

Easing Restrictions in Long Term Care

Frequently Asked Questions

September 23, 2020

Contents

WHAT’S NEW..... 3

BUS TRIPS FOR SIGHTSEEING PURPOSES 4

 OVERVIEW..... 4

DESIGNATED CAREGIVERS IN LONG TERM CARE..... 5

 OVERVIEW..... 5

 MASKS AND PERSONAL PROTECTIVE EQUIPMENT (PPE) 7

HAIR SALONS IN LONG TERM CARE FACILITIES..... 8

 OVERVIEW..... 8

 MASKS AND PERSONAL PROTECTIVE EQUIPMENT (PPE) 8

INDOOR VISITS IN LONG TERM CARE FACILITIES 9

 OVERVIEW..... 9

 PHYSICAL DISTANCING 12

 MASKS AND PERSONAL PROTECTIVE EQUIPMENT (PPE) 12

 DESIGNATED INDOOR VISITATION AREA 12

OFF-SITE MEDICAL APPOINTMENTS FOR LONG TERM CARE RESIDENTS..... 14

 OVERVIEW..... 14

 PHYSICAL DISTANCING 14

 MASKS AND PERSONAL PROTECTIVE EQUIPMENT (PPE) 16

OUTDOOR VISITS IN LONG TERM CARE 17

 OVERVIEW:..... 17

 PHYSICAL DISTANCING 19

 MASKS AND PERSONAL PROTECTIVE EQUIPMENT (PPE) 19

 DESIGNATED OUTDOOR VISITATION AREA 20

RESIDENT VISITS WITH FAMILY IN THEIR HOMES..... 21

 OVERVIEW..... 21

 PHYSICAL DISTANCING 23

 MASKS AND PERSONAL PROTECTIVE EQUIPMENT (PPE) 23

WHAT'S NEW

With new cases remaining low, it is the appropriate time to ease the restrictions in the lives of long-term care residents.

As of **September 28, 2020**, the Nova Scotia Department of Health and Wellness has made changes to allow residents in long term care facilities to leave the facility to visit with family in their homes.

Everyone must continue to practice physical distancing, good hand hygiene and follow all public health measures.

When travelling in a private vehicle (e.g. family cars) and at the visit, residents are encouraged, but not required, to wear a medical mask. Medical masks will continue to be provided for residents by facilities for this purpose.

We highly encourage facilities to implement these changes for the wellbeing of their residents. However, each facility has some flexibility regarding the timing of implementation. Facilities may choose to implement public health measures over and above the minimum requirements that meet resident, family and facility needs. We ask facilities to work with clients and families to support these changes. Those who need more time to plan can implement changes on a future date, as long as the Directive remains unchanged.

Where can I find additional information?

Please refer to:

- Off Site Medical Appointments: A Guideline for Long-Term Care Homes in Nova Scotia
- Guidelines for resident visits with family in their homes- for Long Term Care Facilities in Nova Scotia

BUS TRIPS FOR SIGHTSEEING PURPOSES

OVERVIEW

How many residents can go offsite on the bus at a time?

No more than 10 people can be on the bus. This includes the driver, residents and staff. Facilities are expected to group the same residents together each time and maintain consistent staff, where possible.

Does the bus need to be owned by the facility? Or can it be leased? The bus can be owned or leased.

What precautions are required?

Bus drivers must be screened using the same protocols as visitors to a facility and contact between the driver and residents/staff should be limited. The bus must be cleaned before and after each use.

Where can we take residents?

Trips are for sightseeing only, leaving the facility grounds in order to provide residents with a change of scenery. Residents and staff are not allowed disembark from the bus during the trip.

DESIGNATED CAREGIVERS IN LONG TERM CARE

OVERVIEW

Who are designated caregivers?

A designated caregiver is a person within a resident's circle, such as a family member and support individual who will be involved in providing both resident care and emotional support. They have a previously established pattern of involvement in the facility in providing the residents care and/or supporting the resident's emotional well-being, health, and quality of life prior to the pandemic.

Designated caregivers support the resident's physical care and mental well-being for tasks such as:

- Assistance with feeding
- Assistance with mobility
- Assistance with personal care, or
- Communication assistance for persons with hearing, visual, speech, cognitive, intellectual or memory impairments.

What criteria do we use to determine if someone is a designated caregiver?

A designated caregiver must be a person within a resident's circle of care, such as a family member and/or support individual that has a clearly established pattern of involvement, prior to the pandemic, in providing the resident's care and supports the resident's emotional and physical well-being.

How do we prepare for designated caregivers?

