

## RHRA Guidance: Implementation of Instructions Issued by the Office of the Chief Medical Officer of Health for Mandatory Vaccination Policies in Retirement Homes

Version 2 as of October 18, 2021

Changes from version 1:

- [Statistical Information section](#): the 90% threshold for monthly reporting of complete statistical information has been updated to apply to staff vaccination rates only (excluding contractors, volunteers and students). In version 1, the threshold was calculated for all required individuals (staff, contractors, volunteers and students).
- [Appendix 2 Frequently Asked Questions](#): Additional questions related to applicability of requirements to required individuals in subsidized programs and to statistical information for individuals on leave.

As per [Instructions issued by the Office of the Chief Medical Officer of Health \(OCMOH\)](#), effective September 7, 2021, every retirement home licensed under the *Retirement Homes Act, 2010* (herein referred to as “retirement home”) must establish a COVID-19 vaccination policy for their staff, contractors, volunteers and students (herein referred to as “required individuals”). The policy must be implemented by no later than September 21, 2021. Every retirement home must ensure compliance with its policy and report statistical information to the Retirement Homes Regulatory Authority (RHRA).

The purpose of this guidance document is to support retirement homes in developing and implementing their vaccination policies<sup>1</sup>.

### Regulatory Requirements

Retirement homes are required to follow the OCMOH’s Instructions pursuant to clause 27(5)(0.a) of O. Reg. 166/11 under the *Retirement Homes Act, 2010* and subsections 2(2.1) of Schedules 1 and 4 of O. Reg. 364/20: “Rules for Areas at Step 3 and at the Roadmap Exit Step” under the *Reopening Ontario (A Flexible Response to COVID-19) Act, 2020*.

The OCMOH’s Instructions replace *RHRA Recommendation on Retirement Home Staff and Volunteer COVID-19 Immunization Policy* issued on July 29, 2021, and *RHRA Recommendation for Asymptomatic COVID-19 Screen Testing for Retirement Homes* issued on July 14, 2021. Implementation of a COVID-19 immunization policy is now required.

### Objectives

The World Health Organization (WHO) declared COVID-19 a pandemic virus on March 11, 2020 and the spread of COVID-19 is being tracked in Ontario. Due to age-related conditions and co-morbidities, retirement home residents face higher risk of serious illness and death due to COVID-19. Some required individuals in retirement homes remain unvaccinated, posing risks to residents, other required individuals and the health care system capacity due to the potential (re)introduction of COVID-19 in retirement homes.

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In addition to these concerns, the Delta variant of concern globally and within Ontario has higher transmissibility and disease severity compared to previous COVID-19 virus strains. In the opinion of the OCMOH, there is an immediate risk to residents of retirement homes who are more vulnerable and medically complex than the general population, and therefore more susceptible to infection and severe outcomes from COVID-19.

The objectives of the OCMOH's Instructions are to set out a provincially consistent approach to COVID-19 immunization policies in retirement homes to:

- optimize COVID-19 immunization rates in retirement homes;
- ensure that individuals have access to information required to make informed decisions about COVID-19 vaccination; and
- ensure that individuals not vaccinated for COVID-19 are being monitored for COVID-19 exposure to minimize the risks for residents and other required individuals.

## Required Individuals

The OCMOH's Instructions require that the immunization policy established by a retirement home applies to the following required individuals:

**“Staff”**, as defined under the *Retirement Homes Act, 2010*, includes every person who works or provides services at the home, as an employee of the licensee, pursuant to a contract or agreement with the licensee, or pursuant to a contract or agreement between the licensee and an employment agency or other third party. This may include front-line workers, management, food-service workers, service providers under contract with the retirement home (including temporary staff from employment agencies), basic aides and guest attendants.

**“Contractor”** includes, but is not limited to, third-party contractors hired by the retirement home such as building maintenance (e.g., HVAC, fire alarm inspection, trades, landscaping, pest control, etc.) or suppliers (e.g., Sysco/MM/Eco lab/Life Labs/Arjo, etc.). These would, in general, fall under the category of support worker, which is commonly defined as a type of essential visitor who is visiting to perform essential support services for a retirement home. Some contractors may be considered as “staff” under the *Retirement Homes Act, 2010*.

**“Volunteer”**, as defined under the *Retirement Homes Act, 2010*, means a person who works in or supplies services to the home, but who is not part of the staff of the home and who does not receive a wage or salary for the services or work that the person provides in the home.

**“Student”** is any student on placement in the retirement home as part of an approved educational program (e.g., nursing students).

For further clarity, the policy must apply to staff, contractors, volunteers and students who:

- provide services to residents and families;
- interact with workers providing services to residents and families; and
- are on the premises of a retirement home.

Note: visitors are not included in the OCMOH's Instructions. Please refer to [CMOH's Directive #3](#) and [RHRA's Retirement Homes Policy to Implement Directive #3](#) for guidance for visitors.

