



2. The long-term care home and congregate living residences at Radiant Care must **NOT** currently be in outbreak (has never been in outbreak or the outbreak has been declared resolved by the Public Health Unit (PHU)). If one of the homes has relaxed visitor restrictions and any area of the campus enters into an outbreak, non-essential visitations to all areas of the campus must end.
3. Visits will be suspended if any part of the home has any presumptive/suspect cases of COVID-19.
4. All visitors shall review the information package on Infection Prevention and Control (IPAC), masking, and limiting movement around the home (see Appendix A), and shall agree to all measures included in the package by completing the Attestation, Waiver and Release provided by Radiant Care (see Appendix B). This Attestation, Waiver and Release shall be signed by every visitor, individually, before each visit. Failure to do so, or non-adherence to home policies and procedures, will result in discontinuation of visits for that visitor.
5. All visitors to Radiant Care shall attest to a negative result on a COVID-19 test within the past 14 days by completing the Attestation, Waiver and Release provided by Radiant Care. Radiant Care is not responsible for providing the COVID-19 testing.
6. All visitors shall be screened prior to all visits and shall not come to their scheduled visit if they are feeling unwell.
7. Strict infection control measures shall be in place at all times, including hand sanitizing, maintaining physical distance (2 meters), and always wearing a mask throughout the visit (face covering for outdoor visits). Visitors shall provide their own face covering for outdoor visits.
8. Failure to follow policy and protocols related to items in #4, #5, and #7 will result in discontinuation of visits.

## DEFINITIONS

**Visitor:** Any family member, close friend, or neighbour

## PROCEDURE

### **Long-Term Care Home (Residents)**

#### ***Phase 1 – Outdoor Visits Only:***

- Non-essential visitors will not be permitted inside any Radiant Care buildings.
- Radiant Care reserves the right to cancel outdoor visits when it is unsafe (extreme heat, other weather conditions, lack of available staff to support the visit, etc.)
- Visit locations:
  - At Pleasant Manor (PM), outdoor resident visits will take place on the patio behind the delivery dock. Visitors will be screened upon arriving at the patio area, prior to the arranged visit. No unscheduled visits are permitted in the designated area.
  - At Tabor Manor (TM), outdoor resident visits will take place in front of the Long-Term Care entrance. Visitors will be screened in front of the Long-Term Care building prior to the arranged visit. No unscheduled visits are permitted in the designated area.

- Staff will be responsible for the transportation of residents in and out of the home for visits. Staff will remain within visual contact. Visitors will not be permitted to transport the resident.
- Each resident will be permitted only ONE visitor at a time.
- Visitors may only visit the one resident they are intending to visit, and no other resident.
- All visits must be scheduled in advance through the Therapeutic Recreation Supervisor of the home. No unscheduled visits will be accommodated.
- A visit will be a minimum of 30 minutes.
- Visit times:
  - At both homes, visits will be scheduled Monday to Friday between 9:30am and 3:30pm.
- Visits will not be scheduled for any residents currently completing a 14-day isolation.
- Radiant Care will make every effort to provide one visit per week per resident.

### **Congregate Living (Tenants)**

- Non-essential visitors will not be permitted inside any Radiant Care buildings.
- Radiant Care reserves the right to cancel outdoor visits when it is unsafe (extreme heat, other weather conditions, lack of available staff to support the visit, etc.)
- Visit locations:
  - At Pleasant Manor (PM), outdoor tenant visits will take place on the patio behind the delivery dock. Visitors will be screened upon arriving at the patio area, prior to the arranged visit. No unscheduled visits are permitted in the designated area.
  - At Tabor Manor (TM), outdoor tenant visits will take place in front of 1 Tabor Drive. Visitors will be screened outside the entrance of 1 Tabor Drive prior to the arranged visit. No unscheduled visits are permitted in the designated area.
- Staff will assist with the transportation of tenants in and out of the home for the visit (if needed). Staff will remain within visual contact. Visitors will not be permitted to transport the tenant.
- Each tenant will be permitted a maximum of TWO visitors at the scheduled visit. Visitors will need to bring their own seating.
- All visits must be scheduled in advance through the Supportive Housing Assistant Coordinator. No unscheduled visits will be accommodated.
- Visit times:
  - At both homes, visits will be scheduled Monday to Friday between 9:30am and 3:30pm.
- Visits will not be scheduled for any tenants currently completing a 14-day isolation.
- Radiant Care will make every effort to provide one visit per week per tenant.