It is recommended that the following be put in place prior to allowing designated caregivers into the facility:

- Caregivers must be educated by the facility on the requirement for maintain physical distancing, with the exception when providing personal care, and practicing hand and respiratory hygiene
- Caregivers must be educated on the need for continuous masking while in the facility
- Caregivers must be educated on how, and when, to use PPE, if required
- Caregivers must be educated on facility policies and procedures
- Caregivers must not provide care for more than one resident and must minimize their movement throughout the facility as much as possible
- It is suggested that facilities develop a form of identification for these designated caregivers, such as ID badges, to facilitate easy identification within the facility by staff

What tasks can the designated caregiver help with?

Designated caregivers must support the resident with feeding, mobility, and personal care. They may also provide communication assistance and emotional support to residents who need this type of support.

Can the designated caregiver be in resident care areas?

Yes. However, caregivers must minimize their movement throughout the facility as much as possible.

Does the designated caregiver need to be escorted to the resident room?

No. However, designated caregivers must identify with the facility's reception upon arrival and undergo screening prior to visiting their resident. A facility staff member must record the date, time, duration of visit, and the resident visited for each designated caregiver in the facility's logbook.

Who decides if person can be the designated caregiver?

Facility staff must work with residents and/or substitute decision makers to identify persons to serve as designated caregivers.

Can a resident have more than one designated caregiver?

Each resident may have up to a maximum of two (2) designated caregivers.

What if the designated caregiver cannot perform their role?

If the resident's designated caregiver cannot perform their role for an extended period (i.e., due to self-isolation requirements, other competing caregiving duties, or is otherwise unable), the resident may identify a temporary replacement. This replacement must be communicated to facility staff prior to being implemented.

Can both designated caregivers visit at once?

No. Only one (1) designated caregiver, per resident, can be within the facility at a time.

Can someone be a designated caregiver for more than one resident?

No. Generally, designated caregivers must not provide care for more than one (1) resident. This is important to minimize the designated caregiver's movement within the facility. An exception can be made by facility staff if there is more than one family member in the same facility.

Are there restrictions on how many designated caregivers can be in the facility?

There are no restrictions on how many designated caregivers can be in the facility at one time. It is up to the facility to manage the number of caregivers in the facility based on their capacity.

Do designated caregivers need to schedule visits?

No. However, designated caregivers must identify with the facility's reception upon arrival and undergo screening prior to visiting the resident. A facility staff member must record the date,

time, duration of visit, and the resident visited for each designated caregiver in the facility's logbook.

Is there a restriction on how long designated caregivers can stay?

The designated caregiver should work with facility staff to determine length of stay and visitation times.

What if there is an outbreak in either the facility or community?

The role of designated caregivers within facilities will be assessed on a case by case basis in consultation with local Public Health when a lab confirmed COVID-19 outbreak is declared within the facility and/or there has been increased rates of community spread within the local community.

Can a resident participate in an indoor or outdoor visit while the designated caregiver is present?

Yes. The designated caregiver may be present while the resident participates in visits.

MASKS AND PERSONAL PROTECTIVE EQUIPMENT (PPE)

What PPE does the caregiver need and do they need to be trained on PPE use?

Designated caregivers must be educated on the facility's PPE requirements and trained how to properly don and doff PPE, including gloves, medical masks, gowns, and face shields. They must continuously wear a medical mask while in the facility and must use appropriate PPE when providing direct resident care. Designated caregivers must be educated on the need to maintain physical distancing, except for when they are providing resident care and the importance of hand washing and respiratory etiquette.

Will masks be provided?

Yes, the facility will provide a medical grade mask to each designated caregiver.

HAIR SALONS IN LONG TERM CARE FACILITIES

OVERVIEW

How do facilities ensure hairdressing visits are safe?

All licensed service providers must follow the industry guidelines and protocols set out by the Cosmetology Association of Nova Scotia for personal services. These guidelines can be accessed at [Cosmetology Association of Nova Scotia website](#).

Licensed hairdressers wishing to provide hairdressing services onsite in LTC facilities must develop and submit safety plans to the facility. The facility operator will review safety plans for feasibility, and if approved, will work to determine a start date for services.

Are hair salons in long-term care facilities open to the public or only to long-term care residents?

Hair salons in long-term care facilities are only open to residents of the facility at this time.

What if someone is showing symptoms before their visit?

Hairdressing services are required to be cancelled if either the service provider or the client is experiencing COVID-19 related symptoms. Immediately follow the COVID-19 Management in Long Term Care Facilities Directive. As all clients will be residents of the long-term care facility, operators and facilities must retain a list of every resident who has received services and when these services were provided.