## External Care Providers Who Are Not Staff or Contractors of the Retirement Home

External Care Providers (ECPs) who provide services to residents and are not staff or contractors of the retirement home but are employees, staff or contractors of Home and Community Care Support Services (HCCSS) (formerly Local Health Integration Networks (LHINs)), public hospitals or ambulance services are subject to the vaccination policies required under [CMOH's Directive #6](#). In addition, these ECPs are considered essential visitors to retirement homes and must comply with the requirements under [CMOH's Directive #3](#) and [RHRA's Retirement Homes Policy to Implement Directive #3](#). However, these visitors are not required to comply with the retirement home's immunization policies.

In some circumstances, retirement home residents may have personally hired ECPs to provide them with services that are not provided by the retirement home, HCCSS or public hospitals. These ECPs are not required to comply with the vaccination policies of the retirement home issued under the OCMOH's Instructions or vaccination policies required under CMOH's Directive #6 (unless they are simultaneously employed by other retirement homes or organizations covered under Directive #6). These ECPs are considered essential visitors and must comply with the requirements under [CMOH's Directive #3](#) and [RHRA's Retirement Homes Policy to Implement Directive #3](#).

### Requirements to Establish a Policy

The OCMOH has issued instructions to direct that:

1. Every retirement home must establish, implement and ensure compliance with a COVID-19 vaccination policy requiring its staff, contractors, volunteers and students to provide:
  - a. proof of full vaccination against COVID-19. For the purposes of this document, "full vaccination" and "fully vaccinated" means having received the full series of a COVID-19 vaccine or combination of COVID-19 vaccines approved by the World Health Organization (e.g., two doses of a two-dose vaccine series, or one dose of a single-dose vaccine), and having received the final dose of the COVID-19 vaccine at least 14 days ago; or
  - b. written proof of a medical reason, provided by a physician or registered nurse in the extended class that sets out: (i) a documented medical reason for not being fully vaccinated against COVID-19, and (ii) the effective time period for the medical reason; or
  - c. proof of completing an educational session approved by the retirement home about the benefits of COVID-19 vaccination prior to declining vaccination for any reason other than a medical reason. The approved session must, at a minimum address:
    - i. how COVID-19 vaccines work;
    - ii. vaccine safety related to the development of the COVID-19 vaccines;
    - iii. the benefits of vaccination against COVID-19;
    - iv. risks of not being vaccinated against COVID-19; and
    - v. possible side effects of COVID-19 vaccination.
2. Despite paragraph 1, a retirement home may decide to remove the option set out in paragraph 1(c) and require all staff, contractors, volunteers and students to either provide the proof required in paragraph 1 (a) or (b).
3. Where a retirement home decides to remove the option set out in paragraph 1(c) as

contemplated in paragraph 2, the retirement home shall make available to staff, contractors, volunteers and students an educational session that satisfies the requirements of paragraph 1(c).

4. Every retirement home's vaccination policy shall require that where a staff, contractor, volunteer or student does not provide proof of being fully vaccinated against COVID-19 in accordance with paragraph 1(a), but instead relies upon the medical reason described at paragraph 1(b) or, if applicable, the educational session described at paragraph 1(c), the staff, contractor, volunteer or student shall:
  - a. submit to regular antigen point of care testing for COVID-19 and demonstrate a negative result, at intervals to be determined by the retirement home which must be at a minimum once every seven days and up to 2-3 times per week<sup>2</sup>.
  - b. Provide verification of the negative test result in a manner determined by the retirement home that enables the retirement home to confirm the result at its discretion.

## Labour Relations Considerations

In developing their vaccination policy, retirement homes should consider any collective agreement issues related to vaccination and comply with all applicable legislation, including among others the *Employment Standards Act*, Ontario's *Human Rights Code*, and the *Occupational Health and Safety Act, 1990* and its Regulations. Retirement homes that have questions or concerns on how to meet their obligations are encouraged to obtain legal advice.

## Providing Proof

### Proof of vaccination

After vaccination, individuals with an Ontario photo health card can log in to the provincial portal to download or print an electronic COVID-19 vaccine receipt (PDF) for each dose received.

Receipts are available:

- for first and second doses received in Ontario regardless of where you were vaccinated in Ontario (for example, at a mass vaccination clinic, hospital, pharmacy, or primary care setting);
- for doses received out of province, if reported to the local public health unit (and if the vaccines are approved by the World Health Organization)

To log in, individuals will need:

- a **green photo health (OHIP) card** (you will need numbers from both the front and back of the card, expired cards will be accepted)
- date of birth
- postal code

If you have a **red and white health card**, call the Provincial Vaccine Booking Line at [1-833-943-3900](tel:1-833-943-3900). The call centre agent can email you a copy of your receipt.

Individuals in the following circumstances should contact their [local public health unit](#) for further


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<sup>2</sup> Retirement homes should consult the most recent Ministry of Health's [COVID-19: Considerations for Antigen Point-of-Care Testing](#).

information:

- Individuals without an Ontario health card (or who did not provide their Ontario health card at the time of vaccination) should contact public health for a copy of their receipt.
- Individuals who did not receive a Canadian approved vaccine.
- Individuals who have received an out-of-province vaccination and have not yet contacted their local public health unit should do so to ensure their records are validated and recorded.
- Individuals who received their vaccine through Ornge and Operation Remote Immunity and received a hand-written hard copy receipt and do not have green health card or computer to print off receipt from the port.
- Individuals who have questions or concerns about the information supporting their COVID-19 vaccine receipt.