### **REFERENCE**

- Directive #3 for Long-Term Care Homes under the Long-Term Care Homes Act, 2007, June 10, 2020
- Resuming Visits in Long-Term Care Homes, Ministry of Long-Term Care, June 11, 2020

Reviewed: \_\_\_\_\_

### Infection Prevention and Control (IPAC) Information Package

**COVID-19 test negative prior to visit:** All visitors shall sign the Attestation, Waiver and Release document indicating that they have been tested for COVID-19 within the past 14 days and have a negative result. This Attestation, Waiver and Release shall be signed by every visitor, individually, before each visit. Radiant Care is not be responsible for providing the COVID-19 testing.

<b>Nonadherence policy</b>	All visitors must review the information in this package and sign the Attestation, Waiver and Release, agreeing to all measures contained herein. Failure to do so, or non-adherence to home policies and procedures, will result in discontinuation of visits, effective immediately.
<b>General Information</b>	Please arrive 10 minutes before your scheduled visit time. If possible, please bring your own chair. Please be advised visits cannot extend beyond 30 minutes, in order to allow all residents and tenants an opportunity to participate in outdoor visits.
<b>Screening for COVID-19 Symptoms</b>	Before your visit you will be 'screened' using a questionnaire **If you have any of the symptoms in the following list we ask that you do <b>NOT</b> come for your visit. If you do not pass the screening, you will not be permitted to visit at this time
Common signs of infection include:	<ul style="list-style-type: none"> <li>• Fever and /or</li> <li>• New cough or a cough that is getting worse</li> </ul>
Other symptoms can include:	<ul style="list-style-type: none"> <li>• Difficulty breathing</li> <li>• Sore throat</li> <li>• A runny or congested nose (not allergies)</li> <li>• Chills</li> </ul>
Other non-specific symptoms are:	<ul style="list-style-type: none"> <li>• Muscle aches</li> <li>• Fatigue (feeling weak, tired, exhausted)</li> <li>• Headache</li> <li>• Diarrhea</li> <li>• Lost sense of taste or smell</li> <li>• Conjunctivitis</li> <li>• Rash</li> <li>• Severe chest pain</li> <li>• Having a very hard time waking up</li> <li>• Feeling confused</li> <li>• Lost consciousness</li> </ul>

	<ul style="list-style-type: none"> <li>• Nausea</li> <li>• Vomiting</li> <li>• Unexplained abnormally rapid heart rate</li> <li>• Chronic conditions getting worse</li> </ul>
<p><b>Clean Your Hands:</b> Cleaning your hands is the most effective way to prevent the spread of germs. Regular hand cleaning with either soap and water, or an <b>alcohol-based hand sanitizer</b> will reduce the risk of getting sick</p>	<p>Cleaning your hands shall occur: You will be asked to sanitize your hands at the beginning of your visit, and again as you are leaving the visiting area.</p> <p>Hand Sanitizer will be available for you to use when you are screened prior to your visit:</p> <ul style="list-style-type: none"> <li>• Apply the sanitizer to the palm of your hand, rub the product over all surfaces of your hands (between your fingers, the base of your thumb, your wrists, under your fingernails) until your hands are dry. This should take 20 seconds</li> </ul>
<p><b>Distance</b></p>	<p>Close contact must always be avoided to prevent the spread of COVID-19. During your visit you must always maintain a 2-metre distance. You may not touch the person you are visiting (this includes holding hands, hugging, kissing).</p> <p>We understand this is a difficult request, however we are committed to keeping all residents/tenants/staff safe during the COVID-19 pandemic.</p> <p>Failure to comply with this infection prevention and control strategy could result in the need to discontinue future visits, and the implementation of a 14-day self-isolation for the resident/tenant impacted in order to keep all residents/tenants at Radiant Care safe.</p>
<p><b>Face Masks</b> <b>**All visitors must wear their face mask/covering for the duration of their visit.</b></p>	<p><b>How to safely wear a face covering: While you continue to stay two metres away from others</b></p> <ol style="list-style-type: none"> <li>1. Clean your hands before putting it on and taking it off. Clean your hands with soap and water or alcohol-based hand sanitizer for at least 20 seconds.</li> <li>2. Make sure it fits. No gaps between the face covering and your face. It should cover your mouth and nose from below the eyes to around the chin.</li> <li>3. Secure it with ties or ear loops so that it is comfortable and does not hinder breathing and vision</li> <li>4. Keep your hands away from your face while wearing a face covering. If you do touch your face or mask, clean your hands immediately.</li> </ol>