What if a resident or salon staff member shows signs or symptoms of COVID-19? Do we suspend service?

Yes. Immediately follow the guidance provided in the COVID-19 Management in Long Term Care Facilities Directive.

MASKS AND PERSONAL PROTECTIVE EQUIPMENT (PPE)

Is a mask required in the salon?

All salon staff are required to provide and wear a mask (type determined by industry guidelines) and use proper hand and respiratory hygiene. Salon clients must wear a medical mask for the duration of their appointment. This will be provided by the long-term care facility. Salons must also provide hand sanitizer for client use.

INDOOR VISITS IN LONG TERM CARE FACILITIES

OVERVIEW

How many visitors are allowed at a time for indoor visits?

Only one (1) visitor, per resident, can be present indoors in the facility at a time.

Can two members of the same household visit at the same time?

Even if visitors are from the same family, only one visitor per resident can be present indoors at one time.

What if visitors have travelled?

If residents or Substitute Decision Makers (SDMs) identify visitors who have travelled outside of the Atlantic Provinces, those visitors MUST self-isolate for 14 days prior to visiting a resident in a long-term care facility. Exceptions may be made for palliative visits through the formal exception process by contacting your Medical Officer of Health.

What protocols are required?

Section 2.3 of the COVID-19 Management in Long Term Care Facility Directive provides the minimum Public Health measures that must be implemented. Visits are to occur in a designated location in the facility. Visits will allow for limited physical contact while masked (e.g. a quick hug, shaking hands with appropriate hand hygiene measures, etc.). The visitor and resident must both be wearing medical masks throughout the visit. Outside of this brief physical contact, it is expected that physical distancing will be maintained and adhere to public health measures and/or facility protocols. Facilities may choose to implement measures over and above the minimum requirements that meet resident, family and facility needs.

Indoor visits seem to pose more risk. Why not stick with outdoor visits?

Not every resident can go outdoors. Indoor visits will be done with strict rules in place, including: only one visitor per resident at a time, visitors must be screened, homes must designate a location in the facility, everyone must wear a medical mask and practice physical distancing (except for a brief hug) and good hand hygiene, visits must be pre-scheduled, staff must escort visitors to and from the visit. Staff are asked to monitor visits but are not required to remain in the designated visiting area for the duration of the visit. The visitation space must be cleaned before and after each visit.

Are we required to screen visitors prior to the visit?

Yes. Visitors must be screened for COVID-19 upon entry. Visitors are not permitted to enter the facility if they are under a requirement to self-isolate (due to travel, awaiting results of COVID-19 testing, due to contact with a COVID-19 case, are currently ill with COVID-19, or for other reasons). They must be asymptomatic, must wear a medical mask for indoor visits, and must maintain physical distancing of two (2) meters.

How will visitor practices be established?

The guideline document will be helpful in defining visitor practices for each facility. Facility operators must communicate with residents, their families, and visitors about the current Public Health measures in the home and will ensure they are aware of the individual and collective risks associated with visitation. Facilities will conduct monthly reviews of their visitation practices.

Can someone who was not identified by the resident or SDM as a visitor be allowed to visit with residents?

Residents or their SDM can identify as many visitors as they wish for indoor visits. Anyone not identified in this list is not permitted to participate in indoor visits.

How do we handle people showing up for visits that are not scheduled or are not on the list?

Each facility must develop processes to schedule indoor visits. Facility operators must talk with residents, their families, and visitors about their processes. Only one visitor may visit with a resident at one time. If an identified visitor is not able to attend a visit, facilities are encouraged to identify processes to determine if, and in what circumstances, substitutions from the three identified visitors can be permitted.

What happens if there is an outbreak at a facility?

Visitors will only be allowed if there is not an active COVID-19 outbreak in the facility/residence. Indoor visits will stop immediately if an outbreak is declared by Public Health. Visits will resume when the outbreak is declared over by Public Health. Should an outbreak be suspected in a facility, indoor visits will be suspended while testing occurs.

Are children permitted to attend indoor visits?

A child can make indoor visits if the child has been identified by the resident or the resident's Substitute Decision Maker. If it is determined that the child does not need to be supervised by a guardian, they can enter the facility and participate under the same rules as an adult visitor. Any other rules already defined by the facility regarding visitors under the age of majority continue to apply. These rules may differ from facility to facility and should be clearly communicated.

Is there a length of time for the visits?

