information regarding how to complete your rapid antigen test:

- Testing will occur at the Bignucolo Residence Monday to Friday between the hours of 7am and 2:45pm. The seven day period begins Monday and ends Sunday.
- The RAT is completed utilizing a deep nasal swab that is analyzed in a cassette within 15 minutes.
- Essential caregivers will not be allowed access to the home unless proof of a negative result is presented. Essential caregivers must wait in the lobby pending results before visiting their loved one.
- Testing will need to be completed on the first visit of the week. The proof of the negative swab can be utilized for two consecutive days, in which another RAT

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## Services de santé de Chapleau Health Services

<b>Policy Name:</b> LTC COVID-19 Visitation and Management of Residents	<b>Policy Number:</b> PAN-00-12001
<b>Manual:</b> PAN-00-Pandemic	<b>Page:</b> 13 of 14
<b>Issued by:</b> COVID-19 Command Table	<b>Original Date:</b> September 8, 2020
<b>Authorized by:</b> COVID-19 Command Table	<b>Last Revised:</b> March 16, 2021

**Subject: LTC COVID-19 Visitation and Management of Residents**

---

will be completed before entry the following day, up to a maximum of twice per week. See the chart below for examples.

<b>Example visiting schedules:</b>	<b>When to schedule a RAT?</b>
Daily visit	Monday and Thursday
Saturday and Sunday	Twice in the week (ex: Tuesday or Wednesday and Friday)
Monday, Wednesday, Friday	Monday and Wednesday
Tuesday	Tuesday
Wednesday, Thursday	Wednesday (only one test required)
Tuesday, Thursday	Tuesday and Thursday
Wednesday, Sunday	Wednesday and Friday
Saturday	Friday

- As testing is not available on the weekends, it is important to plan your tests accordingly. If you visit frequently, it is best practice to schedule two tests to avoid any delays in visitation.
- Essential care givers may schedule their appointments during visitation with the receptionist or by calling the reception desk at 705-864-1520.
- It will no longer be necessary to book appointments at the Assessment Centre. RAT testing can only be completed at the Bignucolo Residence.
- The RAT testing is located in the old Turning Point office, down the ER hallway. Entry is through the Front Entrance after 8:00am or through the ER doors before 8:00am. You will be screened upon entry.
- Please reach out to Brenda Bernier, Long Term Care RN, 705-8643052, if you require additional information or clarification.

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## Services de santé de Chapleau Health Services

<b>Policy Name:</b> LTC COVID-19 Visitation and Management of Residents	<b>Policy Number:</b> PAN-00-12001
<b>Manual:</b> PAN-00-Pandemic	<b>Page:</b> 14 of 14
<b>Issued by:</b> COVID-19 Command Table	<b>Original Date:</b> September 8, 2020
<b>Authorized by:</b> COVID-19 Command Table	<b>Last Revised:</b> March 16, 2021

**Subject: LTC COVID-19 Visitation and Management of Residents**

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### Revision History:

Revision Date	Version	Revision Description
2020-Sept-04	1.0	New policy established.
2020-Oct-15	2.0	Updated policy based on updates provided in: Directive #3 for Long-Term Care Homes Frequently Asked Questions: Resident Absences from Long-Term Care Homes – Released October 14 <sup>th</sup> , 2020
2020-Nov-06	3.0	Policy updated to reflect Bignucolo Residence practices.
2020-Nov-19	4.0	Policy updated to include non-adherence to visitation policy.
2020-Nov-23	5.0	Policy updated to include restrictions on visitation when local public health unit is in Orange-Restrict, Red-Control or Lockdown level.
2020-Nov-24	6.0	Updated policy as Ministry Guidelines now indicate that effective November 23 <sup>rd</sup> , 2020 all visitors must provide proof of a negative swab
2020-Dec-21	7.0	Policy name updated. Policy updated to include the definition of a “Support Workers” and include universal resident masking.
2021-Jan-19	8.0	Updated the swabbing frequency to reflect the Covid-19 Response Framework released from the Provincial Government.
2021-Mar-16	9.0	Updated with Antigen testing requirements

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