	<p>5. Do not share your mask with others. Wear it as long as it is comfortable, and remove it when it becomes soiled, damp, damage or difficult to breathe through.</p> <p><b>How to remove and care for a face covering:</b></p> <ol style="list-style-type: none"> <li>1. Remove carefully by grasping the straps only and place directly in the laundry (or garbage if disposable)</li> <li>2. If you must use it again before washing, ensure that the front of the mask folds in on itself to avoid touching the front. Store it in its own bag or container. Discard the bag or clean and disinfect the container after use.</li> <li>3. Immediately clean your hands with soap and water for at least 20 seconds or use alcohol-based hand sanitizer</li> <li>4. Machine wash with hot water and regular detergent</li> </ol>
<p><b>Limiting Movement:</b></p>	<p>You will be given instructions about the location of your visit. Please proceed directly to this location and remain in place. Please do not leave the location to move around Radiant Care’s grounds.</p> <p>The area and all associated furnishings will be sanitized between each visit</p>

<https://www.niagararegion.ca/health/covid-19/self-isolation.aspx>

Ontario.ca/coronavirus at Ministry of Long-Term Care and Ministry of Children Community and Social Services *for Resuming Visits in Long-Term Care Homes and Resuming Visits in Congregate Living Settings.*

Appendix B

**ATTESTATION, WAIVER AND RELEASE**

This Attestation, Waiver and Release is to be read, understood, and signed by every visitor individually, before a visitor proposes to conduct his or her visit, every time that a visitor proposes to conduct a visit. A prospective visitor will not be allowed to conduct a visit if they (a) do not pass the screening questionnaire administered by Radiant Care staff just prior to the visit, or (b) have violated any of the rules, guidelines, protocols and/or procedures imposed by Radiant Care on visitors, or (c) have previously signed this Attestation, Waiver and Release and such Attestation, Waiver and Release has been found to contain false, misleading or incorrect information.

**TO: RADIANT CARE TABOR MANOR  
RADIANT CARE PLEASANT MANOR  
MENNONITE BRETHREN SENIOR CITIZENS HOME  
PLEASANT MANOR RETIREMENT VILLAGE**

and each of their respective stakeholders, directors, officers, employees, representatives, agents, volunteers, administrators, successors, assigns and affiliated entities (and all of the above are collectively referred to herein as “Radiant Care”)

**RE: Proposed visit to:**

Radiant Care Tabor Manor

- |                          |  |                       |
|--------------------------|--|-----------------------|
| <input type="checkbox"/> | 1 Tabor Drive, St. Catharines, ON, L2N 1V9 | (Spruce Lane)         |
| <input type="checkbox"/> | 3 Tabor Drive, St. Catharines, ON, L2N 7B4 | (Mapleview Apartment) |
| <input type="checkbox"/> | 5 Tabor Drive, St. Catharines, ON, L2N 7R2 | (Evergreen Apartment) |
| <input type="checkbox"/> | 7 Tabor Drive, St. Catharines, ON, L2N 1V9 | (Long-Term Care)      |

Or

Radiant Care Pleasant Manor

- |                          |  |                            |
|--------------------------|--|----------------------------|
| <input type="checkbox"/> | 15 Elden Street, Virgil, ON, L0S 1T0           | (Arbourview Apartment)     |
| <input type="checkbox"/> | 17 Elden Street, Virgil, ON, L0S 1T0           | (Oakview Apartment)        |
| <input type="checkbox"/> | 19 Elden Street, Virgil, ON, L0S 1T0           | (Garden Court)             |
| <input type="checkbox"/> | 1 Pleasant Lane, Virgil, ON, L0S 1T0           | (Creekview Apartment)      |
| <input type="checkbox"/> | 1743 Four Mile Creek Road, Virgil, ON, L0S 1T0 | (First Floor – LTC)        |
| <input type="checkbox"/> | 1743 Four Mile Creek Road, Virigl, ON, L0S 1T0 | (Second Floor – Brookview) |