There is not a maximum recommended length of time, however it is recommended that visits are at least 30 minutes in duration. We encourage each facility to develop its own guidelines for the length of visits. This may vary by facility based on space available for visits and other considerations. When developing schedules, consideration should be given to the number of families and residents requesting visits, factoring in the time required for environmental cleaning between visitors. Priority should be given to those who have not had an outdoor visit before scheduling second visits for families and residents.

Is there a visitation process that we must follow?

All visits must be scheduled and follow the facility procedures and Public Health measures. Department of Health and Wellness has provided supports for communication purposes in the

visitation guidance document. Facilities can also choose to develop their own process that reflects their unique needs, as long as they adhere to the COVID-19 Management in Long Term Care Facilities Directive.

If a resident requires assistance during the indoor visit, does this impact the number of visitors allowed?

One visitor per resident can visit at a time. There is no maximum number of staff who can attend during the visit, as more than one staff may need to assist the resident.

Why do I need to log so much information?

In the event there is a case of COVID-19 at the home, this information is required to support Public Health contact tracing. Visitor information must be logged, including date and time of attendance at the facility. This information should be maintained for a minimum of six (6) weeks from the date of the visit. A daily log of staff members who assisted with the visits should also be maintained.

If a patient/client needs to be brought to their room for personal care (toileting etc.), can the family member remain on site and the visit resume?

Time limits will be determined by each facility, and a decision to extend a visit should include consideration of availability of staff to monitor, availability of the visitation area, timing of next scheduled visit and cleaning time required between visits. Designated visitors must remain in the designated visit site for the duration of the visit time.

Do we need staff to monitor visits?

Yes. Visits must be monitored by staff who will accompany visitors directly to the identified visiting space and monitor visits throughout the entire visit.

What if a resident or staff member in the facility shows signs or symptoms of COVID-19? Do we suspend visits?

If a resident or staff member show signs or symptoms, the individual visit must be suspended. The resident, if symptomatic, would be required to isolate and be tested for COVID-19 as per the COVID-19 Management in Long Term Care Facilities Directive.

If a staff member or visitor became symptomatic during the visit, that individual must leave the facility as soon as possible. Cleaning and disinfection of the area the visit took place must be conducted immediately.

Remaining scheduled visits are permitted to continue after cleaning/disinfection of the room unless a lab confirmed COVID-19 case is identified within the facility.

What about visitors who may become ill after the visit?

Staff must advise to visitors that if they become ill in the two (2) weeks following their visit to the facility, they must contact 811 for screening and testing. Should the visitor test positive for

COVID-19, the visitor must inform Public Health during their investigation that s/he has visited the facility.

PHYSICAL DISTANCING

Is a hug or hand holding permitted?

While it is expected that all visitors practice physical distancing for the majority of their visit, visits will allow for limited physical contact while masked (e.g. a quick hug, shaking hands with appropriate hand hygiene measures, etc.). The visitors and resident must be wearing masks throughout the visit. Outside of this brief physical contact, it is expected that physical distancing will be maintained. Proper hand hygiene and respiratory etiquette must be maintained prior to, during, and after contact.

MASKS AND PERSONAL PROTECTIVE EQUIPMENT (PPE)

Do indoor visitors need to wear masks during the visits?

Visitors must be provided with and wear a medical mask.

Do visitors need to wear a mask if it is negatively impacting communication between resident and their family?

Yes, the medical mask must remain on during the visit. If this negatively impacts communications, it may be more appropriate to schedule an outdoor visit.

Is full Personal Protective Equipment required by visitors during visits?

No. Visitation will be available only to residents who are not required to self isolate and who are not demonstrating signs or symptoms of COVID-19.

What cleaning protocols are required?

Environmental cleaning of high touch surfaces and where the visitor was sitting/touching should occur at the end of each visit.

DESIGNATED INDOOR VISITATION AREA

Where can visits occur?

Visits can only occur in designated areas of the facility. It is up to each facility to determine the best location for indoor visits. It is recommended that indoor visits occur in an area that minimizes the distance the visitor needs to travel within the facility. In some cases, this may be in the resident room.

Should there be physical markers in the facility to assist with maintain physical distancing? Yes, we suggest that physical markers/visual cues be used wherever possible to help visitors adhere to physical distancing.

What should be available at the indoor visitation site?

Chairs should be available for visitors and placed far enough apart to maintain physical distancing between individuals. Cleaning of chairs and surfaces (if applicable) between visits is required. Hand sanitizer and garbage cans for disposal of soiled items should be provided and readily available. Remind visitors to clean hands prior to and after the visit and to maintain respiratory etiquette. Staff should also cleanse the hands of residents after the visit is complete.