The majority of people who were vaccinated in Ontario were provided a receipt from the Ministry of Health with the individual's name, date of vaccination and product name (i.e., Pfizer, Moderna, etc.). The physical/hard copy receipt and email version of the receipt a person would have received will resemble the following:

**Ontario** 

**Ministry of Health**  
**Ministère de la Santé**

Name/Nom: [REDACTED]  
 Health Card Number/Numéro de la carte Santé: [REDACTED]  
 Date of Birth/Date de naissance: [REDACTED]  
 Date/Date: 2021-05-16, 3:43 p.m.  
 Agent/Agent: COVID-19\_mRNA  
 Product Name/Nom du produit: PFIZER-BIONTECH COVID-19  
 VACCINE mRNA  
 Diluent Product: PFIZER Diluent 0.9% Sodium Chloride  
 Lot/Lot: [REDACTED]  
 Dosage/Dosage: 0.3ml  
 Route/Voie: Intramuscular / intramusculaire  
 Site/Site: Left deltoid / deltoïde gauche  
 You have received 1 valid dose(s) / Vous avez reçu 1 dose(s) valide(s)  
 Vaccine Administered By/Vaccin Administré par: [REDACTED]  
 Registered Practical Nurse  
 Authorized Organization/Organisme agréé: [REDACTED]

Note: Only valid doses are counted / Remarque: Seules les doses valides sont comptées

Please remain on the premises for the next 15 minutes for observation. You are free to leave the vaccination clinic at 3:58 PM / Veuillez rester sur place pendant les 15 prochaines minutes aux fins d'observation. Vous pouvez quitter la séance de vaccination à 3:58 PM

### Proof of a medical reason for not being vaccinated

There are likely to be very few medical exemptions to COVID-19 vaccination. The largest group of individuals who receive a medical exemption will be those with severe allergic reactions or anaphylaxis to a previous dose of a COVID-19 vaccine or to any of its components and who have been assessed by an allergist/immunologist to review methods for possible (re)administration of a COVID-19 vaccine. There are existing protocols to administer COVID-19 vaccines to individuals with other types of allergies. These other types of allergies do not on their own constitute the grounds for a medical exemption.<sup>3</sup>

- Individuals who have had an allergic reaction within 4 hours and/or anaphylaxis that occurred with a vaccine or injectable medication that does not contain a component or cross-reacting component of the COVID-19 vaccines can receive the COVID-19 vaccine followed by observation for a minimum of 30 minutes.

<sup>3</sup> This document provides basic information only and is not intended to constitute medical advice. Individuals should obtain medical advice for their specific circumstances.

- Individuals with a history of significant allergic reactions and/or anaphylaxis to any food, drug, venom, latex or other allergens not related to the COVID-19 vaccine can receive the COVID-19 vaccine followed by observation for a minimum of 15 minutes. Individuals with allergy issues like allergic rhinitis, asthma and eczema can receive the vaccine followed by observation for a minimum of 15 minutes.

Another group of individuals who may receive a medical exemption are those who are delaying their second dose because of a diagnosed episode of myocarditis/pericarditis after receipt of an initial dose of an mRNA vaccine.

In some instances, the medical reason for the person not being vaccinated may be time-limited (e.g., timing around a procedure or other medical treatment). The OCMOH's Instructions require that the note from the physician/nurse practitioner specifies the effective time-period for the medical reason. Retirement homes should communicate this requirement to anyone who is planning on submitting proof of a medical reason.

Proof must be provided by either a physician or a nurse practitioner (note: a nurse practitioner is a registered nurse who holds an extended certificate of registration under the [Nursing Act, 1991](#)). Referral and consultation support for Physicians and Nurse Practitioners is available through Ontario's [eConsult Service](#) and [OTN Hub](#).

More information about Medical Exemptions can be found in the Vaccine Information Sheets and Special Populations Documents available on the Ministry of Health's [website](#).

### **Proof of completion of an educational program**

Retirement homes should plan a way for required individuals to provide proof that they have completed the educational program that is accepted by the retirement home. Options could include having the person sign a form saying they completed the educational program (i.e., an attestation) or having them answer questions that confirm they have understood the program's content. Retirement homes delivering their own educational programs can record the person's participation directly.

### **Choosing the content for the educational program**

Retirement homes that choose to offer an educational program option in their vaccination policy are responsible for determining which educational program they will accept. The educational programs must meet the requirements outlined in the OCMOH's Instructions. RHRA does not endorse any specific educational program.

The educational program must address, at a minimum, all of the following:

- How COVID-19 vaccines work;
- Vaccine safety related to the development of the COVID-19 vaccines;
- Benefits of vaccination against COVID-19;
- Risks of not being vaccinated against COVID-19; and
- Possible side effects of COVID-19 vaccination.

