

Ministry of Children, Community and Social Services (MCCSS)

Visitors Guidelines 3.0: Re-Opening of Congregate Care Settings

A. Introduction

As the pandemic evolves in Ontario, MCCSS is keeping the health, safety and emotional well-being of residents and staff at the forefront by continuing to adjust direction regarding visits and absences at congregate care settings.

This document **replaces** the previously-issued **Visitors Guidelines 2.0 Re-Opening of Congregate Living Settings**, which came into effect on September 9, 2020.

The purpose of this document is to provide MCCSS funded service providers who deliver congregate care services and supports with guidance on facilitating:

- in-person visits based on visitor type (essential, designated, non-essential),
- short-stay absences/outings for residents, and
- essential overnight visits.

Key changes in this version include:

- the temporary suspension of specific types of visits to and absences from the congregate care setting based on MCCSS precaution level (page 1),
- mandatory screening questions for visitors (page 4),
- updates to minimum personal protective equipment (PPE) requirements for visitors (page 5),
- distinction between essential vs. non-essential outings (page 6),
- flexibility for service providers to change who is deemed an essential visitor in the context of elevated community risk (page 9).

Important note for open and secure custody/detention youth justice facilities.

The Ministry's Youth Justice Division continues to work with key stakeholders on operational guidance with respect to the safety, security and confidentiality of the youth we serve, their families, and employees with a goal of resuming in-person, non-essential visits. Communication will be distributed to all TPRs providing open and secure youth justice services once in-person, non-essential visits can resume.

B. How to apply this guidance in your congregate care setting:

In October 2020 the ministry began issuing memos to service providers operating in public health unit (PHU) regions that were experiencing changes in community spread

of COVID-19, outlining enhanced precautions (e.g. restrictions on visitations, short-stay absences and overnight absences) relative to escalation/de-escalation of community risk.

While this approach was suspended during the period of the provincewide lockdown, the ministry has now resumed issuing memos for areas where the lockdown has been lifted with corresponding restrictions for the following precautions levels: **Normal** (lowest risk of community transmission), **Additional, Enhanced**, and **Comprehensive/Outbreak** (highest risk of community transmission OR outbreak in a setting).

This document outlines the requirements that apply for each type of visit and absence from the congregate care setting where the visit/absence type is permitted in accordance with the MCCSS enhanced precaution levels.

Please refer to **Appendix A** for an outline of which types of indoor/outdoor visits and absences from the congregate care setting are permitted for each precaution level.

Any suspensions of visits/absences outlined in an assigned precaution level are to remain in place until the ministry issues an updated notice of precaution memo.

Please note: The Ministry of Children, Community and Social Service's precaution levels are separate and apart from the five zones of public health measures in the province's [COVID-19 Response Framework: Keeping Ontario Safe and Open](#). The latter provides overarching public health measures for businesses, service sectors and public spaces. The MCCSS precautions are specific to MCCSS congregate care settings and have been developed to safeguard the health and well-being of residents and staff while mitigating risk to the highest degree possible. Indoor/outdoor visits, short stay absences, and essential overnight absences should be guided by the following principles:

- ✓ **Safety:** Any approach to visiting inside a congregate care setting should consider the health and safety needs of all residents, staff, and visitors, and support the mitigation of identified risks.
- ✓ **Emotional Well-Being:** Accommodating visitors is intended to support the emotional well-being of residents and their families/friends by reducing any potential negative impacts related to social isolation.
- ✓ **Equitable Access:** Visits should be conducted equitably and be consistent with resident preference, within reasonable restrictions that safeguard all residents and staff.
- ✓ **Flexibility:** Any approach to visits should consider COVID-19 spread in the community and the physical/infrastructure characteristics of the site, its staffing availability, and the current status of PPE levels for all staff and

residents.

Service providers should encourage residents and visitors to consider their personal health and susceptibility to the virus in determining whether visiting a congregate care setting is appropriate. Where in-person visits are not appropriate or advisable, virtual visiting options should be provided, where possible.

C. Congregate Care Setting Requirements

The following baseline requirements for congregate care settings must be met prior to the site being able to accept visitors:

For all visitors (essential, designated and non-essential), the service provider has established:

1. A process for communicating with residents, families/friends and staff about the resumption of on-site visit procedures, which should include but not be limited to:
 - a. [Infection Prevention and Control \(IPAC\) practices](#) and information on accessing [PHO training](#).
 - b. Visit scheduling protocols and any site-specific policies (e.g. outbreak).
 - c. Minimum PPE requirements for indoor/outdoor visitors (see *Principles and Practices for Visitor PPE Usage* in Section D for additional detail).
 - d. Operational procedures such as limiting movement inside the congregate care setting, if applicable, and ensuring visitors' agreement to comply prior to each visit.
 - e. Identification of dedicated indoor and outdoor visitation areas. Outdoor visitation areas should not be enclosed (i.e. should allow open air flow).
 - f. A list/log of visitors and their contact information, which is to be made available to relevant staff and for PHU contact tracing activity, as needed.
 - g. Supporting materials must include an approach to dealing with non-adherence to these policies and procedures, including the discontinuation of visits.

