

	<p>DOCUMENT NUMBER</p> <p>#06-06-00</p>
<p>CORPORATE ADMINISTRATION MANUAL</p>	<p>SECTION: Operations/Security</p> <p>SUBJECT: Safe Visitation Policy and Related Requirements – COVID 19 Pandemic</p>

POLICY

Individuals over 60 years of age and those with pre-existing health conditions are most at risk of severe symptoms and outcomes of COVID-19. One of the key measures for protecting residents and staff in congregate living settings against COVID-19 exposure is limiting the number of people on site at any one time.

The top priority of Intercare Corporate Group Inc. (hereafter “Intercare”) is the safety and well-being of all our residents and staff and minimizing wherever possible the risk of exposure to COVID-19.

In consultation and collaboration with Intercare’s residents, their family members and staff, risk tolerance assessments have been completed since this Policy was initially implemented in July, 2020 (see Appendix 1 for definition and application), that have included an assessment of the level of COVID-19 transmission and related risk in the communities where Intercare’s four care homes reside in Calgary. The most recent risk tolerance assessment survey results conducted in early May, 2021 indicated that the majority of our residents, families and staff continue to have a LOW risk tolerance and collectively they support Intercare continuing to take a moderate approach to visitation that balances the need for safety and risk mitigation with overall quality of life of the residents.

In addition, in terms of the possibility of offering social visits with residents by individuals who are not a designated family/support person (DFSP), please note that per CMOH Order 2016-21, a minimum of 51% of all residents and/or their legal decision makers who responded to Intercare’s most recent risk tolerance survey need to have indicated that they wish social visits to be added to existing DFSP visitation for this to occur. In this regard, the most recent survey responses for each of Intercare’s four sites were analyzed and the results indicate that only the Kingsland Terrace Facility (67% in favour) will offer social visits by non-DFSPs, while our Chinook Care Centre (55% NOT in favour), Brentwood Care Centre (57% NOT in favour) and Southwood Care Centre (61% NOT in favour) will not be offering social visits by non-DFSPs at this time.

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Vaccinations for COVID-19 in licensed supportive living, long-term care and hospice settings have considerably reduced infection rates and severe outcomes of COVID-19 for our residents and staff in these settings. Consequently, Intercare **strongly recommends** and encourages that all eligible visiting persons (including DFSPs and other Visitors) be vaccinated to protect not only themselves but all others with whom they may come into contact.

This Policy outlines the limits, parameters, and required processes for visitation at Intercare homes, emphasizing safe visitation practices and protocols, while balancing the risk of increased COVID-19 exposure to our vulnerable residents with the benefits to their well-being of permitting on-site visitation by family members and other support persons. Due to the continuously changing and evolving nature of COVID-19 and its prevalence in the community, this Policy will continue to be reviewed at minimum every two (2) weeks/fourteen (14) days and/or as needed and any changes will be communicated to all stakeholders inclusive of residents, families and staff.

As outlined in Alberta's Chief Medical Officer of Health (CMOH) most recent Order 16-2021, visitation restrictions associated with long term care, supported living and hospice include the following and all visitations by designated family/support persons **MUST** be coordinated with the involved site:

- Indoor access for designated family/ support person(s) (DFSPs) of up to four (4) individuals as identified by the resident;
- Based on our risk tolerance survey results, no indoor social visits will be permitted other than by the designated family/support person(s) (DFSPs) except at our Kingsland Terrace facility.
- The number of DFSPs who may visit a resident at one time will be determined by the relevant care home's available space and the necessity to ensure physical distancing of six feet can be maintained between visitors from separate households at all times.
- Indoor access to other visitors who are not DFSPs may be granted in the extenuating circumstances of End of Life, Significant Change in Health Status and/or Pressing Circumstances;
- Outdoor visits will take place in designated spaces with no more than ten (10) individuals (inclusive of the resident). However, given outdoor space limitations, the number of visitors may be limited to fewer than ten (10), to allow more simultaneous resident visits and involved visitor groupings at the sole discretion of the care home; and
- Social visitors (where applicable) may be restricted temporarily, where a care home is in outbreak.

Designated family/support persons (DFSPs) may also be restricted in rare outbreak situations, as directed in writing by a local Medical Officer of Health (MOH) or their designate, who is leading the outbreak response, or by Alberta Health Services (AHS) Communicable Disease Control (CDC) directions regarding an outbreak response.