Retirement homes may develop their own educational program or adopt an educational program developed by another organization. In either case, the educational program must meet the requirements outlined above.

When choosing the content for the educational program that they will be offering, retirement homes should:

- Consider whether the content meets the requirements specified in the OCMOH's Instructions.
- Consult with the retirement home's senior administration, Infection Prevention and Control (IPAC) specialists who work in the retirement home, and/or the local IPAC hub where appropriate/feasible.
- Consider the source of the information. Questions to ask include:
  - Is the content from a reputable source?
  - Is the content current?
  - Is the content clear and easy to understand?
  - Does the content represent the risks and benefits of vaccination fairly and in a transparent manner?
  - Does the content respect that it is an individual's personal choice as to whether to get vaccinated?
- Consider whether the content is appropriate for the linguistic and cultural characteristics of the required individuals who will be taking the educational program.

Retirement homes should also consider and address any accessibility needs of the required individuals who will be taking the educational program.

RHRA recommends seeking educational resources from the following organizations:

- Health Canada
- Government of Ontario
- Public Health Ontario
- Ontario Ministry of Health
- Ontario Ministry of Long-term Care
- Local Public Health Units
- Local Infection Prevention and Control (IPAC) hubs
- Ontario Retirement Communities Association (ORCA)
- AdvantAge Ontario

Note that licensees are not limited to the use of educational materials from the above organizations.

Resources to help support the creation of a retirement home's educational program are provided in **Appendix 1**.

## **Implementing Antigen Point-of-Care Testing**

Retirement homes are required to implement an antigen point-of-care testing (POCT) program for asymptomatic required individuals who are not fully vaccinated or do not provide proof of vaccination. For these individuals, the antigen POCT must be performed at a minimum one time per week and up to 2-3 times per week for individuals who are not fully vaccinated.<sup>4</sup> Retirement homes must verify the negative test results.

- Individuals who are partially vaccinated (have received one dose of a two-dose vaccine series, or a final dose of a two-dose vaccine series within the last 14 days) should undertake antigen testing until they are fully vaccinated.

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<sup>4</sup> Retirement homes should consult the most recent Ministry of Health's [COVID 19 Guidance: Considerations for Antigen Point-of-Care Testing](#).

- For individuals who are fully vaccinated, provincial guidance now states that antigen POCT is not recommended as the likelihood of COVID-19 is low for this group which reduces the utility of screening and could result in an increase of false positive results.

In conducting their asymptomatic screen testing programs, retirement homes can use rapid antigen POCT. Antigen point-of-care tests are available to retirement homes free of charge and can be ordered online through the Provincial Antigen Screening Program (PASP). All licensed retirement homes are pre-approved to participate in PASP. The PASP also provides comprehensive [onboarding and training resources](#) to support implementation of regular antigen testing as required for staff, contractors, volunteers and students. Retirement homes can proceed to order tests through Ontario Health's [online ordering portal](#) (Remedy).

**Note:** Recent changes to provincial guidance on antigen POCT have been made to enable self-screening. Retirement homes may consider whether to implement self-screening as part of their antigen POCT program. Retirement homes should consult the Ministry of Health's [COVID-19 Guidance: Considerations for Antigen Point-of-Care Testing](#).

#### Updated eligibility for asymptomatic lab-based PCR testing

Retirement home workers and visitors are no longer eligible to receive asymptomatic lab-based PCR testing through the publicly funded system. This includes use of designated testing centres and pharmacies for specimen collection as well as use of public labs to process test samples.

#### Contacts for further questions related to testing:

- For questions regarding access to the Provincial Antigen Screening Program, retirement homes can continue to contact the Ministry for Seniors and Accessibility at [RHInquiries@ontario.ca](mailto:RHInquiries@ontario.ca)
- For questions regarding individuals who require asymptomatic screen testing as well as the frequency, test modality and approved specimen collection methods for asymptomatic screen testing, retirement homes can continue to contact the Retirement Homes Regulatory Authority at [info@rhra.ca](mailto:info@rhra.ca).
- For other questions about information contained in updated provincial guidance, retirement homes can contact the Ministry of Health, Emergency Operations Centre [EOOperations.MOH@ontario.ca](mailto:EOOperations.MOH@ontario.ca).
- For questions regarding data collection and reporting, contact [AskHealthData@ontario.ca](mailto:AskHealthData@ontario.ca).
- For all other questions, contact [covid19testing@ontariohealth.ca](mailto:covid19testing@ontariohealth.ca).

### **Communicating about the policy**

Every licensee should ensure that the policy on COVID-19 vaccination is communicated to all retirement home staff, contractors, volunteers and students and a copy of the policy – either in hardcopy or electronic format – is made available free of charge to residents, their substitute-decision makers and family members. Along with their COVID-19 vaccination policy, retirement homes may consider sharing the [COVID-19 Vaccine Information Sheet](#) prepared by the Ministry of Health.

While retirement homes should continue to encourage required individuals and anyone who enters the retirement homes' premises to get vaccinated, communication about the policy should be



provided in a way that respects and supports education and informed choice about COVID-19 vaccination.