Service providers are encouraged to seek independent legal advice to inform their non-adherence policies and protocols.

2. Protocols are in place to maintain IPAC standards prior to, during and after visits, which include:
 - a. Active screening of all visitors upon arrival, with policies and protocols in place to admit entry to only those who pass the screening.

- b. Proper respiratory etiquette and frequent hand hygiene.
- c. Education on all required protocols will be provided by the site.
- d. There are designated visiting spaces outdoors and indoors (as applicable).
- e. There is adequate staffing to implement visiting protocols and continue ongoing operations within the setting.
- f. Enhanced cleaning and disinfection of the space will occur following recommended IPAC standards.
- g. Washrooms open to use by visitors must be cleaned frequently and in a manner that adheres to [IPAC guidance](#).
- h. Where appropriate, the congregate care setting is able to facilitate visits in a manner aligned with physical distancing protocols, including identifying a space(s) where visiting takes place and the areas that are off-limits to visitors (e.g. common areas, etc.), and the maximum capacity limit based on ability to physically distance within a designated space.

Any non-adherence to these rules could be the basis for discontinuation of visits.

D. Visitor Requirements

For each visit, all visitors must:

1. Pass an active screening questionnaire that screens for signs and symptoms of and potential exposures to COVID-19. In addition, the screening questionnaire must also include the following questions:
 - Are you aware of the recommendations and restrictions in this community regarding gathering size, hand and respiratory hygiene, and the use of face coverings and masks? Have you been consistently following these recommendations and restrictions?

Service providers are to use discretion to determine an appropriate course of action should a visitor being screened respond 'no' to one or both screening questions. Current public health guidelines and the best interest of the residents and staff should be taken into consideration. For example, what would be the impact on the resident if a visitor is not permitted entry? Are any residents medically fragile?

2. Read and agree to the parameters of the visit set out by the service provider in compliance with this document and public health direction.
 - Service providers may choose to request a visitor attestation to the visiting

protocols and the consequences of failure to adhere to them.

3. Remain within designated spaces as identified by the service provider.

Principles and practices for visitor PPE usage:

Visitor Masking:

Given the vulnerability of many residents in congregate care settings, MCCSS requirements for visitor masking may be more stringent than guidance provided by the Ministry of Health or Public Health Ontario in some circumstances.

- All visitors, regardless of visitor type (essential, non-essential, and designated), must wear a surgical/procedure mask at all times.
- Surgical/ procedure masks may be worn for extended periods however the mask should be replaced if the mask is:
 - Soiled.
 - Contaminated (e.g., if someone coughs on you).
 - Moist or wet.
 - Damaged, and/or
 - Difficult to breathe through.
- Surgical masks are to be provided by the service provider. For more information about PPE supply, please refer to the recently issued **MCCSS Congregate Care Settings Operational Guideline for COVID-19 Universal Source Control Measures 2.0**.

Visitor Eye Protection (face shields, goggles, safety glasses with side shields):

- All visitors, regardless of visitor type (essential, non-essential, and designated), are to wear appropriate eye protection (e.g., face shield, goggles or safety glasses with side shields) in addition to a surgical/procedure mask.
- Disposable face shields are to be supplied to visitors by the service provider where needed.

Eye protection comes in many different shapes and designs. When selecting eye protection for PPE, make sure that:

- Eye protection needs to be a barrier to provide protection of mucous membranes involving the eyes.
- Eye protection can provide a barrier from all sides, from the front, the sides, and the top when the individual has the head lowered (e.g. close fitting and/or with integrated side shields).
- The type of eye protection is appropriate for the type of activity to be performed and the type of exposure that it is intended to protect against, and
- Prescription glasses, sunglasses and safety glasses without side shields are not considered adequate eye protection.

Any non-adherence to the service provider's IPAC policies, including but not limited to above, may be grounds for discontinuation of visits.

E. Requirements for Short-Stay Absences & Outings

The resumption of short-stay absences, outings and community engagement and participation are important to maintain the social, emotional well-being and quality of life of people supported in congregate care settings. Facilitation of resident access to outings and community participation should be consistent with residents' preferences and within reasonable restrictions that safeguard both residents and staff.