All designated family/ support persons (DFSPs), as well as any other visitors entering a site (care home) will be: 1) identified and verified on entry by the site designate/ screener; 2) must be screened using the Health Assessment Screening Questionnaire (see Appendix 2); and 3) must be educated on appropriate and proper use of personal protective equipment (PPE), Safe Visiting Practices (see Appendix 3) and any applicable Intercare policies and procedures.

DEFINITIONS:

Designated Family/Support Person(s): Up to four DFSPs can be identified by the resident or their alternate decision maker(s). These persons may be a family member, friend, companion (privately paid or volunteer), power of attorney/trustee, agent, legal guardian, or any other person identified by the resident or alternate decision maker. A DFSP can be a minor, although children under 14 years of age must be accompanied by an adult.

End of Life: Refers to the last four (4) to six (6) weeks of life. In regards to hospice patients, end of life is implied from the time of admission.

Significant Change in Health Status: Any instance of sudden change in a resident's physical/mental/cognitive/spiritual health status, extreme loneliness and depression or other situation where the resident's health has been, or is, suddenly compromised as determined by the attending physician or other members of the care team.

Pressing Circumstance: Any life event where on site access to someone other than the designated family/ support person(s) might be necessary (e.g. financial or legal matters, family crisis, etc.)

Indoor DFSP Visits: Up to a maximum of four (4) DFSP visitors at a time, (who must be the designated family / support persons only), space and visitor capacity permitting, in resident rooms ONLY, for all indoor visitation. All visitors must be able to maintain physical distancing of six feet, unless they are from the same household, which may limit the number of visitors allowed at one time.

Indoor Social Visits: Up to a maximum of four (4) DFSP visitors at a time who must be from the same household.

End of Life Visits: At end of life, up to four (4) visitors at one time may be permitted in a resident's room, unless all persons visiting a resident are from the same household, wherein there are no specified limits, provided appropriate social distancing and use of personal protective equipment (PPE) such as masks, can be maintained.

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Outdoor Visits: up to ten (10) people (inclusive of the resident) based on available outdoor visitation space AND the number of resident visits booked at any given time. Available outdoor space and the number of concurrent visits being accommodated may reduce the number of visitors permitted per resident per visit. The number of visitors permitted to visit at any given time will be determined at the sole discretion of the care home. Designated family/ support persons (DFSPs) do not need to be present at outdoor visits; however, they must still schedule/book the outdoor visit with the site (care home) and provide the name(s) of all visitor(s) who will be participating in a given outdoor visit. Outdoor visitors will be asked to remain outdoors (e.g. in the designated courtyard) at all times and will not have access to the care home.

PROCEDURES – A) SITE (CARE HOME) RESPONSIBILITIES

1. Each site (care home) will keep an active and up to date list of all designated family/support persons (DFSPs).
2. Indoor social visits and outdoor site visits will be scheduled utilizing the Acuity Scheduling Software and information on this program and how to use it will be communicated to designated family/support persons (DFSPs) and other visitors.
3. DFSPs **may book** a standing visiting schedule in Acuity (a schedule that is consistent week after week) based on resident needs and preferences and availability of designated family/support persons, that is reflective of weekday, evening and/or weekends to ensure they are not subject to a repetitive booking process. Site (care home) visitation will be limited to designated days and hours to ensure proper screening, education, identity verification and sign in/ sign out parameters and related requirements can be met.
4. Access to the site (care home) may be limited/reduced and/or restricted in the event of a declared COVID-19 outbreak involving the site (care home), as determined through consultation with Alberta Health Services (AHS), CDC and/or a Calgary Zone Medical Officer of Health (MOH). Any changes to site visitation will be communicated to residents and designated family/ support persons, as well as staff.
5. All visitors are subject to Health Assessment Screening on each and every visit after which they must proceed directly to the designated location where the visitation with the resident is to occur.
6. Safe Visiting Practices and related Intercare policies, procedures and processes will be discussed and explained to all residents, designated family/support persons and other visitors on arrival to a site (care home) for a scheduled visit.
7. All visitors will be trained on arrival to the site (care home) by a screener on the proper use of their mask, as well as any additional PPE that may be required (e.g. to visit a newly admitted resident). If a visitor does not have a mask one will be provided by the site (care home).
8. Visitation locations will be limited to resident rooms for indoor visits and designated outside spaces for outdoor visits ONLY.