## Statistical Information

Per the OCMOH's Instructions, every retirement home must collect, maintain and disclose statistical (non-identifiable) information as follows:

1. Documentation that includes (collectively, "the statistical information"):
  - a. the number of staff, contractors, volunteers, and students who provided proof of being fully vaccinated against COVID-19;
  - b. the number of staff, contractors, volunteers, and students who provided a documented medical reason for not being fully vaccinated against COVID-19; and
  - c. the number of staff, contractors, volunteers, and students who completed an educational session approved by the retirement home about the benefits of COVID-19 vaccination as an alternative to 1(a) or (b), where applicable.
  - d. the total number of the retirement home's staff, contractors, volunteers and students to whom the policy applies.

Retirement homes should keep a record of the statistical information, including the date when the information was calculated, at a minimum for one year after the RHRA no longer requires retirement homes to collect, maintain and disclose the statistical information (subject to RHRA or OCMOH direction).

Retirement homes must disclose the statistical information to RHRA and RHRA will provide the information to the Ministry for Seniors and Accessibility (MSAA). Retirement homes are not required to provide the information directly to MSAA. RHRA and MSAA may further disclose this statistical information and may make it publicly available.

Retirement homes must provide the statistical information to the RHRA in the manner and the timelines specified in RHRA's request. RHRA will implement measures to ensure that the statistical information it shares does not disclose personal information or personal health information.

RHRA will send an email to each retirement home to complete a "Required Submission Form" online on a monthly basis. RHRA will use the percentage of staff who are fully vaccinated (i.e., the vaccination rate) to determine what information retirement homes will be required to submit.

- Retirement homes that have less than 90% vaccination rate for staff are required to submit a complete Required Submission Form monthly.
- Retirement homes that have 90% or higher vaccination rate for staff are required to submit a complete Required Submission Form during the first reporting period (September 2021) and every three months afterwards to confirm that 90% vaccination rate has been maintained. Between the three-month complete reporting, these homes will only be required to confirm that they continue to maintain the 90% rate for staff.
- Retirement homes that had previously achieved 90% or higher vaccination rates but the rate has since decreased (for example, due to staff turnover), are required to submit a complete Required Submission Form monthly until the 90% vaccination rate is achieved once again.

The 90% vaccination rate is used for the collection of statistical information only. RHRA encourages all retirement homes to strive towards full vaccination of all required individuals who do not have medical exemptions in order to protect everyone who lives in, works in or visits retirement homes.

NOTE: RHRA may amend the required statistical information and the frequency of reporting at any time in order to ensure compliance with legislation, regulation, directives, instructions or policies.

Retirement homes must not provide any identifying information to RHRA. Retirement homes should communicate to all individuals who are subject to the policy that information will be shared with RHRA in aggregate form only and without any identifying information. Retirement homes should ensure compliance with their obligations under the *Personal Health Information Protection Act, 2004* with respect to consent to the collection, use, and disclosure of personal health information.

### **Enforcement of Compliance with Policy**

Retirement homes are required to comply with the OCMOH's Instructions (including reporting on statistical information to RHRA) under the *Retirement Homes Act, 2010* and the *Reopening Ontario Act, 2020*. Under the *Retirement Homes Act, 2010*, RHRA has the authority to conduct inquiries and inspections to monitor retirement homes, including their compliance with OCMOH's Instructions. Where the RHRA observes non-compliance with the *Retirement Homes Act, 2010* or O. Reg. 166/11, it may take steps to address the contravention in accordance with the Act. These steps include issuing enforcement orders, including for the payment of administrative penalties. Whether enforcement action is appropriate will be assessed on a case-by-case basis, including consideration of the nature of the contravention, the reason for the contravention, and the licensee's efforts to achieve compliance.

## Appendix 1: Resources to support the creation of a retirement home's educational program

**Disclaimer:** RHRA does not recommend a specific resource or educational program to be used by retirement homes. The list of resources provided in this Appendix was compiled by the Ministry of Health as part of the Resource Guide to CMOH's Directive #6. RHRA does not assume any responsibility for the content of any of the resources listed below. The inclusion of the resources in the list below does not constitute an endorsement of the resource or the organization/entity that developed the resource. Retirement homes should seek legal advice on the use of any resources/materials that hold a patent, copyright, trademark, or other proprietary rights. If a retirement home wishes to use any or all of the resources in the list below, the retirement home should attribute sources appropriately.

### Resources in alphabetical order

[About COVID-19 Vaccines](#) (Ontario Ministry of Health)

**\*\*bilingual\*\*** [Building Confidence in Vaccines](#) [English] and [Accroître la confiance à l'égard des vaccins](#) [French] (Public Health Ontario)

[Communicating effectively about immunization: Canadian Immunization Guide](#) (Government of Canada)

**\*\*multilingual\*\*** [Coronavirus disease \(COVID-19\): Awareness resources](#) (Government of Canada)

[COVID-19 Info](#) (Immunize Canada)

[COVID-19 Vaccination Education Video](#) (Dr. Nathan Stall for AdvantAge Ontario)

[COVID-19 Vaccination: Making an Informed Decision Learning Module](#) (Lakeridge Health)

[COVID-19 Vaccination: Making an Informed Decision Learning Module](#) **[working file for download and editing]** (Lakeridge Health) Note: In order to access the workable Lakeridge Health module your computer will require an Articulate licence.

