

Retirement Homes Policy to Implement Directive #3

Release Date:

December 27, 2021

Effective Date:

December 27, 2021

1.0 INTRODUCTION

COVID-19 Directive #3 for Long-Term Care Homes (Directive #3) issued by the Chief Medical Officer of Health (CMOH) establishes requirements for infection prevention and control (IPAC) in retirement homes to ensure the health and safety of its residents and staff during the COVID-19 pandemic. To that end, Directive #3 requires retirement homes follow the policy directions issued by the Minister of the Ministry for Seniors and Accessibility (MSAA) and the Retirement Homes Regulatory Authority (RHRA) for visitors, absences and activities. If anything in this policy conflicts with guidance, recommendations, or advice from the CMOH, the CMOH guidance prevails, and retirement homes must take all reasonable steps to follow them.

This policy supports retirement homes in implementing the requirements set out in Directive #3. All previous versions of this policy are revoked and replaced with this version. Homes must take all reasonable steps to ensure their visiting policy is guided by this policy.

This policy also replaces the guidance document entitled “RHRA Guidance: Implementation of Instructions Issued by the Office of the Chief Medical Officer of Health (OCMOH) for Mandatory Vaccination Policies in Retirement Homes”, released September 16, 2021 with respect to vaccination and antigen point-of-care testing (POCT) for Required Individuals (staff, contractors, volunteers, students and visitors), Vaccination Requirements and Antigen POCT testing frequency until such time that an update to that guidance document is released.

This update provides additional measures that take into consideration the risk of severe disease, reinfection, and breakthrough infection related to COVID-19, including COVID-19 variants of concern such as Omicron. These measures will be updated as the Province and public health experts continue to monitor the evolving COVID-19 pandemic and additional evidence emerges on COVID-19 and related variants. Please refer to the Ministry of Health’s COVID-19 Fully Vaccinated Status in Ontario document for the definition of “fully vaccinated” where applicable in this document.

As Omicron becomes the dominant strain of COVID-19 circulating within communities across Ontario, we recognize that an increasing number of retirement home staff will be at a heightened risk of exposure to COVID-19 infection. To preserve and protect the

necessary workforce, we are introducing **Test to Work**¹ for staff who have been exposed to COVID-19 but are not COVID-19 positive. This measure should only be applied by homes in critical staffing shortage situations. Please see section 3.3.3.

This policy supplements any provincial requirements including those set out in the Reopening Ontario (A Flexible Response to COVID-19) Act, 2020 (Reopening Ontario Act) and the regulations made under that Act.

All Retirement Homes, and staff are also required to comply with applicable provisions of the Occupational Health and Safety Act and its Regulations.

If anything in this policy conflicts with applicable legislation or regulations or any other provincial requirements, including any applicable emergency orders, directives or directions issued by the CMOH, those requirements prevail, and retirement homes must follow all applicable provincial legislation, regulations and requirements.

2.0 GUIDING PRINCIPLES

Protection of retirement home residents and staff from the risk of COVID-19 is paramount. Guidance for retirement homes is in place to protect the health and safety of residents, staff, and visitors, while supporting residents in receiving the care they need and in consideration of their mental health and emotional well-being.

This guidance is in addition to the requirements established in the Retirement Homes Act, 2010 (RHA) and its regulation (O. Reg 166/11), the Reopening Ontario Act and Directive #3 noted above. It is guided by the following principles:

- **Safety:** Any approach to visiting, absences, and activities must balance the health and safety needs of residents, staff, and visitors, and ensure risks of infection are mitigated.
- **Mental Health and Emotional Well-being:** Allowing visitors, absences, and activities is intended to support the overall physical, mental and emotional well-being of residents by reducing any potential negative impacts related to social isolation.
- **Equitable Access:** All residents must be given equitable access to receive visitors and participate in activities consistent with their preferences and within restrictions that safeguard residents, staff and visitors.
- **Flexibility:** The physical characteristics/infrastructure of the home, its staffing availability, whether the home is in an outbreak or in an area of widespread community transmission, and the current status of the home with respect to infection prevention and control (IPAC) including personal protective equipment

¹ Test to work permits staff who have been exposed to COVID-19 but are not positive to continue working in the retirement home during critical staffing shortage situations. See section 3.3.3.