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B) DESIGNATED FAMILY/SUPPORT PERSON(S) AND OTHER VISITORS RESPONSIBILITIES

1. All visits must be coordinated with the care home in advance of the visit taking place by a designated family/support person (DFSP) ONLY.
2. The full name and contact information of ALL visitors, inclusive of a phone number and e-mail address, MUST be provided by the designated family/support person (DFSP) at the time the booking is made with the site (care home). This essential information is mandatory and required in the event a visitor needs to be contacted by Intercare and/or the CDC for contact tracing purposes.
3. Every visitor MUST submit to active Health Assessment Screening on arrival to a site (care home) and prior to being permitted entry, and MUST self-check for any COVID-19 related symptoms throughout their visit. If a visitor experiences any COVID-19 related symptom during their visit they must inform a staff member and leave the site (care home) immediately.
4. Every visitor must sign the Designated Family Member/Support Persons and Other Visitors – Release and Waiver Agreement (see Appendix 5).
5. All visitors MUST be educated on, and adhere to AT ALL TIMES, Safe Visiting Practices and all site (care home) policies, procedures and processes.
6. All visitors must bring their own mask and MUST wear their mask continuously for their entire visit; all indoor visitors must change to a medical/procedure mask upon screening that is provided by the care home and wear this mask for their entire visit.
7. All visitors MUST notify the care home if any COVID-19 related symptoms arise within fourteen (14) days of visiting a resident.

CONSEQUENCES FOR VISITOR NON-COMPLIANCE WITH RESPONSIBILITIES

Any visitor who fails to comply with the responsibilities outlined above will result in the following consequences:

1. 1st occurrence – the involved visitor will be advised of their non-compliance and asked to immediately correct the non-compliance (e.g. put their mask back on if removed). The visitor will be reminded of their responsibilities and advised that they must comply if they wish to maintain their visitation privileges.
2. 2nd occurrence – the involved visitor will be advised of their non-compliance and if currently engaged in a visit, the visit will be ended and the visitor asked to leave the site (care home) without delay. The visitor will be reminded of their responsibilities and advised that they will not be permitted to book, or participate in, another visit for a minimum of one-week period. After that time, the visitor (if a designated family or support person) may schedule a new OUTDOOR VISIT ONLY for themselves (if a designated family/support person) or other visitor who received a second occurrence consequence for non-compliance.
3. 3rd occurrence – the involved visitor will be advised of their third and final non-compliance and if currently engaged in a visit, the visit will be immediately terminated, the visitor will be asked to leave the site (care home) and all future visitation privileges will be revoked.

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DISPUTE RESOLUTION

The care home will document all disputes as per existing concern/complaints processes under the Accommodation Standards and/or Continuing Care Health Service Standards (where relevant).

Each Intercare care home's process for dispute resolution includes the following:

1. The care home will work with the resident and designated family/support person(s) to address any concerns that arise regarding this policy and related processes for Safe Visiting, the interpretation and implementation of the CMOH Order and/or in relation to any disputes that may arise from a visitor's non-compliance with visitor responsibilities.
2. Should a concern and/or dispute not be resolved at site (care home) level, Corporate Leadership will become involved and provide support towards resolving the concern/dispute.
3. Should the concern/dispute still be unresolved after speaking with the care home and Corporate Level personnel, Alberta Health Accommodation Standards and Licensing or Alberta Health Services - AHS Patient Relations (only for designated supportive living or long-term care) may be contacted for support.

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APPENDIX 1 RISK TOLERANCE ASSESSMENT – DEFINITION AND APPLICATION

Risk tolerance, in the context of CMOH Order-29-2020, is the ability of a site (care home), as an entity that encompasses physical accommodation and the collective of residents and staff, to tolerate and accept increased potential for exposure to COVID-19, and to use this level of acceptance to help guide and inform decision-making, inclusive of when and where restricted site (care home) access may be necessary.

A continuing care operator must identify risk tolerance for each of their sites (care homes), and recognize that risk tolerance will vary between sites (care homes) for many reasons, including site (care home) designation, perception of risk, and level of risk tolerance by each resident (or alternate decision maker), involved family members and staff.

Where risk tolerance is deemed to be LOW, it reveals that the residents, families and staff have determined there to be a high risk of exposure to COVID-19 and potential for infection. Where there is LOW risk tolerance, an operator may reduce or restrict visitation to a site (care home) when there is a rise in active COVID-19 cases in the community and/or when a resident or staff member tests positive for COVID-19.