OFF-SITE MEDICAL APPOINTMENTS FOR LONG TERM CARE RESIDENTS

OVERVIEW

What does this change mean?

Some residents need to attend off-site medical appointments as part of their medical care. There are precautions and processes in place to ensure the safety of residents, staff and families, including masks, physical distancing, and hand hygiene.

Do we have to implement these changes immediately?

Government has made changes to support facilities in implementing these changes (e.g. Order regarding insurance liability). We highly encourage facilities to implement these changes for the wellbeing of their residents. It is expected that facilities will work with residents and families to implement these measures in a way that works for all.

Why do I need to log so much information?

Information about residents leaving the facility for a medical appointment must be logged to support contact tracing if required. Information must be kept securely and be accessible only by those who need to use it. If there is a case of COVID-19 at the facility or in an area that a client visits, this information will be provided to Public Health.

How do we handle people showing up to accompany a resident for a medical appointment that was not pre-arranged?

Each facility must develop their own policy on this. The facility may decide on a facility-wide policy or respond on a case-by-case basis.

What happens if there is an outbreak at a facility?

Access to the community for off-site medical appointments is not permitted if there is an outbreak within the facility. They may resume when the outbreak is declared over by Public Health. Should an outbreak be suspected in a facility, off site medical visits by that resident only will be suspended while testing occurs.

PHYSICAL DISTANCING

Is a hug or hand holding permitted when a resident is at a medical appointment?

While it is expected that residents and family/friends/support workers practice physical distancing for the majority of the medical appointment, limited physical contact between family members while masked (e.g. a quick hug, mobility support, shaking hands with appropriate hand hygiene measures, etc.) is permitted. Outside of this brief physical contact, it is expected that physical distancing will be maintained. Proper hand hygiene and respiratory etiquette must be maintained prior to, during, and after contact. Residents are encouraged, but not required, to

wear a mask while being transported to an off-site medical appointment in a private vehicle (e.g. family car).

What happens if a resident is displaying symptoms of COVID-19?

Residents with symptoms of COVID-19 will not be allowed to access the community for off-site medical appointments. Access to the community will be re-instated when the resident's COVID19 test results confirm they are negative and when the resident is resolved of symptoms. The length of time the resident must be resolved of symptoms needs to be determined by the facility's Medical Director.

Are we required to screen family/friends/support workers prior to the community access?

Yes. Please see *Off-Site Appointments for Residents - A Guideline for Long-Term Care Facilities in Nova Scotia*.

Is there a limit on the how often a resident is able leave the facility for off site appointments?

No, there are no limits. When implementing these changes, priority should be given to urgent situations, as well as the availability of staff and other resources to support appointments.

Are there restrictions on what kind of vehicle the resident may travel in?

No. The resident may travel in a bus or van owned or leased by the facility, taxi, private vehicle, or public transit. Note that there are specific provisions for travel on public transit and environmental cleaning processes for private transportation in *Off-Site Appointments for Residents - A Guideline for Long-Term Care Facilities in Nova Scotia*.

Medical masks for residents will be provided by the facility to be worn wherever possible, including the destination, if Public Health Measures require it. Masks in private vehicles are not required. In private vehicles, families and residents should maintain as much physical distancing as possible.

What can families do to help ensure the safety of medical appointments?

Residents or a substitute decision maker may be asked to minimize the number of family/friends/support workers supporting transport of a resident, to minimize potential exposures among residents, staff and others.

- Families should provide as much notice as possible of an off-site medical appointment and provide the facility with any necessary transportation aids ahead of time, so they can be sanitized.
- Families must understand and follow the processes and precautions in place to support safe access to the community, recognizing that these can be complex.

MASKS AND PERSONAL PROTECTIVE EQUIPMENT (PPE)

Do residents need to wear masks during a medical appointment?

Please see the section on Masking in *Off-Site Appointments for Residents - A Guideline for Long-Term Care Facilities in Nova Scotia*. Masks may have to be worn at the medical appointment, if mandated by the Chief Medical Officer of Health or under the policy of the organization, office or business that is being visited. Please check any requirements at the destination ahead of time.

Residents are encouraged, but are not required, to wear medical masks in private vehicles while being transported to an off-site medical appointment. Facilities will continue to provide medical masks for residents.

Why are you recommending medical masks?

Residents in long-term care homes are at increased risk for acquiring COVID-19 and suffering related complications. Medical masks are required to better protect residents from potential COVID-19 carriers within the community. Although non-medical masks can reduce the risk of transmitting the virus, they do not protect the resident from the respiratory droplets of others.