(PPE) are all variables to consider when administering home-specific policies for visiting, absences, and activities.

- **Autonomy:** Residents have the right to choose their visitors. Residents also have the right to designate their caregivers. If a resident is unable to do so, substitute decision-maker(s) may designate caregivers.
- **Visitor Responsibility:** Visitors have a crucial role to play in reducing risk of infection for the safety of residents and staff by adhering to requirements related to screening, IPAC, PPE, and any precautions described in this policy or the visitor policy of the home.
- **COVID-19 Vaccination:** The goal of the provincial COVID-19 vaccination program is to protect Ontarians from COVID-19. Vaccines help reduce the number of new cases and, most importantly, severe outcomes including hospitalizations and death due to COVID-19. All individuals, whether or not they have received a COVID-19 vaccine, must continue to practice the recommended public health measures and comply with all applicable laws for the ongoing prevention and control of COVID-19 infection and transmission.

3.0 REQUIREMENTS FOR HOME VISITS

Retirement homes are responsible for ensuring residents receive visitors safely to help protect against the risk of COVID-19. Homes are also responsible for establishing and implementing visiting practices that comply with applicable legislation and regulations including those referenced in provincial requirements, the guidance, recommendations, and advice of the CMOH, Directive #3, and ensuring that such visiting practices align with the requirements in this document.

All homes must implement and ensure ongoing compliance with the IPAC measures set out in this policy. **Homes must ensure that all staff, visitors, and residents agree to abide by the health and safety practices contained in this Directive as a condition of entry into the home. Public health measures must be practiced at all times.**

Pursuant to section 60 of the [RHA](#), every retirement home in Ontario is legally required to have an IPAC program as part of their operations. In addition, the RHA requires that retirement homes ensure that their staff have received IPAC training.

Homes must have a COVID-19 Outbreak Preparedness Plan, according to the requirements outlined under Directive #3.

In co-located long-term care and retirement homes that are not physically and operationally independent², the policies for the long-term care home and the retirement home should align where possible or follow the more restrictive requirements, unless

² Operationally and physically independent meaning that there are separate entrances and no mixing of residents or staff between the retirement home and the long-term care home.

otherwise directed by the local public health unit (PHU) based on COVID-19 prevention and containment. The exceptions to this requirement are the policies regarding absences, testing, and vaccinations. For guidance on absences, testing, and vaccinations, retirement homes should follow the guidance in this policy document and applicable directives or directions issued by the Minister of Health or the CMOH.

Homes must adhere to the requirements in any applicable directives issued by the CMOH and directions from their local PHU. This may include direction to take additional measures to restrict access and duration of visits during an outbreak, or when the PHU deems it necessary.

Homes must facilitate visits for residents and must not unreasonably deny visitors based on the frequency of visits. See 3.1 for details on different types of visitors and 3.2 for visitor access requirements.

Homes must maintain the following minimum requirements to continue to accept any visitors:

- Procedures for visits including but not limited to IPAC, scheduling, and any setting-specific policies.
- Communication of clear visiting procedures of a home with their residents, families, visitors and staff in alignment with this policy. This communication must include sharing an information package with visitors on any restrictions that might apply to certain visitors (i.e. General Visitors who are not fully vaccinated), IPAC, masking, physical distancing (2 metres separation), proof of identification and full COVID-19 vaccination, and other health and safety procedures such as limiting movement around the home, if applicable, and ensuring visitors' agreement to comply with visiting procedures.
- A process for any person to make complaints to the home about the administration of visiting policies and a timely process for resolution. The information package for visitors must include this Retirement Homes Policy to Implement Directive #3 (e.g., a digital link, or a copy upon request). The information package must also include information about how to escalate concerns about homes to the RHRA via the RHRA email address and/or phone number.
- Homes' policies/procedures must include a requirement that visitors comply with visiting policies and a process to notify residents and visitors that failure to comply with their visiting policies may result in discontinuation of visit(s) when risk of harm from continual non-compliance is considered too high. This must include a way to assess refusal of entry on a case-by-case basis.
- Protocols for record keeping of visits, including by Essential Visitors, for contact tracing purposes, to be kept for at least 30 days in accordance with Directive #3 (minimum requirements: name, contact information, date and time of visit, resident visited).