Where risk tolerance is deemed to be HIGH, the reverse is true and residents, families and staff have determined there to be a low risk of exposure to COVID-19 and potential for infection. Where there is HIGH risk tolerance, an operator may opt to maintain levels of visitation to a site (care home) even where there is a rise in active COVID-19 cases in the community, and/or when a resident or staff member tests positive for COVID-19.

MEDIUM risk tolerance reveals that residents, families and staff have determined there to be a modest risk of exposure to COVID-19 that is neither high nor low in its perceived potential for infection. Where there is MEDIUM risk tolerance, an operator may opt to maintain levels of visitation to a site (care home) OR reduce access to some areas (e.g. units) where there is a rise in active COVID-19 cases in the community and/or when a resident or staff member tests positive for COVID-19.

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APPENDIX 2 HEALTH ASSESSMENT SCREENING TOOL/QUESTIONNAIRE

Any designated family/support person or visitor who intends to enter a Care Home for an indoor resident visit must be screened. **COVID-19 screening is mandatory by law and must be completed each time** by the resident's designated family/support person or visitor who intends to enter the Care Home. To determine if you should be entering our Care Home today, you must first complete this **mandatory** COVID-19 screening tool/questionnaire. If it is determined that you can be permitted to enter our Care Home today, **you must** also **'sign in'** and **'sign out'** in the designated **"Sign In/Out Books"** and **thoroughly wash your hands for at least 30 seconds** and/or use hand sanitizer before and after your visit.

The screening tool/questionnaire is meant to assess visitors who may be symptomatic, or who may have been exposed to someone who has COVID-19. All visitors must complete this checklist prior to visiting with a resident. If you answer **YES** to any of the questions below, you will not be allowed to attend to the site or visit with any resident. As the COVID-19 pandemic continues to evolve, this screening tool/questionnaire will be updated as required.

Screening Questions for Adults 18 Years and Older:

1.	Have you traveled outside Canada in the last 14 days?	YES	NO
If you answered "YES": <ul style="list-style-type: none"> • You are required to quarantine for 14 days from the last day of exposure. • If you develop any symptoms, use the AHS Online Assessment Tool or call Health Link 811 to determine if testing is recommended. If you answered "NO", proceed to question 2.			
2.	Have you had close contact with a case¹ of COVID-19 in the last 14 days? Face-to-face contact within 2 metres for 15 minutes or longer, or direct physical contact such as hugging <i>Note: A health care worker in an occupational setting wearing recommended personal protective equipment is not considered to be a close contact</i>	YES	NO
If you answered "YES": <ul style="list-style-type: none"> • You are required to quarantine for 14 days from the last day of exposure. NOTE: Individuals who previously tested positive for COVID-19 in the 90 days before being exposed to another case of COVID-19 are not required to quarantine. If you answered "NO", proceed to question 3.			
3.	Do you have any new onset (or worsening) of the following symptoms:		
	• Fever	YES	NO
	• Cough	YES	NO
	• Shortness of breath	YES	NO
	• Runny nose	YES	NO
	• Sore throat	YES	NO
	• Chills	YES	NO
	• Painful swallowing	YES	NO
	• Nasal congestion	YES	NO
	• Feeling unwell / fatigued	YES	NO
	• Nausea / vomiting / diarrhea	YES	NO
	• Unexplained loss of appetite	YES	NO
	• Loss of sense of taste or smell	YES	NO

¹ A lab-confirmed case OR a probable case as defined in the [Alberta COVID-19 Notifiable Disease Guideline](#)

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• Muscle / joint aches	YES	NO
• Headache	YES	NO
• Conjunctivitis (commonly known as pink eye)	YES	NO
If you answered “YES” to any symptom in question 3: <ul style="list-style-type: none"> Stay home and do not attend or participate in the activity or program. Use the AHS Online Assessment Tool or call Health Link 811 to arrange for testing and to receive additional information on isolation. Individuals with fever, cough, shortness of breath, runny nose, or sore throat, are required to isolate for 10 days as per CMOH Order 05-2020 OR receive a negative COVID-19 test and feel better before returning to activities, as long as they have no known exposure. If you answered “NO” to all questions: <ul style="list-style-type: none"> You may attend the activity or program 		

Screening Questions for Children Under 18 Years of Age:

