

July 15, 2020

To: Residents and Family Members,

New Visit and Absence Protocols

We are pleased to inform you that the Province has relaxed a number of guidelines regarding resident visits with family/loved ones, as well as resident absences from the Home. We have also revised some of our protocols, within those guidelines, based on our experience in recent weeks. This update is to inform you of the changes you may need to know.

Visiting Our Residents

Visitors are no longer required to have been recently tested for COVID-19 to be eligible for a visit. You will still be “screened” for symptoms when you arrive, and have your temperature taken. A copy of the screening tool is attached. (Note: regular testing for COVID-19 is still encouraged as a way to keep you and your loved one safe).

- Each resident may have up to three visits per week.
- Visits will now be up to an hour in length, and with one or two visitors.
- All other elements remain the same as in our prior communication. A pamphlet has been provided with this letter to remind you of the particulars.

To arrange your visit, please call the Home during office hours and we will do our best to accommodate a time that works for you.

Resident Absences

Previously, absences of more than 12 hours were prohibited. Now there is no time limit, but residents who are gone overnight will be subject to “enhanced precautions” for the following 14 days. These precautions, stipulated by the Province, require that the resident:

- avoid using common areas,
- wear a mask/face covering if common areas cannot be avoided; and
- limit contact with other residents and do not participate in group activities.

We continue to ask for patience and understanding as we implement the guidelines. The health and safety of our residents and staff will be our top priority. The gradual reopening of the province is an encouraging sign, as is the continued loosening of guidelines like those above.

Executive Director

COVID-19 Visitor Screening Tool

1. Do you have a fever? (<i>temperature of 37.8°C or greater</i>)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Do you have any of the following symptoms or signs?		
• New or worsening cough	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• Shortness of breath (new or worsening)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• Sore throat	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• Runny nose or nasal congestion (new or worsening)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• Difficulty swallowing	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• New smell or taste disorder(s)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• Nausea/vomiting, diarrhea, abdominal pain	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• Unexplained fatigue/malaise/chills	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• Headache	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Have you travelled outside of Canada or had close contact with anyone that has travelled outside of Canada in the past 14 days?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Have you had close contact with anyone with respiratory illness or a confirmed or probable case of COVID-19?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Have you had a COVID-19 swab test in the last two weeks?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Were the results of that test negative (<i>i.e. clear of COVID-19</i>)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Please indicate the date of the test _____		
<i>If the individual answers NO to questions 1 - 4 and YES to #5, they may proceed.</i>		

To be completed by the Visitor:

Print Name: _____ Phone #: _____

Street Address: _____ Postal Code: _____

City: _____ Name of Resident: _____

I attest that my responses to the screening questions above are true and accurate and I agree to abide by the Home's visiting protocols to ensure the safety of all residents and staff.

Date: _____ Signature: _____