For congregate care residents who wish to leave for an essential short stay absence (non-overnight) or outing (e.g., work, school, medical appointment) or a recreational outing (i.e. activities for pleasure, day visit to a family home), the following requirements must be met:

- Residents must pass an active screening questionnaire that screens for signs and symptoms of and potential exposures to COVID-19 every time they re-enter the congregate care setting, in addition to the requirement to be screened twice daily. If a resident does not pass screening, the site will follow isolation policies.
- The resident performs proper hand hygiene upon exit and entry of congregate care setting as well as maintains hand hygiene (e.g. washes hands and/or uses hand sanitizer regularly including upon entry/exit of buildings/spaces) while in the community and after touching objects or surfaces that could be touched by others or after touching others.
- The resident wears a face covering or non-medical mask when entering indoor spaces or when they are within 6 feet/2 metres of others in outdoor spaces.

Note: If one of the exceptions for masking outlined in regulation under the *Reopening Ontario (A Flexible Approach COVID-19) Act, 2020* applies to the resident, they are not required to wear a mask.

- In addition, the resident should be encouraged to adhere to physical distancing practices as much as possible as well as any current local PHU advice.
- As much as possible, residents should avoid crowded indoor places, and interactions with multiple people. Masks should only be removed indoors to eat or drink, and then immediately put back on following appropriate donning and doffing procedures.
- Service providers should assist residents in obtaining face coverings or non-medical masks to facilitate the use of masks during the resident's short-stay absence or outing.

For information on how to wear, remove and handle non-medical mask or face-coverings please refer to the following resources:

- [Public Health Ontario advice on non-medical masks/face coverings](#)
- Government of Ontario [website for Face Coverings and Face Masks](#)
- Health Canada: [How to wear a non-medical mask or face covering properly \(video\)](#)

All children and young persons receiving residential care have a right to receive an education that corresponds to their aptitudes and ability, in a community setting wherever possible. Children’s residential service providers are to engage with the children and youth in their care, placing agencies, school boards, and parents or guardians where applicable to discuss the options for children and youth to attend school. Specific guidance for the school setting has been provided by the Ministry of Education and School Boards.

F. Essential Overnight Absences

An essential overnight absence (e.g., to a family home) is one considered necessary to maintain the health, wellness and safety, or any applicable legal rights, of a resident.

Service providers should take careful consideration to support residents’ emotional well-being through overnight absences.

Following an essential overnight absence, a resident must adhere to the following precautions for 14-days post visit, including:

- Upon return, pass an active screening questionnaire that screens for signs and symptoms of and potential exposures to COVID-19. If a resident does not pass screening, the site will follow isolation policies.
- Only receive outdoor visitors during the 14 days following return
- Monitor for symptoms
- Avoid using common areas; however, if a common area cannot be avoided, the resident must use a surgical/procedure mask if tolerated
- Limit contact with other residents
- Only participate in group activities if physical distancing is maintained (i.e., a distance of 6 feet or 2 metres) and a surgical/procedure mask is used for the duration of the activity.
- Practice proper hand hygiene by washing their hands often (using soap and water, or use alcohol-based hand sanitizer)
- Adhere to respiratory etiquette

A resident who is adhering to the 14-day precautions may leave their congregate care setting for essential and non-essential short stay (non-overnight) absences/outings (e.g. go to school, go on walks and other activities of daily living) following the precautions outlined in Section E.

Leaving the residence for a short stay absence/outing will NOT reset the 14-day time period. However, another overnight stay during the same 14-day period will reset the 14-day period.

NOTE: Testing/isolation following a COVID-related absence (e.g. a hospital stay) should be done in consultation with the local public health unit, taking into consideration any symptoms at the time of return to the congregate care setting and/or new high-risk exposures.

G. Timeline

The direction in this guidance will come into effect on February 11, 2021.

Appendix A: Restrictions to Visits, Short Stay Absences/Outings and Essential Overnight Visits based on Precaution Level