1.	Has the child traveled outside Canada in the last 14 days?	YES	NO
If the child answered “YES”: <ul style="list-style-type: none"> The child is required to quarantine for 14 days from the last day of exposure. If the child develops any symptoms, use the AHS Online Assessment Tool or call Health Link 811 to determine if testing is recommended. If the child answered “NO”, proceed to question 2.			
2.	Has the child had close contact with a case¹ of COVID-19 in the last 14 days? Face-to-face contact within 2 metres for 15 minutes or longer or direct physical contact such as hugging	YES	NO
If the child answered “YES”: <ul style="list-style-type: none"> The child is required to quarantine for 14 days from the last day of exposure. <i>NOTE: Individuals who previously tested positive for COVID-19 in the 90 days before being exposed to another case of COVID-19 are not required to quarantine.</i> If the child answered “NO”, proceed to question 3.			
3.	Does the child have any new onset (or worsening) of the following core symptoms:		
	Fever Temperature of 38 degrees Celsius or higher	YES	NO
	Cough Continuous, more than usual, not related to other known causes or conditions such as asthma	YES	NO
	Shortness of breath Continuous, out of breath, unable to breathe deeply, not related to other known causes or conditions such as asthma	YES	NO
	Loss of sense of smell or taste Not related to other known causes or conditions like allergies or neurological disorders	YES	NO
If the child answered “YES” to any symptom in question 3: <ul style="list-style-type: none"> The child is to isolate for 10 days from onset of symptoms OR receive a negative COVID-19 test and feel better before returning to activities Use the AHS Online Assessment Tool or call Health Link 811 to arrange for testing and to receive additional information on isolation. If the child answered “NO” to all of the symptoms in question 3, proceed to question 4.			

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4.	Does the child have any new onset (or worsening) of the following other symptoms:		
	Chills Without fever, not related to being outside in cold weather	YES	NO
	Sore throat/painful swallowing Not related to other known causes/conditions, such as seasonal allergies or reflux	YES	NO
	Runny nose/congestion Not related to other known causes/conditions, such as seasonal allergies or being outside in cold weather	YES	NO
	Feeling unwell/fatigued Lack of energy, poor feeding in infants, not related to other known causes or conditions, such as depression, insomnia, thyroid dysfunction or sudden injury	YES	NO
	Nausea, vomiting and/or diarrhea Not related to other known causes or conditions, such as anxiety, medication or irritable bowel syndrome	YES	NO
	Unexplained loss of appetite Not related to other known causes or conditions, such as anxiety or medication	YES	NO
	Muscle/joint aches Not related to other known causes or conditions, such as arthritis or injury	YES	NO
	Headache Not related to other known causes or conditions, such as tension-type headaches or chronic migraines	YES	NO
	Conjunctivitis (commonly known as pink eye)	YES	NO
<p>If the child answered “YES” to ONE symptom in question 4:</p> <ul style="list-style-type: none"> Keep your child home and monitor for 24 hours. If their symptom is improving after 24 hours, they can return to school and activities when they feel well enough to go. Testing is not necessary. If the symptom does not improve or worsens after 24 hours (or if additional symptoms emerge), use the AHS Online Assessment Tool or call Health Link 811 to check if testing is recommended. <p>If the child answered “YES” to TWO OR MORE symptoms in question 4:</p> <ul style="list-style-type: none"> Keep your child home. Use the AHS Online Assessment Tool or call Health Link 811 to determine if testing is recommended. Your child can return to school and activities once their symptoms go away as long as it has been at least 24 hours since their symptoms started. <p>If the child answered “NO” to all questions:</p> <ul style="list-style-type: none"> Your child may attend school, childcare and/or other activities. 			

Please note: If your child is experiencing any symptoms from the lists above, do not bring them to visit a continuing care or acute care facility for 10 days from when symptoms started or until symptoms resolve (whichever is longer), unless they receive a negative COVID-19 test result and feel better.

- A. If you have answered **YES** to screening **questions** above, you are:
- i. **Not permitted** to enter the Care Home, given the risk your entry poses to our residents, patients and staff; and
 - ii. **Required to self-isolate** and **complete the Alberta Health Services (AHS) online assessment tool** to arrange for testing.

The AHS online self-assessment tool is available online at:

<https://myhealth.alberta.ca/journey/covid-19/Pages/COVID-Self-Assessment.aspx>

- B. If you have answered **NO** to all of the screening **questions** above, you must provide the information specified below and return the completed form to the individual that has screened you, **prior** to your entrance into the Care Home today.