[COVID-19 Vaccination Declaration Sample](#) (Lakeridge Health)

**\*\*bilingual\*\*** [COVID-19 vaccines and workplace health and safety: Learn how COVID- 19 vaccines help protect you and make your workplace safer](#) [English] and [Les vaccins contre la COVID-19 et la santé et la sécurité au travail: Découvrez comment les vaccins contre la COVID-19 contribuent à vous protéger et à rendre votre lieu de travail plus sécuritaire](#) [French] (Ontario Ministry of Labour, Training and Skills Development)

[COVID-19: Vaccines | Centre for Effective Practice - Digital Tools](#) (Centre for Effective Practice)

[COVID-19 Vaccines Explained](#) (World Health Organization)

[COVID-19 Vaccine Information Sheet](#) (Ontario Ministry of Health)

**\*\*multilingual\*\*** [COVID-19: Vaccine Resources](#) and in [American Sign Language](#) (City of Toronto)

**\*\*multilingual\*\*** [Documents multilingues sur la vaccination contre la COVID-19](#)  
(Alliance des communautés culturelles pour l'égalité dans la santé et les services sociaux)

[Gashkiwidoon toolkit: covid-19 vaccine implementation](#) (Indigenous Primary Health Care Council)

**\*\*multilingual\*\*** [LTC COVID-19 Vaccine Promotion Toolkit](#) (Ministry of Long-Term Care)

[Ontario's doctors answer COVID-19 vaccine questions](#) (Ontario Medical Association)

[Sunnybrook COVID-19 e-learning module](#) (Sunnybrook Health Sciences Centre)

[Tools to Boost Vaccine Confidence in LTC Teams](#) (Ontario Centres for Learning, Research and Innovation in Long-Term Care)

[Updates on COVID-19](#) (National Collaborating Centre for Indigenous Health)

## Appendix 2: Frequently Asked Questions (FAQs)

### 1. Who does the new Office of the Chief Medical Officer of Health's (OCMOH) Instructions apply to?

The new OCMOH's Instructions issued on August 30, 2021 apply to retirement homes licensed under the *Retirement Homes Act, 2010*. The OCMOH's Instructions require that retirement homes' COVID-19 vaccination policies apply to all staff, contractors, volunteers and students. The definition of "staff" and "volunteer" is the same as in the *Retirement Homes Act, 2010*.

Similar requirements were issued under [CMOH's Directive #6](#) to public hospitals, Home Care and Community Services (HCCS), Local Health Integration Networks (LHINs) and ambulance services.

### 2. What are the requirements in the new OCMOH's Instructions to retirement homes?

Under the OCMOH's Instructions, retirement homes will be required to establish and implement a COVID-19 vaccination policy for staff, contractors, volunteers and students.

At a minimum, each retirement home's policy must require that staff, contractors, volunteers, and students must:

- **Provide proof of full vaccination** against COVID-19; **OR**
- **Provide a documented medical reason** for not being fully vaccinated against COVID-19; **OR**
- **Provide proof of completing an educational session** approved by the retirement home on the benefits of COVID-19 vaccination.

The retirement home may **choose to remove the education option** and only allow staff, contractors, volunteers and students to provide proof of full vaccination or of a medical exemption. If the retirement home removes the education option, it must still provide an educational session available to all staff, contractors, volunteers and students.

In addition, where a staff, contractor, volunteer or student does not provide proof of being fully vaccinated against COVID-19, there is a requirement for regular point-of-care rapid antigen testing. The staff, contractor, volunteer or student must provide the retirement home with proof of negative results in the manner prescribed in the policy. Testing must occur at a minimum of once every 7 days and up to 2-3 times a week (as per current provincial testing guidance).

Retirement homes are required to collect statistical (non-identifiable) information in regard to the policy and report to RHRA in the manner and frequency specified by RHRA.

### 3. Why were the OCMOH's Instructions issued?

Achieving high vaccination rates in Ontario's retirement homes through vaccination is part of a range of measures and actions that can help prevent and limit the spread of COVID-19 in retirement homes. Vaccination against COVID-19 helps reduce the number of new cases, and, most importantly, can limit severe outcomes including hospitalizations and death due to COVID-19 in residents, staff, contractors,

volunteers, students, and all others who may be present in retirement homes. A provincial vaccination policy promoting vaccine uptake among those working in retirement homes is aligned with the goals of and overall provincial response to COVID-19 in:

- Protecting vulnerable residents who may be health compromised or at risk of being health compromised in settings that face a higher risk of contracting and transmitting COVID-19.
- Protecting staff and health human resource (HHR) capacity.
- Reducing the potential for outbreaks, potential disruptions in service and continuity of care.