| | Normal Precautions | Additional Precautions | Enhanced Precautions | Outbreak/ Comprehensive Precautions |
|--|--------------------|--|--|--|
| <p>Visits</p> <p>Note: In addition to the guidelines below, all indoor and outdoor visitors must always wear a minimum of a surgical/procedure mask AND eye protection when entering a congregate living setting.</p> | | | | |
| <p>Essential</p> <p>An essential visitor is generally a person who:</p> <ol style="list-style-type: none"> 1. Performs essential services to support the ongoing operation of a service agency (including a contractor); and/or 2. Considered necessary to maintain the health, wellness and safety, or any applicable legal rights, of a congregate living resident. <p>An essential visitor may include but is not limited to the following:</p> <ul style="list-style-type: none"> • A parent/guardian • Social service workers (e.g. child welfare workers, day program operators etc.) • Health care providers (e.g. doctor, nurse, personal) | Permitted | Permitted | Permitted | Permitted |
| <p>Designated</p> <p>A resident and/or substitute decision maker may designate up to 2 people at a time as “designated visitors”.</p> <p>Designated Visitors:</p> <ul style="list-style-type: none"> • Are not required to schedule an appointment to visit a congregate living setting within provided that their visit is within the site’s permitted visitation hours. | Permitted | Designated visitor privileges suspended. <ul style="list-style-type: none"> • See Essential or non-essential visitor privileges as appropriate for alternate options. | Designated visitor privileges suspended. <ul style="list-style-type: none"> • See Essential or non-essential visitor privileges as appropriate for alternate options. | Designated visitor privileges suspended. <ul style="list-style-type: none"> • See Essential or non-essential visitor privileges as appropriate for alternate options. |

| | Normal Precautions | Additional Precautions | Enhanced Precautions | Outbreak/ Comprehensive Precautions |
|--|---|---|---|--|
| <ul style="list-style-type: none"> May be required to wait outside of the congregate living setting if the site is at its maximum visitor capacity. <p>While appointments are not required it is advised that to schedule an appointment to avoid wait times.</p> | | | | |
| <p>Non-essential</p> <p>A non- essential visitor is generally a person who:</p> <ul style="list-style-type: none"> Provides non-essential services, who may or may not be hired by the site or the resident and/or their substitute decision maker; and/or For social reasons (e.g. family members or friends). <p>Non-essential visits must be scheduled in advance.</p> | Permitted, including: <ul style="list-style-type: none"> Unsupervised Indoor Outdoor | Permitted with limitations: <ul style="list-style-type: none"> Supervised only Physically distanced only Indoor Outdoor | Permitted, with limitations: <ul style="list-style-type: none"> Supervised only Physically distanced only Outdoor visits only Indoor visits suspended | Non-essential visitor privileges suspended. |
| Short-term outings or absences | | | | |
| Health and well-being activities outside of residence (e.g. doctor's appointments, work, school etc.). | Permitted. | Permitted. | Permitted. | Permitted, when: <ul style="list-style-type: none"> authorized by screening for activity and/or public health advice; or essential for medical purposes only and virtual care is not possible. |
| Recreational activities outside of residence | Permitted. | Permitted. | Suspended. | Suspended. |
| Day supports | Permitted. Max group size (including staff) is 10 people. | Permitted. Max group size (including staff) is 10 people. | Permitted, when: Max group size (including staff) is 5 people. | Suspended. |

| | Normal Precautions | Additional Precautions | Enhanced Precautions | Outbreak/ Comprehensive Precautions |
|---|--------------------|------------------------|----------------------|-------------------------------------|
| Essential overnight absences | | | | |
| Essential overnight absences <ul style="list-style-type: none"> An essential overnight absence (e.g. to a family home) considered necessary to maintain the health, wellness and safety, or any applicable legal rights, of a resident. | Permitted. | Permitted. | Permitted. | Suspended. |

Appendix B: Types of Visitors (Essential, Designated and Non-Essential)

Essential Visitors

An essential visitor is generally a person who:

1. Performs essential services to support the ongoing operation of a service provider (e.g. a contractor); and/or
2. Considered necessary to maintain the health, wellness and safety, or any applicable legal rights, of a congregate care resident.

An essential visitor may include but is not limited to the following:

- A parent/guardian
- Social service workers (e.g. child welfare workers, day program operators etc.)
- Health care providers (e.g. doctor, nurse, personal support workers etc.)
- Inspectors from the Ministry or public health unit

Service providers may use discretion to change who is deemed an essential visitor in the context of changing community risk unless the essential visitor has legal authority to enter the setting (e.g. an inspector).

Designated Visitors

A resident and/or substitute decision maker may designate up to 2 people at a time as designated visitors.

Designated Visitors:

- Are not required to schedule an appointment to visit a congregate care setting provided that their visit is within the site's permitted visitation hours.
- May be required to wait outside of the congregate care setting if the site is at its maximum visitor capacity.

While appointments are not required, scheduling an appointment is advised to avoid wait times.

Non-Essential Visitor

A non-essential visitor is generally a person who visits:

- To provide non-essential services, who may or may not be hired by the site or the resident and/or their substitute decision maker; and/or
- For social reasons (e.g. family members or

friends). Additional requirements:

- Non-essential visitors are required to make an appointment prior to visiting a congregate care setting.

Note: Staff are not considered visitors.