I, \_\_\_\_\_, hereby attest, confirm, agree, acknowledge, represent and warrant that:

1. I have had a COVID-19 viral test conducted on me by a government-accredited COVID-19 testing facility/assessment centre within the previous two weeks. The test results from that COVID-19 viral test have been received by me, and those test results confirm that I have not tested positive for COVID-19 (that is, those test results confirm that **I do not have a current COVID-19 infection**).

2. If I have had more than one COVID-19 viral test conducted on me within the last two weeks by a government-accredited COVID-19 testing facility/assessment centre, then the test results from the most recent COVID-19 viral test have been received by me, and those test results confirm that I have not tested positive for COVID-19 (that is, those test results confirm that **I do not have a current COVID-19 infection**).
3. I am not currently experiencing any of the typical and/or atypical symptoms of COVID-19 (including, but not limited to, signs or symptoms such as fever (37.8°C or greater), any new or worsening respiratory symptoms (cough, shortness of breath, sneezing, congestion, hoarse voice, sore throat or difficulty swallowing), or any new onset atypical symptoms including but not limited to chills, muscle aches, diarrhea, malaise, or headache).
4. I have received and read, and I fully understand, Radiant Care's COVID-19 infection, prevention and control rules, guidelines, protocols and procedures, and Radiant Care's educational, training and instructional material. I will, at all times during my visit, abide by and comply with all of Radiant Care's COVID-19 infection, prevention and control rules, guidelines, protocols and procedures and educational, training and instructional material, including but not limited to the proper use of face masks, proper hand hygiene and respiratory etiquette.
5. I will, at all times during my visit: (a) properly wear a face mask or face covering, if my visit is outdoors (which I am responsible for bringing); (b) properly wear a surgical/procedure face mask provided by Radiant Care, if my visit is indoors; and (c) maintain a minimum physical distance of 2 metres (6 feet) from any and every person I encounter while on my visit.
6. If I sign this Attestation, Waiver and Release and it is subsequently found by Radiant Care to contain any false, misleading or incorrect information, then I will be banned from entering into or visiting any Radiant Care site at any time thereafter.
7. I fully accept and assume all risks and responsibilities associated with and related to my visit to this Radiant Care site, and I acknowledge and understand that I am visiting and attending this Radiant Care site at my own risk.
8. I hereby irrevocably, absolutely, fully and finally release and discharge Radiant Care from any and all claims, actions, causes of action, suits, debts, duties, accounts, bonds, covenants, contracts and demands of every nature or kind whatsoever arising out of or in any way related to my visit to this Radiant Care site or any sickness or condition that I might contract, sustain or suffer as a result of my visit to this Radiant Care site.
9. I hereby agree to indemnify and save harmless Radiant Care from and against any and all losses, demands, damages, costs, liabilities, claims, charges, expenses, and actions, including legal fees and expenses related thereto, that may be made against Radiant Care or that Radiant Care may suffer or sustain as a result of or arising directly or indirectly out of me making any statement herein that is false, misleading or incorrect, or any case of COVID-19 or a COVID-19 outbreak that arises in this Radiant Care site as a result of me carrying the virus or me making a statement herein that is false, misleading or incorrect.



10. I confirm that I have read and fully understand this Attestation, Waiver and Release, and that I have signed it freely and without any inducement, and I hereby agree to be bound by its terms.
  
11. I understand that Radiant Care has relied on all of the above statements and their enforceability in allowing me to visit the above noted Radiant Care site, and that Radiant Care would not allow me to visit this Radiant Care site if I did not confirm and agree to all of the statements made herein and if these terms were not enforceable against me or binding upon me.

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 2020 at \_\_\_\_\_,  
Ontario.

\_\_\_\_\_  
Witness signature

\_\_\_\_\_  
Signature of person name above

\_\_\_\_\_  
[print name of witness]

\_\_\_\_\_  
[print name of person signing]