**4. When are these requirements going into effect?**

Retirement homes were required to establish a vaccination policy by September 7, 2021 and begin implementing it as of September 21, 2021. This approach balances the need for retirement homes to have some lead time to implement and ensure compliance with a COVID-19 vaccination policy, with the need to have the policy in place as soon as possible to protect retirement homes and their populations.

**5. Who is responsible for ensuring that staff, contractors, volunteers and students are notified of a retirement home's vaccination policy?**

Every retirement home shall ensure that the policy on COVID-19 vaccination is communicated to all staff, contractors, volunteers and students. In addition, the retirement home should ensure that copies are made available free of charge to residents, their substitute decision-makers and their family members.

**6. Do third party contractors, such as building maintenance or suppliers fall under the definition of "contractors" pursuant to the OCMOH's Instructions?**

Yes, third party contractors hired by retirement homes such as building maintenance (e.g., HVAC, fire alarm inspection, trades, landscaping, pest control, etc.) or suppliers (e.g., Sysco/MM/Ecolab/Life Labs/Arjo, etc.) **do** fall under the definition of "contractor" under the OCMOH's Instructions. Some third-party contractors may also fall under the definition of "staff" as defined in the *Retirement Homes Act, 2010*.

**7. My retirement home has volunteers that only come into the setting for 2 hours once a week; would they be subject to the retirement home's COVID-19 vaccination policy?**

Yes. The OCMOH's Instructions require that retirement home's vaccination policies apply to all staff, contractors, volunteers and students regardless of how frequently or for how long they come to the retirement home.

**8. I work for the retirement home food services, does this new policy apply to me?**

Yes, under OCMOH's Instructions, every staff, contractor, volunteer and student is required to follow the retirement home's policy.

**9. Should staff on a leave be included in the data reporting submitted to the RHRA?**

Staff, contractors, volunteers and students who are on a leave (such as a maternity leave or a sick leave) and will return to their roles in the retirement home within the next three months should be included in the data reporting.

Example: Maria is a PSW and is currently on a maternity leave with a return date of January 1, 2022. For the October 2022 data report and going forward, the retirement home should include Maria in the data reporting to the RHRA since Maria will be returning to her job within the next three months. However, if Maria extends her leave until July 1, 2022, the retirement home should not include her in the data reporting to the RHRA until the April 2022 data report.

**10. Who is responsible for ensuring External Care Providers (ECPs) that are subject to Directive #6 are complying with the Directive?**

The organizations that employ ECPs (e.g. service Providers within the meaning of the Home Care and Community Services Act, 1994, or Local Health Integration Networks within the meaning of the Local Health System Integration Act, 2006,) are subject to Directive #6 and that organization is responsible for monitoring compliance with the Directive. Retirement home licensees/operators are not required to ensure that these organizations or their staff are in compliance.

**11. My retirement home has a subsidized program (such as transitional care beds/Alternative Levels of Care beds). Are staff in the subsidized program subject to the OCMOH's Instructions? Should I include them in the data reporting for my retirement home?**

This depends on the employment relationship between the retirement home and the staff in the subsidized program. If the retirement home is the employer of the staff in the subsidized program, then the staff are subject to the OCMOH's Instructions and the retirement home should include them in the data reporting.

If the staff in the subsidized program are employed by another entity (such as a hospital or a HCCSS), then they are not subject to the OCMOH's Instructions and the retirement home should not include them in the data reporting. However, these staff may be subject to Directive #6 as External Care Providers (see question #10).

**12. What kind of proof must be provided to the retirement home under the COVID-19 vaccination policy?**

Staff, contractors, volunteers and students must provide proof to the retirement home that they have complied with the COVID-19 vaccination policy. The proof will also help retirement homes meet the requirements to collect statistical (non-identifiable) information and report to RHRA.

- a) Proof of COVID-19 vaccine administration as per the following requirements:
  - i. If the individual has only received the first dose of a two-dose COVID-19 vaccination series approved by the WHO, proof that the first dose was administered and, as soon as reasonably possible, proof of administration of the second dose; or
  - ii. If the individual has received the total required number of doses of a COVID-19 vaccine approved by WHO, proof of all required doses.
  
- b) Written proof of a medical reason, provided by either a physician or registered nurse in the extended class, that sets out:
  - i. that the person cannot be vaccinated against COVID-19; and

- ii. the effective time period for the medical reason.
- c) If the retirement home's policy allows for completion of an educational program, proof that the individual has completed the educational program approved by the retirement home. The educational program must, at a minimum, address all of the following:
- i. how COVID-19 vaccines work;
  - ii. vaccine safety related to the development of the COVID-19 vaccines;
  - iii. the benefits of vaccination against COVID-19;
  - iv. risks of not being vaccinated against COVID-19; and
  - v. possible side effects of COVID-19 vaccination.

In addition, where a staff, contractor, volunteer or student does not provide proof of being fully vaccinated against COVID-19, there is a requirement for regular point-of-care rapid antigen testing. The staff, contractor, volunteer or student must provide the retirement home with proof of negative results in the manner prescribed in the policy. Testing must occur at a minimum of once every 7 days and, per current provincial guidance, up to 2-3 times a week.