Resident's Name & Unit (Please Print):

Visitor's Name, Phone Number and Email Address (Please Print):

Visitor's Signature: _____

Today's Date (Month/ Day/Year): _____

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APPENDIX 3 SAFE VISITING PRACTICES

Before You Visit

1. Understand your risk of unknown exposure to COVID-19, based on your activities over the last 14 days, by carefully reviewing “Risk of Unknown Exposure” prior to entering the site and evaluating whether it is advisable to visit. While you do not need to disclose your assessed risk of unknown exposure to Intercare, you must ensure the resident or alternative decision maker is aware and behave accordingly.

Table 1 – Risk of Unknown Exposure to COVID-19

Low Risk	Medium Risk	High Risk
<p>To be considered at low risk of Unknown exposure, all the following conditions must be met:</p> <ul style="list-style-type: none"> • Does not work or live in an area of high COVID-19 exposure (refer to Risk designation of region) • Works from home • Part of a small cohort (15 or less) who consistently practices physical distancing and masks when cannot maintain distance. • Not have had guests at home in the past 14 days • Visits resident in one site a day • Makes essential outings only • Uses only vehicle • Consistently maintains 2 metres of distance from those outside household in all activities • Mask worn when cannot maintain physical distancing • Consistent hand hygiene • No interprovincial travel within last 14 days 	<p><i>There will be many variations that arise between the extremes of high and low risk of unknown exposure</i></p> <p><i>Individuals must use their best judgement to determine the risk of unknown exposure where neither low nor high is appropriate.</i></p>	<p>To be considered high risk of unknown exposure, any one or more of the following may be met:</p> <ul style="list-style-type: none"> • Works or lives in an area of high COVID-19 exposure (Refer to Risk designation of region) • Works outside home in settings where distancing is not consistently maintained and masking is not consistently used • Worked or visited a location with declared COVID-19 outbreak in last 14 days • Part of a large cohort (more than 15) • Cohort inconsistently practices physical distancing and use of masks when cannot maintain distance • Visits residents in multiple sites in one day • Outings where contact with others outside household is likely • Use of public transit or carpooling where distancing is not consistently maintained and masking is not consistently used • Does not maintain physical distancing and does not wear a mask • Infrequent or inconsistent hand hygiene • Interprovincial travel within past 14 days

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2. Familiarize yourself with the Active Health Assessment Screening Questionnaire for Designated Family/Support Persons and Visitors.
3. Ensure that you have reviewed this Safe Visiting Practices document.
4. Ensure you have booked your visit in advance.
5. Make sure you bring photo ID and a non-medical mask for your visit.

When You Arrive for Your Visit

1. You will enter the building at our Screening Station, show identification and complete the Active Health Assessment Screening Questionnaire for Designated Family/Support Persons and Visitors. As above, please make sure you are familiar with document and do not visit if you are having any symptoms as listed. At the Screening Desk you will also receive important information to keep our residents, staff and yourself safe. Please make sure you follow all rules presented and if you have any questions, please ask.
2. If you experience any symptoms during your visit, inform a staff member and leave the site (care home) immediately.
3. Hand hygiene is critically important:
 - Perform hand hygiene with soap and water or hand sanitizer:
 - See “How to Hand Wash” and “How to Use Alcohol Based Hand Rub”
 - Once you arrive at the screening station and before putting on your mask
 - Before getting on an elevator
 - Before entering the unit
 - Before entering your loved one’s room
 - As needed during your visit
 - Before leaving your loved one’s room
 - When exiting the unit
4. Personal Protective Equipment
 - Your mask must be worn at all times during your visit.
 - Masks may be removed for outside visits at the discretion and approval of the care home staff ONLY IF social distancing can be maintained.
 - See “How to Wear a Mask.”
 - Additional Personal Protective Equipment will be provided by the site if your loved one is newly admitted or on isolation precautions.
5. Physical Touch - the risk of transmitting COVID-19 increases with close proximity. If you and your loved one wish to include physical touch with your visit, please:
 - Consider your Risk of Unknown Exposure to COVID-19:
 - If your risk is low, you may engage in safe physical touch;
 - If your risk is medium, and your loved one is willing to accept the risk, you may engage in safe physical touch;
 - If your risk is high, physical touch is not recommended (unless providing direct resident care and wearing all required Personal Protective Equipment);

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- Perform hand hygiene before and after physical touch;
- Stop close contact and inform staff immediately if you or your loved one becomes symptomatic during your visit; and
- Wear your mask and ensure that your nose and mouth are covered anytime you are within two (2) meters of the resident. The resident is not required to wear a mask but may choose to do so.