- Dedicated areas for both indoor and outdoor visits to support physical distancing (2 metres separation) between residents and visitors.
- Protocols to maintain best practices for IPAC measures prior to, during and after visits.

Retirement homes must ensure that the following are put in place to facilitate safe visits:

- **Adequate staffing:** The home has sufficient staff to implement the policies related to visitors and to ensure safe visiting as determined by the home's leadership.
- **Access to adequate testing:** The home has a testing policy and plan in place to support antigen POCT screening of all visitors, regardless of vaccination status.
- **Access to adequate PPE:** The home has adequate supplies of PPE required to support visits.
- **IPAC standards:** The home has appropriate cleaning and disinfection supplies and adheres to IPAC standards, including enhanced cleaning.
- **Physical Distancing:** The home can facilitate visits in a manner aligned with physical distancing protocols (2 metres separation).

Homes that restrict visits based on these factors are expected to communicate their decision to residents and provide the reasons for the decision.

3.1 Types of Visitors

There are three categories of visitors: Essential Visitors, General Visitors, and Personal Care Service Providers. This policy also takes into consideration the vaccination status of each type of visitor.

3.1.1 Not Considered Visitors

Retirement home staff, students and volunteers as defined in the *Retirement Homes Act, 2010*³ are not considered visitors.

3.1.2 Essential Visitors

Essential Visitors are persons performing essential support services (e.g., food delivery, inspectors, maintenance, or health care services (e.g., phlebotomy) or a person visiting a very ill or palliative resident).

³ "Volunteer" in relation to a retirement home, 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.

There are two categories of Essential Visitors: Support Workers and Essential Caregivers.

a) Support Workers

A Support Worker is a type of Essential Visitor who is brought into the home to perform essential services for the home or for a resident in the home, including the following individuals:

- Regulated health care professionals under the Regulated Health Professions Act, 1991 (e.g., physicians, nurses);
- Unregulated health care workers (e.g., personal support workers, personal/support aides, nursing/personal care attendants), including external care providers and Home and Community Care Support Service Providers (formerly LHIN providers);
- Authorized third parties who accommodate the needs of a resident with a disability;
- Health and safety workers, including IPAC specialists;
- Maintenance workers;
- Private housekeepers;
- Inspectors; and
- Food delivery.

Licensees are reminded to minimize unnecessary entry into the home. For example, licensees should encourage food or package delivery to the foyer for resident pick up or staff delivery.

b) Essential Caregiver

An Essential Caregiver is a type of Essential Visitor who is designated by the resident or, if the resident is unable to do so, their substitute decision-maker.

Essential Caregivers visit to provide care to a resident. This includes supporting feeding, mobility, personal hygiene, cognitive stimulation, communication, meaningful connection, relational continuity and assistance in decision-making.

Essential Caregivers may be designated by the resident. The designation should be made in writing to the home. The necessity of an Essential Caregiver is determined by the resident or substitute decision maker. Homes should have a procedure for documenting Essential Caregiver designations and any subsequent changes.

Essential Caregivers, provided that they pass active screening, testing, and PPE requirements, must not be denied access to residents (e.g., vaccination status should not impact access).

In order to limit the spread of infection, a resident and/or their substitute decision-maker should only be encouraged to change the designation of their Essential Caregiver in limited circumstances, including in response to:

- A change in the resident's care needs that is reflected in the plan of care;
- A change in the availability of a designated Essential Caregiver, either temporary (e.g., illness) or permanent; and/or
- Due to the vaccination status of the designated Essential Caregiver.

Examples of Essential Caregivers include family members who provide care, a privately hired caregiver, paid companions, and translators. A resident may designate an external care provider as an Essential Caregiver even though that individual would also be considered a Support Worker.