### 13. What is an acceptable proof of full vaccination?

"Fully vaccinated" means having received the full series of a COVID-19 vaccine or combination of COVID-19 vaccines approved by WHO (e.g., two doses of a two-dose vaccine series, or one dose of a single-dose vaccine series); and having received the final dose of the COVID-19 vaccine at least 14 days ago. After vaccination, individuals with an Ontario photo health card can log in to the provincial portal to download or print an electronic COVID-19 vaccine receipt (PDF) for each dose received.

Receipts are available:

- for first and second doses received in Ontario regardless of where you were vaccinated in Ontario (for example, at a mass vaccination clinic, hospital, pharmacy or primary care setting)
- for doses received out of province, if reported to the local public health unit

To log in, individuals will need:

- a **green photo health (OHIP) card** (you will need numbers from both the front and back of the card, expired cards will be accepted)
- date of birth
- postal code

If you have a **red and white health card**, call the Provincial Vaccine Booking Line at [1-833-943-3900](tel:1-833-943-3900). The call centre agent can email you a copy of your receipt.

Individuals in the following circumstances should contact their [local public health unit](#) for further information:

- Individuals without an Ontario health card (or who did not provide their Ontario health card at the time of vaccination) should contact public health for a copy of their receipt.
- Individuals who did not receive a Canadian approved vaccine.
- Individuals who have received an out-of-province vaccination and have not yet contacted their local public health unit should do so to ensure their records are validated and recorded.
- Individuals who received their vaccine through Ornge and Operation Remote



- Immunity and received a hand-written hard copy receipt and do not have green health card or computer to print off receipt from the portal.
- Individuals who have questions or concerns about the information supporting their COVID vaccine receipt.

#### **14. How will compliance with OCMOH's Instructions be ensured?**

Every retirement home must collect, maintain and disclose, statistical (non-identifiable) information as follows:

1. Documentation that includes (collectively, "the statistical information"):
  - a) the number of staff, contractors, volunteers and students who provided proof of being fully vaccinated against COVID-19;
  - b) the number of staff, contractors, volunteers and students who provided a documented medical reason for not being fully vaccinated against COVID-19;
  - c) the number of staff, contractors, volunteers and students who completed an educational session about the benefits of COVID-19 vaccination; and
  - d) the total number of the retirement home's staff, contractors, volunteers and students to whom the policy applies.

The retirement home must disclose the statistical information to RHRA in accordance with the manner and timelines specified in the request. RHRA will share the statistical information with the Ministry for Seniors and Accessibility (MSAA). RHRA and MSAA may further disclose this statistical information and may make it publicly available.

RHRA has the authority to conduct inquiries and inspections to ensure compliance with the OCMOH's Instructions. Where non-compliance is observed, the Registrar of the RHRA has the authority to take enforcement action as appropriate.

#### **15. How can retirement homes obtain antigen point-of-care testing (POCT) kits?**

Retirement homes are required to ensure that required individuals who are not fully vaccinated or do not provide proof of vaccination are undertaking regular (at least every 7 days and, as per current provincial guidance, up to 2-3 times per week) antigen POCT. Retirement homes must also verify the negative antigen POCT results.

All licensed retirement homes are pre-approved to participate in the Provincial Antigen Screening Program (PASP) and are eligible to receive free tests. The PASP also provides comprehensive [onboarding and training resources](#) to support implementation of regular antigen testing.

Provincial guidance on the use of antigen tests is available at [https://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/Antigen\\_Screening\\_Guidance\\_2021-03-5.pdf](https://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/Antigen_Screening_Guidance_2021-03-5.pdf)

#### **16. How are retirement homes expected to choose content for their educational program?**

When choosing the content for the educational program that they will be offering, retirement homes should:

- Consider whether the content meets the requirements specified in the OCMOH's Instructions regarding what a retirement home's educational

- program must address.
- Consult with the retirement home's medical director and/or administration, Infection Prevention and Control (IPAC) specialists who work in the retirement home, Occupational Health and Safety lead and/or their local IPAC hub where appropriate/feasible.
- Consider the source of the information. Questions to ask include:
  - i. Is the content from a reputable source?
  - ii. Is the content current?
  - iii. Is the content clear and easy to understand?
  - iv. Does the content represent the risks and benefits of vaccination fairly and in a transparent manner?
  - v. Does the content respect that it is an individual's personal choice as to whether to get vaccinated?
- Consider whether the content is appropriate for the linguistic and cultural characteristics of the person(s) who will be undertaking the educational session.

Retirement homes should also consider and address any accessibility needs of people who will be taking the educational session.

#### **17. Who can I contact if I have further question on OCMOH's Instructions?**

- For questions on this RHRA Guidance, please contact [info@rhra.ca](mailto:info@rhra.ca).
- For questions regarding access to the Provincial Antigen Screening Program, please contact the Ministry for Seniors and Accessibility at [RHInquiries@ontario.ca](mailto:RHInquiries@ontario.ca)