6. Visiting With Pets - subject to the stipulations in Intercare's *Visiting and In House Pet Policy (06-03-00)*, one (1) pet is permitted to accompany the designated family/support person (for indoor visits) or other visitor (for outdoor visits) and must be on a leash and with the pet's owner AT ALL TIMES. Animals must not display any signs of illness and must not come from a household with individuals at high risk of unknown exposure to COVID-19.

7. Gifts - designated family/support persons and visitors are permitted to bring gifts, including homemade or purchased food or flowers/plants. Depending on the risk level of the individual, and at the discretion of Intercare, some items may be required to be cleaned and disinfected by the individual or quarantined for a period of time (when disinfection is not possible)

After Your Visit

If you have or develop ANY COVID-19 related symptoms within fourteen (14) days of your visit, you must inform the site (care home) immediately.

The COVID-19 related symptoms established by the CMOH include:

- Fever (38.0°C or higher)
- Any new or worsening symptoms:
- Cough
- Shortness of Breath/Difficulty Breathing
- Sore Throat/Painful Swallowing
- Runny Nose / Nasal Congestion
- Chills
- Headache
- Muscle/Joint Aches
- Feeling Unwell /Fatigued / Severely Exhausted
- Nausea/Vomiting/Diarrhea
- Unexplained Loss of Appetite
- Loss of Sense of Smell or Taste
- Conjunctivitis (commonly known as pink eye)

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**APPENDIX 5
DESIGNATED FAMILY/SUPPORT PERSONS AND OTHER VISITORS
RELEASE AND WAIVER AGREEMENT**

BY AGREEING TO THE TERMS OF THIS AGREEMENT YOU ARE WAIVING
CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE, IN RELATION TO COVID-19
AND ITS RISKS

PLEASE READ CAREFULLY

I _____ Designated Family/Support Person or Other Visitor
(Circle One) wish to attend at _____ Care Home (hereafter the Site)
operated by Intercare Corporate Group Inc. (hereafter INTERCARE) and I, for myself and my
personal representative (where applicable), agree as follows:

Name of resident/patient you are visiting: _____

PART I - COVID-19 - ACKNOWLEDGEMENTS

I HEREBY ACKNOWLEDGE AND AGREE THAT:

On each visit to the Site, I will complete a health screening assessment questionnaire and screening process and will respond truthfully, advising of any “YES” responses to the questions of the screening questionnaire and any other irregularities arising from such screening assessment, to the Site forthwith; and

I agree to comply fully with ALL policies and procedures in place at the Site, including but not limited to, the *Safe Visitation Policy and Related Requirements – COVID 19 Pandemic*.

PART II – COVID-19 - ASSUMPTION OF RISKS, RELEASE OF LIABILITY AND WAIVER

In consideration of Intercare allowing me to visit the Site for a period of one year from the date of execution of this Agreement, and for other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, I hereby acknowledge and agree as follows:

- a. I acknowledge that my presence adds increased risk to the residents and staff of the Site, and that the risk of injury to me and to the residents and staff of the Site is significant, especially for those who may not be vaccinated for COVID-19, including the potential for serious personal injury, death or illness resulting from or arising in any way from COVID-19;
- b. I am willing to accept full responsibility for this choice as it relates to my own health and well-being and that of the residents and staff of the Site, and agree to assume all responsibility for such risks, and to visit the Site at my own risk;
- c. I acknowledge and agree that the Site, its subsidiaries and affiliates, and any of their respective directors, officers, shareholders, employees, agents, independent contractors, successors and assigns (hereinafter collectively referred to as the “**Releases**”), shall not be liable or responsible in any way for any injury whatsoever or death, which may be suffered by me, or by any other person in contact with me, arising out of COVID-19 and my attendance at the Site;

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- d. I waive any and all claims against, and I covenant not to sue, each of the Releases, for any liabilities or injury whatsoever which may be suffered by me, or by any other person in contact with me, arising out of COVID-19, due to my attendance at the Site, and I agree that any one or more of the Releases shall have the right to use this Agreement as a complete bar and defense to any claim or lawsuit brought in contravention of this Agreement;
- e. I agree on behalf of my heirs, successors and family to indemnify, defend, and hold harmless the Releases from and against any and all losses or damages of any kind whatsoever, including reasonable legal fees, incurred by the Releases in connection with any third party claim whatsoever brought against or involving any one or more of the Releases, arising out of the contraction of COVID-19, as a result of or in connection with my attendance at the Site; and
- f. I agree that the laws of the Province of Alberta shall apply, and the courts of the Province of Alberta shall have sole and absolute jurisdiction, for any claims arising out of this Agreement.