3.1.3 General Visitor

A General Visitor is a person who is not an Essential Visitor and visits:

- For social reasons (e.g. family members and friends of resident);
- To provide non-essential services (may or may not be hired by the home or the resident and/or their substitute decision-maker); and/or
- As a prospective resident taking a tour of the home.

In order to limit spread of infection, homes are **strongly encouraged** to limit home access to only those General Visitors who are fully vaccinated. This is at the discretion of the home.

3.1.4 Personal Care Service Providers

A Personal Care Service Provider is a person who is not an Essential Visitor and visits to provide non-essential personal services to residents.

Personal Care Services include those outlined under the [Reopening Ontario Act](#) regulations, [O. Reg. 82/20](#), [O. Reg. 263/20](#) and [O. Reg. 364/20](#), such as hair salons and barbershops, manicure and pedicure salons, aesthetician services, and spas, that are not being provided for medical or essential reasons (e.g., foot care to support mobility or reduce infections).

3.2 Access to Homes

Local PHUs may require restrictions on visitors in part or all of the home, depending on the specific situation. The home and visitors must abide by any restrictions imposed by a PHU.

Residents who are not self-isolating may receive Essential Visitors, General Visitors and Personal Care Service Providers, provided this is in alignment with provincial requirements and they are not living in the outbreak area of a home.

Residents who are self-isolating under Contact and Droplet Precautions may only receive Essential Visitors (e.g., residents may not receive General Visitors or Personal Care Service Providers).

When a resident is self-isolating, the home must provide supports for their physical and mental well-being to mitigate any potential negative effects of isolation. This includes individualized mental and physical stimulation that meet the abilities of the individual. Homes should use sector best practices whenever possible.

Visitors must follow requirements as set out in the CMOH Letter of Instruction effective December 27, 2021, this includes:

Visitors who Provide Proof of Full COVID-19 Vaccination and Identification:

Fully vaccinated visitors may be permitted if they pass active screening requirements upon entry to the home, including demonstrating a negative antigen POCT result at a minimum of two times every 7 days, or as instructed in the CMOH Letter of Instructions.

Visitors to the home must follow public health measures (e.g., physical distancing, hand hygiene, and masking) for the duration of their visit in the home.

Visitors who do not Provide Proof of Full COVID-19 Vaccination and Identification:

Homes are strongly encouraged to have policies that limit access to only those General Visitors who are fully vaccinated. Any visitors, regardless of type of visitor, who do not provide proof of vaccination may be permitted if they pass active screening requirements upon entry to the home, including demonstrating a negative antigen POCT result prior to entry, or as instructed in the CMOH Letter of Instructions, and follow public health measures (e.g., hand hygiene) for duration of visit and abide by the following **additional requirements**:

- Wear at minimum a medical mask for indoor visits and a medical or non-medical mask for outdoor visits⁴
- Wear appropriate eye protection (e.g. goggles or face shield) when providing direct care to residents with and when they are within two meters of the residents in an outbreak area.
- Limit visits with residents who are not self-isolating to designated areas that are subject to regular environmental cleaning.
- Not participate in home activities, gatherings, or events.
- Maintain physical distancing (a minimum of 2 metres) from residents for the duration of the visit.

3.2.1 Essential Visitors

Essential Visitors are permitted regardless of vaccination status.

Essential Visitors who are not fully vaccinated must follow **the additional requirements for unvaccinated visitors** outlined above with the following exception:

- **Essential Caregivers** who are not fully vaccinated may visit a resident who is self-isolating, upon demonstrating a negative antigen POCT and following public health measures (e.g. hand Hygiene, eye protection and masking) for duration of visit. In-suite services should only be provided if necessary.

External Care Providers (ECPs): ECPs are employees, staff or contractors of Home and Community Care Support Services (HCCSS) (formerly Local Health Integration Networks (LHINs)) and provide services to residents. They 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.

3.2.2 General Visitors

General Visitors are permitted unless a resident is self-isolating and on Droplet and Contact Precautions, or the home is advised by the local PHU to stop general visits (e.g., during an outbreak).

To limit risk to residents, homes are **strongly encouraged to limit access** to the home to only those General Visitors who are fully vaccinated.