Do residents need to wear a mask if it is negatively impacting communication?

There is some flexibility. Please see the section on Masking in *Off-Site Appointments for Residents - A Guideline for Long-Term Care Facilities in Nova Scotia*.

Is full Personal Protective Equipment required for residents or family members attending a medical appointment?

No.

OUTDOOR VISITS IN LONG TERM CARE

OVERVIEW:

Are we required to screen visitors prior to the visit?

Yes. When scheduling a visitation, staff must screen the potential visitor via phone for signs and symptoms of COVID-19. Visitors are not permitted to enter the facility or grounds if they are under a requirement to self-isolate (due to travel, awaiting for results of COVID-19 testing, due to contact with a COVID-19 case, are currently ill with COVID-19, or for other reasons). Visitors must be screened for COVID-19 upon entry. They must be asymptomatic, must wear a non-medical mask, and must maintain physical distancing of 2 meters.

What if visitors have travelled?

If residents or Substitute Decision Makers (SDMs) identify visitors who have travelled outside of the Atlantic Provinces, visitors MUST self-isolate for 14 days prior to visiting a resident in a long term care facility.

If residents are not able to make it outside for a visit, what option do they have?

If residents are not able to leave the facility, consider prioritizing those residents for an indoor visit. If residents are unable to leave their room, we suggest that they continue to make use of virtual visits using the facility iPads.

Are families allowed to enter the facility for the screening that will take place before their visit?

We understand that facilities may need to have a check-in area within the facility and/or visitors may need to walk through the facility to reach a designated outdoor space. Efforts should be made to maintain distancing while this occurs. Facility staff must minimize any potential crowding while visitors are arriving and departing.

Are children permitted to attend visits?

Yes, there are no restrictions on children visiting residents. We know that children sometimes have difficulty adhering to physical distancing rules, so LTC staff should monitor visitation areas to ensure distancing requirements are being met. Should facilities feel they are operationally unable to accommodate children, a facility should communicate to families that this is a part of their facility-specific protocol.

Is there a length of time for the visits?

There is no recommended length of time. We encourage each facility to develop its own guidelines. When developing schedules, consideration should be given to the number of families requesting a visit and the number of residents that would like a visit.

Is there a visitation process that we must follow?

All visits must be scheduled and follow the Public Health requirements. In addition, there are supports that have been developed by the Department of Health and Wellness for

communication purposes. Facilities can also choose to develop their own process that reflects their unique needs while adhering to direction provided.

How many residents can have visitors at the same time?

Facilities can determine the appropriate number of residents who can have visitors at the same time. This will depend on the size of the outdoor visitation area and the number of staff available to manage and monitor the visitations, while adhering to public health guidelines.

If a resident requires assistance during the visit, does this impact the number of visitors allowed?

The maximum number of outdoor visitors is five (5) per resident, however there is no maximum number of staff who can attend during the visit, as more than one staff may need to assist the resident.

Why do I need to log so much information?

Visitor information must be logged, including date and time of attendance at the facility. This information should be maintained for a minimum of 6 weeks from the date of the visit. A daily log of staff members who assisted with the visits should also be maintained. In the event there is a case of COVID 19 at the home, this information is required to support Public Health contact tracing.

Do we need staff to monitor all visits?

Yes. Visits are to be monitored by staff who will accompany visitors directly to the identified visiting space and who will monitor the outdoor visitation area. In some case, staff may also need to accompany residents during the entire visit, if they require assistance. In other cases, it may be sufficient to escort the visitor to and from the designated area, go over restrictions and check in occasionally to ensure that protocols are being followed.

What if a resident or staff member in the facility shows signs or symptoms of COVID19? Do we suspend visits?

Yes. Immediately follow the directions in Section 3 of the COVID-19 Management in LTCF Directive.

What about visitors who may become ill after the visit?

Staff must communicate to visitors, that should they become ill in the two (2) weeks following their visit to the facility, they must contact 811 for screening and testing. Should the visitor test positive for COVID-19, the visitor must inform Public Health during their investigation that s/he has visited the facility.

Are we able to use volunteers to support the visits?

Not at this time. Long term care assistants may be used to support visits. Facilities can use volunteers to support the scheduling of visitor appointment as long as they are not on the premises.

PHYSICAL DISTANCING

Is a hug or hand holding permitted?

While it is expected that all visitors practice physical distancing for the majority of their visit, visits allow for limited physical contact while masked (e.g. a quick hug, shaking hands with appropriate hand hygiene measures, etc.). The visitors and resident must be wearing masks throughout the visit (medical grade for residents, non-medical grade for visitors). Outside of this brief physical contact, it is expected that physical distancing will be maintained. Proper hand hygiene and respiratory etiquette must be maintained prior to, during, and after contact.