PART III - COVID-19 - AGREEMENT TO COMPLY WITH REQUIREMENTS OF ALL VISITORS

I UNDERSTAND that by entering the Site I must follow the requirements of all visitors and in consideration of my visitation, I hereby acknowledge and agree to the following:

- a. I will coordinate all resident visits with Intercare, unless such visit coordination is done for me by the resident;
- b. I will comply with the mandatory health assessment screening process at time of intended entry and be truthful in my responses;
- c. I will only visit the resident that I am attending to the Site to visit with;
- d. I will self-check myself for COVID-19 symptoms, as listed on the health assessment screening questionnaire, during, throughout and following my visit for the next 14 days;
- e. I will wear a mask continuously for my entire my visit and any other personal protective equipment (PPE) as may be required and determined by the care home staff;
- f. I will notify the Site of any COVID-19 symptoms I experience within 14 days of my visit with the resident;
- g. I declare that I have received a copy of, have read, understood and agree to fully comply with the COVID-19 Safe Visiting Practice Guidelines and all related site policies and processes;
- h. I have been oriented and educated on the COVID-19 Safe Visiting Practice Guidelines, have received education from a Site representative on the proper use of PPE, informed of my visitation location, the route I am to take to get to the visiting location and will not stop nor interact with any staff or other residents while in route, and acknowledge that I understand and will comply with same; and
- i. I acknowledge and accept that I may be refused entry to the Site if there is a reason for the Site to believe that I have not abided by the responsibilities that I have agreed to herein.

I further UNDERSTAND, ACKNOWLEDGE AND ACCEPT that my failure to comply with ANY of the safe visitation responsibilities outlined in Part III above will result in the following consequences:

1st occurrence - I will be advised of my non-compliance and asked to immediately correct the non-compliance (e.g. put my mask and/or face shield back on if removed). I will be reminded of my safe visitation responsibilities and advised that I must comply if I wish to maintain my visitation privileges.

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2nd occurrence – the involved visitor will be advised of their non-compliance and if currently engaged in a visit, the visit will be ended and the visitor asked to leave the site (care home) without delay. The visitor will be reminded of their responsibilities and advised that they will not be permitted to book, or participate in, another visit for a minimum of one-week period. After that time, the visitor (if a designated family or support person) may schedule a new OUTDOOR VISIT ONLY for themselves (if a designated family/support person) or other visitor who received the second occurrence consequence for non-compliance.

3rd occurrence – the involved visitor will be advised of their third and final non-compliance and if currently engaged in a visit, the visit will be immediately terminated, the visitor will be asked to leave the site (care home) and all future visitation privileges will be revoked.

PART IV - COVID-19 - GENERAL

This Agreement and any rights, duties and obligations as between the parties to this Agreement shall be governed by and interpreted solely in accordance with the laws of Alberta and the laws of Canada as they apply in Alberta and no other jurisdiction; and

In entering this Agreement, I am not relying upon any oral or written representations or discussions with staff and acknowledge that this is a legal document.

BY SIGNING BELOW, I AM ACKNOWLEDGING THAT I HAVE READ THIS AGREEMENT IN FULL AND THAT I FULLY UNDERSTAND ITS TERMS, AND I UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND THAT I AM SIGNING IT VOLUNTARILY WITHOUT ANY INDUCEMENT, AND I ACKNOWLEDGE THAT I HAVE BEEN PROVIDED THE OPPORTUNITY TO SEEK INDEPENDENT LEGAL ADVICE REGARDING THE EFFECT OF THE TERMS AND CONDITIONS HEREOF AND IF I HAVE NOT OBTAINED INDEPENDENT LEGAL ADVICE, I HEREBY WAIVE THOSE RIGHTS BY SIGNING.

IN WITNESS WHEREOF, I have set my hand on this date set out below.

Witness Signature

Designated Family/Support Person or Visitor (Signature)

Witness Name (print)

Designated Family/Support Person or Visitor (Print)

Date

Date

Designated Family/Support Person or Other Visitor - Telephone Number and Email Address

****Please Note: This Release and Waiver Agreement may be executed via counterpart and/or facsimile, each of which shall be deemed an original, but all of which together shall constitute one and the same instrument. Delivery of a counterpart by way of facsimile or scanned and e-mailed shall be deemed to be as effective as delivery of an originally executed counterpart***

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