Santé Bruyère Health **POLITIQUES ET PROCÉDURES CLINIQUES** **CLINICAL POLICIES AND PROCEDURES**	**NUMÉRO / NUMBER:** **ADMIN 43 LTC**		
	SUJET / SUBJECT: **VISITEURS, SOINS DE LONGUE DURÉE / VISITORS, LONG-TERM CARE**		
	EN VIGUEUR LE / EFFECTIVE DATE : **2017-05**	**RÉVISION ANTÉRIEURE / PAST REVIEW DATE :** **2020-09 TR; 2021-12 TR; 2024-10 TR**	**DATE DE LA RÉVISION / REVISION DATE :** **2026-04**
	EN VIGUEUR A / APPLIES TO **SLD ÉB/ÉB LTC, SLD SL/SL LTC**		
ACTUALISATION OU SERVICE RESPONSABLE / POLICY SPONSOR OR DEPARTMENT RESPONSIBLE : **SOINS DE LONGUE DUREE / LONG-TERM CARE**	**APPROUVÉ PAR / APPROVED BY :** **VICE-PRÉSIDENTE DES PROGRAMMES ET DES SOINS RÉSIDENTIELS ET COMMUNAUTAIRES / VICE-PRESIDENT OF RESIDENTIAL AND COMMUNITY CARE AND PROGRAMS (2026-04)**		

Hospital programs: Refer to policy ADMIN 43 *Visitors: Family and Friends Presence*.

Note: Long-Term Care (LTC) home staff, volunteers and placement students are not considered visitors as their access to the home is determined by the LTC Home's licensee.

IMPORTANT: This policy is subject to change at any time depending on the applicable laws including any applicable directives, orders, guidance, advice or recommendations issued by the Chief Medical Officer of Health or a medical officer of health appointed under the Health Protection and Promotion Act.

1.0 POLICY

1.1 Bruyère Health will support residents in long term care to have visitors and ongoing and safe support from their caregivers to support their physical, mental, social and emotional wellbeing and their quality of life.

1.2 Bruyère Health will establish and implement visiting practices that comply, at a minimum, with the guidance in the relevant Ministry of Long-Term Care (MoLTC) policies.

1.3 Although COVID-19 and other respiratory illness immunizations are not mandatory for visitors, they are strongly recommended, particularly given the vulnerable resident population.

1.4 Essential visitors are the only type of visitors allowed when a resident is isolating, or if the resident is an area of the homes that is on outbreak or suspect outbreak. The local public health unit will provide direction on visitors to the home, depending on the specific situation.

1.5 Visitors (including essential visitors) must sign in and out when visiting the home. These include the name and contact information of the visitor, the date and time of the visits and the name of the resident visited. Visitors are to fill out this information in the book at the entrance upon arrival.

1.6 Self-monitoring of signs and symptoms should be done and if present, visitors should not come into the home until they have resolving symptoms with no fever. Visitors can reference the screening tool available on www.bruyere.org (bottom of page).

1.7 Visitors must wear personal protective equipment (PPE) as required. If a visitor is unable to wear the required PPE, the visitor will not be granted access to the home. Children who are younger than two years of age are not required to wear face coverings. Any other individual requesting an exception from required PPE is required to contact the home's leadership team.

1.8 While at Bruyère Health, all staff and residents have the right to an environment that is free from any form of violence, aggressive behaviour, harassment, or discrimination. These behaviours are serious offences that will not be tolerated.

2.0 VISITING HOURS

2.1 For the comfort of all our residents, families are encouraged to visit anytime between 9 a.m. and 9 p.m., seven days a week.

2.2 To ensure the security of the residents:

2.2.1 At the Saint-Louis Long-Term Care, visitors need a code to come in.

2.2.2 At the Élisabeth-Bruyère Long-Term Care, visitors need an access card or assistance from a staff member to operate the elevator when leaving a unit.

2.3 Guests who plan to visit between 9 p.m. and 9 a.m. must inform staff.

2.3.1 At the Saint-Louis Long-Term Care, the front door is locked between 9 p.m. and 7 a.m. During this time, guests must ring the doorbell, and night staff open the door.

2.3.2 At the Élisabeth-Bruyère Long-Term Care, the front door locks at 6 p.m. on weekdays and 6:30 p.m. on weekends. Visitors use the intercom to request that staff unlock the door.

3.0 BECOMING AN ESSENTIAL CARE PARTNER

3.1 The resident or SDM may designate essential care partners (ECPs). The decision to designate an individual as a care partner is entirely the choice of the resident and/or their substitute decision maker (SDM) and not the home.

3.2 The designation should be made in writing via email to using email sld-ltc@bruyere.org for SL-LTC and ecp@bruyere.org for EB-LTC.

3.3 The home will keep a record of essential care partners for each resident.

3.4 A resident and/or their SDM may change a designation in response to a change in the:

1) Resident's care needs that are reflected in the plan of care.

2) Availability of an ECP, either temporary (e.g., illness) or permanent. It is requested that a short-term change of ECP be for at least a month.