MASKS AND PERSONAL PROTECTIVE EQUIPMENT (PPE)

Do visitors need to wear masks during the visits? What about children?

Yes, visitors must wear a non-medical mask (cloth and homemade masks are allowed) to the designated area, during the visit and when exiting the visiting area. Children under 2 years of age are not required to wear a mask, however, must maintain physical distancing guidelines. Public Health direction is that once a visitor is at the designated visit area, if physical distancing can be maintained, a non-medical mask may be safely removed. However, due to several factors dependent on individual facilities, staff, visitors and residents, the safety of this must be determined at the facility level. This can be done on a visit by visit basis, or through a facility specific protocol on mask removal.

If a visitor arrives without a mask, do we turn them away or should we provide them a mask from the facility supply?

It is important to stress to families the significance of wearing a mask during a scheduled visit with a resident. If a visitor arrives without a mask, the facility can provide a mask from its own PPE stock, or reschedule the appointment when the visitor has a mask.

Why are you recommending non-medical masks vs medical masks?

Evidence shows that when asymptomatic people adhere to physical distancing requirements, transmission risk is not reduced by wearing a medical mask vs a non-medical mask. The Facilities may wish to develop their own facility-specific masking protocol to require medical masks, however this PPE supply will not be supported via the department.

Do visitors need to wear a mask if it is negatively impacting communication between resident and their family?

Once at the designated visiting area, the non-medical mask may be removed at the discretion of the LTC facility if physical distancing can be maintained and if the mask presents a barrier to effective communication between resident and visitor.

Is full Personal Protective Equipment required by visitors during visits?

No. Outdoor visitation will be available only to residents who are not required to self isolate and who are not demonstrating signs or symptoms of COVID-19.

DESIGNATED OUTDOOR VISITATION AREA

Where can visits occur?

Visits should occur in designated areas on the grounds of the facility.

Should there be physical markers outside to assist with maintaining physical distancing?

Yes, we suggest that physical markers be used in the outdoor space to help visitors respect public health distancing guidelines. Put signs up around the facility, focusing on key areas where you will be accepting visitors when they arrive.

I don't have an outdoor shelter at my facility, can I schedule visits in poor weather conditions?

DHW is providing support to facilities for outdoor shelters. Details have been previously communicated.

What should be available at the outdoor visitation site?

Chairs should be available for visitors and placed far enough apart to maintain social distancing from other families. Cleaning of chairs and other surfaces (if applicable) between family visits is required. Hand sanitizer, paper towels and garbage cans for disposal of soiled items should be provided and readily available. Remind visitors to clean hands prior to and after the visit. Staff should also cleanse the hands of residents after the visit is complete and before going inside.

RESIDENT VISITS WITH FAMILY IN THEIR HOMES

OVERVIEW

What does this change mean?

We know that COVID-19 has been difficult for residents of long-term care, their families and the facility staff. Restrictions were put in place to protect our most vulnerable. With new cases remaining low, it is the appropriate time to further ease the restrictions for long-term care residents. All residents of long-term care facilities may visit with family in their homes.

There continue to be precautions and processes in place to ensure the safety of residents, staff and families, including masks, physical distancing, and hand hygiene.

Do we have to implement these changes immediately?

Government has made changes to support facilities in implementing changes (Order regarding insurance liability, changes to the requirement to have staff sit through the entirety of indoor visits). We highly encourage facilities to implement these changes for the wellbeing of their residents, however, each facility has some flexibility regarding the timing of implementation. It is expected that facilities will work with residents and families to implement these measures in a way that works for all.

Are we required to screen family/friends/support workers prior to visits with families off site? Yes. Individuals providing transportation and supporting individuals must be screened on arrival. Please see *Guidelines for Resident Visits with Family in their Homes for Long Term Care Facilities in Nova Scotia*.

Why do I need to log so much information?

Information about residents leaving the facility must be logged to support any necessary contact tracing by Public Health. Information must be kept secure and be accessible only by those who need to use it. If there is a case of COVID-19 at the facility, or in an area that a resident visits, this information will be provided to Public Health.

How do we handle people showing up to take a resident off site that was not pre-arranged?

Each facility must develop their own process. The facility may decide on a facility-wide approach or respond on a case-by-case basis. Facilities are asked to clearly communicate to families regarding the process in their facility.

Do residents who visit with family in their homes need to isolate when they return to their facility?

Residents are not required to isolate upon their return as long as they have followed public health measures.