⁴ Children 2 years and under are exempt from asymptomatic testing and from masking and wearing eye protection.

Outdoor visits, rather than indoor visits, should be encouraged as much as possible, but depending on the residents' needs, this may also mean supporting indoor visits, in-suite visits, and/or social absences.

The number of individuals in a group must not exceed provincial limits for indoor and outdoor gatherings. Group limits for outdoor and indoor visits do not include children 2 years or under.

- The home should consider the size of the designated visiting spaces to allow physical distancing between residents and General Visitors, and General Visitors from different households.

For all visits with General Visitors, homes should have the following measures in place:

- Homes should ensure equitable visitor access for those residents who are not self-isolating.
- Visits should be booked in advance.
- Opening windows should be considered for indoor and in-suite visits to allow for air circulation.

Homes must not unreasonably deny visits as long as the following policies are followed:

- General Visitors who are **not fully vaccinated** or do not provide proof of identification and full COVID-19 vaccination must follow the **additional requirements** outlined in section 3.2.
- General Visitors who are **fully vaccinated**:
 - May visit a resident in an indoor or outdoor designated area, including in-suite; however, it is recommended that visits occur in designated areas subject to regular environmental cleaning. If the visit occurs in a resident's suite, it must be limited to no more than 5 individuals, including the resident(s), with sufficient space to allow for physical distancing. Group limits do not include children 2 years or under, and only one resident per suite may have General Visitors at any one time.
 - Must maintain physical distancing (a minimum of 2 metres) for the duration of the visit.
 - Must wear masks for the duration of the visit, unless exempt under the Directive #3 masking requirements (masking for residents is recommended):
 - When indoors, General Visitors who are fully vaccinated must wear at minimum a medical mask (e.g. respirators are allowed).

- When outdoors, General Visitors who are fully vaccinated must wear a medical or non-medical mask.

3.2.3 Personal Care Service Providers

Personal Care Service Providers who are visiting or work on site are permitted to provide services in alignment with provincial requirements if they pass active screening and demonstrate a negative antigen POCT at the frequency outlined in the CMOH Letter of Instructions .

When providing services, Personal Care Service Providers who are fully vaccinated must:

- Follow required public health and IPAC measures for Personal Care Service Providers and those of the home;
- Wear at minimum a medical mask for the duration of their time at the home;
- Wear eye protection when providing a service within 2 metres of an unmasked resident;
- Practice hand hygiene and conduct environmental cleaning after each appointment.
- Recommend residents wear at minimum a medical mask during their services, if services do not require the removal of masks.
- Document all residents served and maintain this list for at least 30 days to support contact tracing.

Personal Care Service Providers who are not fully vaccinated or do not provide proof of identification and full COVID-19 vaccination must:

- Follow required public health and IPAC measures for Personal Care Service Providers and those of the home;
- Wear at minimum a medical mask and eye protection for the duration of their time at the home;
- Only provide services to residents who are wearing at minimum a medical mask;
- Not provide services that require removal of masks;
- Practice hand hygiene and conduct environmental cleaning after each appointment; and
- Document all residents served and maintain this list for at least 30 days to support contact tracing.

3.3 Screening Visitors for COVID-19

There are layers of screening that homes use to prevent and manage outbreak: Active Screening, Asymptomatic Testing and Safety Review (for proper use of PPE).

3.3.1 Active Screening

All Visitors, regardless of their vaccination status, must be actively screened and demonstrate a negative antigen POCT result to be permitted entry, according to the requirements outlined under Directive #3 and in this policy, including for outdoor visits. Homes must follow the Ministry of Health's COVID-19 Screening Tool for Long-Term Care Homes and Retirement Homes, effective December 9, 2021 or as current, for minimum requirements and exemptions regarding active screening.

Homes may use mobile apps or other tools to facilitate the active screening process. However, the active part of the screening process requires the individual being screened to interact with the screener prior to being permitted entry. For example, a staff member may complete an online screening tool and have their results sent electronically to the screener or demonstrate their results to the screener prior to entry to fulfill the interactive component.

Any staff or visitor who fails active screening (i.e., having symptoms of COVID-19 and/or having had contact with someone who has COVID-19) must not be allowed to enter the home, must be advised to go home immediately to self-isolate, and must be encouraged to be tested.