3.5 ECPs receive formal training and an identification badge. ECPs must return their badge when they are no longer a care partner to a resident .

4.0 RESPONDING TO NON-ADHERENCE BY VISITORS

4.1 Bruyère Health recognizes that visitors are critical to supporting a resident's care needs and emotional well-being. Bruyère Health considers the impact of discontinuing visits on the resident's clinical and emotional well-being. Any consequences of non-adherence are conducted to protect residents, staff and visitors in the home from the risk.

4.2 Visitors are provided access to the home's visitor policy, and the home administration is available to answer questions or support the visitor in their learning needs, as required. If the visitor does not adhere to the visitor policy, Bruyère Health considers the severity of the non-adherence and will respond accordingly.

4.3 Where Bruyère Health has ended a visit or temporarily prohibited a visitor, Bruyère Health will specify any education/ training the visitor may need to complete before visiting the home again.

5.0 ENDING A VISIT

5.1 Bruyère Health has the discretion to end a visit by any visitor who repeatedly fails to adhere to the home's visitor policy or other important policies, provided:

- The home has explained the applicable requirement(s) to the visitor;
- The visitor has the resources to adhere to the requirement(s) (e.g., the home has supplied the PPE and demonstrated how to correctly put on PPE, etc.);
- The visitor has been given sufficient time to adhere to the requirement(s).
- Homes should document in the resident's chart (Family Communication type progress note) where they have ended a visit due to non-adherence.

6.0 TEMPORARILY PROHBITING A VISITOR

6.1 Bruyère Health has 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 administration will consider whether the non-adherence:

- Can be resolved successfully by explaining and demonstrating how the visitor can adhere to the requirements.
- Negatively impacts the health and safety of residents, staff and other visitors in the home.
- Is demonstrated continuously by the visitor over multiple visits.
- Is by a visitor whose previous visits have been ended by the home.

Any decision to temporarily prohibit a visitor should:

- Be made only after all other reasonable efforts to maintain safety during visits have been exhausted;
- Stipulate a reasonable length of the prohibition;
- Clearly identify what requirements the visitor should meet before visits may be resumed (e.g. reviewing the home's visitor policy, reviewing specific Public Health Ontario resources, etc.); and,
- Be documented by the home in the resident's chart (Family Communication type progress note).

6.2 Where the home has temporarily prohibited an ECP, the resident and/or their SDM may need to designate an alternate individual as care partner to help meet the resident's care needs.

7.0 DEFINTIONS

Essential Visitors: 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. There are three types of Essential visitors: essential care partner, compassionate grounds visitor, and support worker.

Essential Care Partner (ECP): an individual who is designated by the resident and/or their substitute decision maker and is visiting to provide direct care to the resident (e.g., providing mealtime assistance, mobility, personal hygiene, cognitive stimulation, communication, meaningful connection, relational continuity and assistance in decision making). Examples of care partners include family members who provide meaningful connection, a privately hired service provider, paid companions and translators. Formerly called Designated care partners (badge buddies still indicate this terminology).

Compassionate-grounds Visitor: a person visiting a very ill resident or a resident who is at the end of life. Every resident who is dying or who is very ill has the right to have family and friends present 24 hours per day per the Residents Bill of Rights.

Support Worker: a visitor who is visiting to perform essential support services for the home or for a resident at the home. Examples of support workers include healthcare workers, maintenance workers or a person delivering food, provided they are not staff of the LTC home as defined in the Fixing LTC Homes Act.

Other visitors: There are three types of other visitors: government inspector, general visitor, support person (for a visitor).

Government inspector: person with a statutory right to enter a long-term care home to carry out their duties.

General Visitor: person who is not an essential visitor and is visiting: 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, 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.

Support person (for a visitor): support persons help people with a disability perform daily tasks that they cannot do by themselves. For example, a support person might help with communication, mobility or personal care. Support persons would have the same access as the visitor they are supporting.

Outbreak: an outbreak of a disease of public health significance or communicable disease as defined in the Health Protection and Promotion Act. This includes epidemic or pandemic situations.

Emergency: situation requiring immediate action for the well-being of residents or the operations of the home. Examples include immediate repair of essential equipment (computer

systems, lifts, fire safety systems, etc.) or immediate health requirements (X-ray technician, paramedics, police, physician, coroner, etc.).

8.0 REFERENCES

Ontario. Legislative Assembly. *Fixing Long-Term Care Act, 2021, S.O. 2021. c.39*.

Resident bill of rights: Fixing Long-Term Care Act, 2021, S.O. 2021, c. 39, Sched. 1 | ontario.ca

9.0 RELATED DOCUMENTS

Bruyère Health - Essential Care Partner (external link for more info)

Appendix: ECP Designation Form

Policies:

- RH.HR 2.3 Workplace Violence, Harassment and Discrimination Prevention
- INFECTION CONTROL 01 Routine Practices
- CLIN CARE 22 LTC Privately Hired Service Providers

In case of doubt, the English version of this policy takes precedence over the French.