Do residents have to be accompanied by someone?

Residents may choose to participate in community access independently, if are comfortable doing so and have done so before, and if the resident, the family and the facility consider it safe to continue to do so.

What can families do to help ensure safe off-site visit with family for residents?

Families should provide as much notice as possible of an off-site visit with family and provide the facility with any necessary transportation aids ahead of time, so they can be cleaned and disinfected. Families must understand and follow the processes and precautions in place to support safe off-site visits, recognizing that these can be complex. Families can minimize close contact between the resident and others helps to reduce the risk for the resident.

Is there anywhere that residents are not allowed to go?

Residents are supported to visit with family in the family home. Other destinations in the community, other than medical appointments, are not supported at this time. Residents and their families must follow all public health measures, including those around gathering size, physical distancing, frequent hand washing. Masking for residents continues to be encouraged during the visit when physical distance cannot be maintained, but it is not mandatory. Residents may not leave for overnight trips in the community. Visits outside of the Atlantic provinces are not permitted.

Can residents leave the facility overnight?

No, at this time, residents may not leave for overnight trips in the community.

Are there restrictions on what kind of vehicle the resident may travel in?

No. The resident may travel in a bus or van owned or leased by the facility, taxi, private vehicle, or public transit. The resident may also leave the facility on foot or by using their mobility assistive devices. Masks are not required for residents in private vehicles (i.e. family cars).

NOTE: There are specific provisions for travel on public transit and environmental cleaning processes for private transportation in *Off-Site Appointments for Residents - A Guideline for Long-Term Care Facilities in Nova Scotia*.

Is there a limit on the how often a resident is able leave the facility for a visit?

No, there are no limits. When implementing these changes, facilities should consider priority for urgent situations, including those residents who may not have benefited from indoor or outdoor visitation.

What happens if there is an outbreak at a facility?

Should an outbreak be suspected in a facility, visits off site with family by the symptomatic resident only will be suspended while testing occurs. Access to the community for residents in the facility is not permitted if there is a laboratory-confirmed outbreak within the facility. All community access in the facility may resume when the outbreak is declared over by Public Health.

Public Health supports visits with family in their homes for LTC residents at this time. If the local epidemiology within the province (or within a community) changes then community access may need to be re-assessed. This decision will be made in partnership with public health and based on epidemiology.

What happens if there is an outbreak in the community?

If the current community or provincial context change around COVID-19, changes to access may be made at the local or provincial level, as determined in partnership with Public Health.

What happens if a resident is displaying symptoms of COVID-19?

Residents with symptoms of COVID-19 will not be allowed to visit family off site.. Visits will be reinstated when the resident's COVID19 test results confirm they are negative and when the resident is resolved of symptoms. The length of time the resident must be resolved of symptoms will be determined by the facility's Medical Director.

PHYSICAL DISTANCING

Is a hug or hand holding permitted when a resident is in the community?

While it is expected that residents and family/friends/support workers practice physical distancing, limited physical contact while masked is permitted (e.g. a quick hug, mobility support, shaking hands with appropriate hand hygiene measures, etc.). Outside of this brief physical contact, it is expected that physical distancing will be maintained. Proper hand hygiene and respiratory etiquette must be maintained prior to, during, and after contact.

MASKS AND PERSONAL PROTECTIVE EQUIPMENT (PPE)

Are residents required to wear a mask?

No. We recognize that it may be difficult for some residents to wear masks. Families and residents should maintain as much physical distancing as possible.

Families should understand that residents in long-term care homes are at increased risk for acquiring COVID-19 and suffering related complications. Medical masks are provided by facilities to better protect residents from potential COVID-19 carriers within the community. Although non-medical masks can reduce the risk of transmitting the virus, they do not protect the resident from the respiratory droplets of others. We encourage all residents and families to wear masks when physical distancing cannot be maintained.

Do families or other support persons need to wear masks?

Yes. Anyone accompanying a resident must wear a nonmedical mask when physical distancing cannot be maintained. Public Health recommends masks be worn when physical distancing can not be maintained, whether in the family car, or in the family home. It is expected that family

members who the resident may come in contact with will follow Public Health measures regarding masking.

If a family member/support person arrives to take a resident into the community without a mask, do we turn them away or should we provide them a mask from the facility supply?

It is important to stress to families the importance of bringing and wearing their own non-medical mask during a visit with a resident. If a visitor arrives without a mask, the facility may provide a mask from its own PPE stock, or reschedule the appointment when the visitor has a mask.

Is full Personal Protective Equipment required for residents or family members?

No.