- Visitors are **not permitted access** if they do not pass screening; however, homes should have a protocol in place that assesses entry on a case-by-case basis which includes the assurance that resident care can be maintained if entry is refused.
- Exemptions include first responders, visitors for imminently palliative residents and individuals with post-vaccination symptoms, who are not required to pass screening but must remain masked and maintain physical distance from other residents and staff.

Homes should document entry of all persons to the home and their screening results. Documentation must be retained for at least 30 days to support contact tracing. This should include screening results based on the requirements under Directive #3 and the safety review outlined below in Sections 3.3.3 and 3.3.4. Safety Review.

3.3.2 Asymptomatic Testing

Asymptomatic testing using rapid antigen Point-of-care Testing (POCT)⁵ should be conducted for staff, students, contractors, volunteers, and visitors at the frequencies outlined in the CMOH Letter of Instructions effective December 27, 2021 or as current.

Required Individuals as set out in the CMOH Letter of Instructions (staff, contractors, volunteers, students and visitors) and External Care Providers must 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.

As of December 27, 2021, staff, contractors, students and volunteers **who have not provided proof of full vaccination** as well as General Visitors and Support Workers, including External Care Providers, regardless of their vaccination status, must submit to regular antigen POCT and demonstrate a negative test result prior to entry into the home. Rapid antigen POCT results are valid for one calendar day.

Retirement home staff, students, contractors, volunteers and Essential Caregivers **who have provided proof of vaccination**, must undergo rapid antigen POCT and produce proof of a negative test result at minimum twice every seven days.

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](#) for guidance on self-screening.

Please note that if an individual has tested positive for COVID-19 in the past 30 days, antigen POCT is not recommended⁶. In this instance, the individual shall provide proof of a positive COVID-19 result in the past 30 days. Once the 30-day period has passed, the individual will be required to complete regular antigen POCT.

All licensed retirement homes are pre-approved to access rapid antigen tests from the Provincial Antigen Screening Program (PASP) which also provides comprehensive [onboarding and training resources](#) to support implementation.

⁵ 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.

⁶ Antigen POCT is only for asymptomatic individuals for screening purposes only. Any individual who is currently symptomatic or has been in contact with a confirmed case of COVID-19 should be directed to obtain a diagnostic test instead of antigen POCT.

Any home that is not already accessing test kits through this program can proceed directly to ordering rapid antigen tests through Ontario Health's [online ordering portal](#). More information about PASP and antigen screening in the retirement homes sector can be found at: <https://www.orcaretirement.com/news/coronavirus-update-resources/pasp/>.

A positive result on a rapid antigen POCT is considered a preliminary positive and should be followed up with a lab-based polymerase chain reaction (PCR) test to act as a confirmatory test within 24 hours. Note that individuals with a positive result obtained through an antigen POCT and requiring a confirmatory test (including, but not limited to, individuals who are part of an organization or setting that is participating in the Provincial Antigen Screening Program) are eligible for confirmatory testing using a laboratory-based molecular test or a rapid molecular POCT and may seek testing at an approved specimen collection centre. Individuals who received a positive result on the rapid antigen POCT should isolate until the result of the lab-based PCR test is known.

Retirement homes in outbreak must continue to follow the existing requirements in the [COVID-19 Provincial Testing Guidance Update](#) and [Directive #3](#). Only PCR tests should be used on individuals who have tested positive on a rapid antigen POCT and those with symptoms or who have been in contact with an individual with a confirmed case of COVID-19, for diagnosis purposes and regardless of the outbreak status of the home. Any further instructions regarding testing remains under the guidance and direction of local PHUs.

