

Safe Visiting Practices

Risk of Unknown Exposure to COVID-19

- It is important for all persons to consider their risk of unknown exposure to COVID-19, based on their behaviour in the last 14 days, prior to entering the site and modify their behaviour accordingly.
 - It is imperative that active Health Assessment Screening is completed at entry, is answered completely and accurately, and anyone with symptoms or recent known exposure to COVID-19 not enter the site at all, even if they have been vaccinated.
 - Individuals should limit the number of different sites they enter and provide in-person visits to only one site per day to the greatest extent possible.
- Considerations when considering risk of unknown exposure include:
 - Personal vaccination status
 - Adherence to all provincial CMOH Orders and public health advice directed to all Albertans
 - Employment related risks (e.g., at home work is lower risk; in-person raises risk)
 - Transportation related risks (e.g., travelling on a bus or shared ride is higher risk)
 - Recent interprovincial travel (continues to not be recommended)

Hand Hygiene

- All persons visiting, including residents, must wash their hands often with soap and water for at least 20 seconds or use an [alcohol-based hand sanitizer](#) (greater than 60% alcohol content) before, during as appropriate, and after all visits.
 - An operator may require the visiting person to provide their own hand sanitizer.

Use of PPE – General Practices

- All designated family/support persons and visitors are required to wear a mask continuously throughout their time indoors and be instructed how to put on and take off that mask and any other PPE that may be required. A mask may be provided by the operator.
 - Public Health Guidelines for [use of masks](#) must be followed.
- Continuous use of a mask is not required for outdoor social visits unless physical distancing cannot be maintained.
- Use of eye protection is not required for visiting persons.
- When visiting a resident on isolation precautions, operators must ensure that the designated family/support persons and/or visitors have or are provided with the required PPE (based on precaution required), have been trained to use, and have practiced the appropriate use of the PPE.

Use of PPE to Enable Safe Physical Touch

- The risk of transmission of COVID-19 increases with close proximity. If a resident and their designated family/support person(s) or visitor(s) understand this and they wish to include physical touch in their visits (e.g. hand holding, hugging), this may be done by following the additional guidance:
 - Stop close contact with the resident and inform staff immediately for further direction if any visiting person is or becomes symptomatic during the visit (or resident does).
 - Continuously wear a mask that covers the nose and mouth while within 2 metres of the resident.
 - Though a resident does not need to also wear a mask, they may choose to do so based on their own risk of unknown exposure from off-site activity
 - Perform hand hygiene (hand washing and/or use of alcohol based hand sanitizer) both before and after direct physical contact with the resident.
 - If resident is isolated due to symptoms of COVID-19:

- Operators must ensure that the designated family/support persons and/or visitors have or are provided with the required PPE (based on precaution required), are trained, and have practiced the appropriate use of the PPE.

Use of PPE for those with Cognitive/Sensory Impairments or Traumatic Experiences

- Residents who have sensory deficiencies or cognitive impairment must be supported to have safe and meaningful visits that support their health and wellbeing.
- Where use of PPE is disruptive, it is acceptable to remove the PPE if physical distancing can be maintained.
- If physical distancing cannot be maintained, it is acceptable to use creative strategies to overcome barriers in situations where the use of PPE by the visiting person is inappropriate or disrupts communication.

Adaptation of facial PPE may be considered as described below:

- Facial PPE must provide respiratory droplet source control (e.g. if face shields are being considered, they must provide protection that wraps under the chin).
- Adaptations must be discussed/approved by the operator and facility medical director, if applicable, or local Medical Officers of Health on a case-by-case basis.