3.3.3 Test to Work

For staff who have been exposed⁷ to COVID-19 but are not COVID-19 positive, a test to work protocol is permitted as set out in Directive #3. The following measures must be implemented when test to work is applied:

- Any staff that is a high-risk contact may return to work, after an initial negative PCR test, if they remain asymptomatic and if they complete all of the following tests and test negative on each:
 - Rapid antigen POCT daily for 10 days since last exposure to the case (staff can enter the home upon receiving a negative rapid antigen POCT result).
 - Repeat a PCR test on or after day 7 after last exposure to the case.
- Any staff with ongoing exposure to a case of COVID-19 (e.g. staff living in the same household as a case) may return to work from the date on which the household case became symptomatic (or from the date of the positive

⁷ Exposures are only considered to have occurred if the contact was with the known COVID-19 case during the case's period of communicability which is generally defined as two days (48 hours) before the onset of the case's symptoms (or two days before date of test for those without symptoms) and until the case is cleared from isolation).

test), if they remain asymptomatic and if they complete all of the following tests and test negative on each:

- PCR test on day 0 (return to work after initial negative result).
 - Rapid antigen POCT daily for 10 days since last exposure to the case (staff can fully enter the home upon receiving a negative rapid antigen POCT result).
 - PCR test on or after day 7, and on or after day 14/15.
- Any staff that is a high-risk contact and develops symptoms should isolate at home until they receive a negative PCR test and their symptoms are improving. Staff can return to work upon receiving a negative PCR test and improving symptoms.

3.3.4 Safety Review – General Visitor and Personal Care Service Provider

Prior to visiting any resident for the first time, and at least once every month thereafter, homes should ask **fully vaccinated** General Visitors and Personal Care Service Providers to verbally attest to the home that they have:

- Read/Re-Read the following documents:
 - The home's visitor policy; and
 - Public Health Ontario's document entitled *Recommended Steps: Putting on Personal Protective Equipment (PPE)*.
- Watched/Re-watched the following Public Health Ontario videos:
 - Putting on Full Personal Protective Equipment;
 - Taking off Full Personal Protective Equipment; and
 - How to Hand Wash.
- General Visitors and Personal Care Service Providers who are **not fully vaccinated or do not provide proof of identification and full COVID-19 vaccination** must attest to completing the Safety Review **each time** they enter the home.

3.3.5 Safety Review – Essential Visitors

Prior to visiting any resident in a home declared in outbreak for the first time, the home should provide training to Essential Caregivers and Support Workers who are not trained as part of their service provision or through their employment. Training must

address how to safely provide direct care, including putting on (donning) and taking off (doffing) required PPE, and hand hygiene. Alternatively, if the home does not provide the training, it must direct Essential Caregivers and Support Workers to appropriate resources from Public Health Ontario to acquire this training.

For homes not in outbreak, prior to visiting any resident for the first time, and at least once every month thereafter, homes must ask Essential Caregivers and Support Workers to verbally attest to the home that they have:

- Read/Re-Read the following documents:
 - The home's visitor policy; and
 - Public Health Ontario's document entitled *Recommended Steps: Putting on Personal Protective Equipment (PPE)*.
- Watched/Re-watched the following Public Health Ontario videos:
 - Putting on Full Personal Protective Equipment;
 - Taking off Full Personal Protective Equipment; and
 - How to Hand Wash.

3.4 Personal Protective Equipment

Visitors must wear PPE as required in Directive #3, which requires retirement homes to follow Directive #5 for Hospitals and Long-Term Care Homes.

3.4.1 Essential Visitors

Support Workers are responsible for bringing their own PPE to comply with requirements for Essential Visitors as outlined in Directive #3. Retirement homes should provide access to PPE to Essential Caregivers if they are unable to acquire PPE independently. This should include providing access to medical (surgical/procedure) masks, eye protection (e.g., face shields or goggles) and any additional PPE required to maintain Droplet and Contact Precautions when providing care to residents who are isolating on Droplet and Contact Precautions.

Directive #3 sets out that all Essential Visitors:

- Must use at minimum a medical mask while in the home, including while visiting a resident who does not have, or is not suspected to have,

COVID-19 in their room (the resident should also wear a mask, if tolerated).

- Must wear appropriate eye protection (e.g., goggles or face shield) when providing care to residents with suspected/confirmed COVID-19 and in the provision of direct care within 2 metres of residents in an outbreak area. In all other circumstances, the use of eye protection is based on the point-of-care risk assessment when within 2 metres of a resident(s).
- Who are health care workers providing direct care or in contact with a resident who is suspected or confirmed with COVID-19 must wear appropriate PPE in accordance with [Directive #5 for Long-Term Care Homes and Hospitals](#). For a summary of requirements, please see [Public Health Ontario's IPAC Recommendations for Use of PPE for Care of Individuals with Suspect or Confirmed COVID-19](#).

In addition, Essential Visitors who are **not fully vaccinated or do not provide proof of identification and full COVID-19 vaccination** must wear at minimum a medical mask and eye protection (e.g., goggles or face shield) for the duration of their time at the home if they are within 2 metres of a resident.

Homes should reinforce appropriate use of PPE for Essential Visitors as outlined in Directive #5. Essential Visitors must attest to having received training on proper use of PPE, as noted above. Homes must intervene and reinforce appropriate uses of PPE if improper practices are alleged or observed. Essential Visitors must also follow staff reminders and coaching on proper use of PPE.

3.4.2 General Visitors and Personal Care Service Providers

Fully vaccinated General Visitors and Personal Care Service Providers must wear either at minimum a medical mask for indoor visits or a non-medical mask for outdoor visits and are responsible for bringing their own mask.

General Visitors who are **not fully vaccinated or do not provide proof of identification and full COVID-19 vaccination** should not be within 2 metres of a resident. These visitors must wear at minimum a medical mask for the duration of their time at the home. These visitors are responsible for bringing their own PPE.

General Visitors and Personal Care Service Providers must attest to having read the documents and watched the videos on PPE, as described in Section 3.3.4. Homes must intervene and reinforce appropriate uses of PPE if improper practices are alleged or observed. General Visitors must also follow staff reminders and coaching on proper use of PPE.

4.0 REQUIREMENTS FOR ABSENCES

For all types of absences, residents must be provided with at minimum a medical mask free of charge if they are unable to source one and reminded to practice public health measures, such as physical distancing (2 metres separation) and hand hygiene, while they are away from the home. Additionally, all residents on an absence, regardless of type or duration of the absence, must be actively screened upon their return to the home.

4.1 Types of Absences

There are four types of absences:

1. **Medical absences** – absences to seek medical and/or health care.
2. **Compassionate/palliative absences** – absences that include, but are not limited to, absences for the purposes of visiting a dying loved one.
3. **Short term (day) absences** – can be split into:
 - i. **Essential outings** – absences for reasons of groceries, pharmacies, and outdoor physical activity; and
 - ii. **Social outings** – absences other than for medical, compassionate/palliative, or essential outings.
4. **Temporary (overnight) absences** refer to absences that involve two or more days and one or more nights away from the home for non-medical purposes.

4.2 Absence Requirements

In alignment with [Directive #3](#), absences for medical or compassionate/palliative reasons are the only absences permitted when the resident is in isolation on Droplet and Contact Precautions (due to symptoms, exposure, and/or diagnosis of COVID-19) or when the home is in outbreak. Homes should consult their local PHU for their advice.

Residents are permitted to go on Essential Outings, including walks either on or off the premises, at all times except when that resident is self-isolating and on Droplet and Contact Precautions, or as directed by the local PHU.

Residents may not be permitted to start Short term (day) absences and Temporary absences if the resident is in an area of the home that is in outbreak, or when advised by public health.

The table below outlines requirements for short term (day) absences and temporary (overnight) absences.

Absences	Requirements
<p>Short term (day) absence</p> <p>Essential outing and Social outing</p>	<ul style="list-style-type: none"> • Permitted unless the resident is self-isolating. • Residents must follow public health measures during the absence. • Active screening on return. • Testing or self-isolation not required upon return. • If the resident has been exposed to a known COVID-19 case during their absence, they must be tested for COVID-19 with a PCR test on return to the home and quarantined. A second negative COVID-19 PCR test result collected on Day 7 is required to discontinue quarantine on Droplet and Contact Precautions.
<p>Temporary (overnight) absence</p>	<ul style="list-style-type: none"> • Permitted unless the resident is self-isolating. • Residents must follow public health measures during the absence. • Active screening on return. • All residents, regardless of vaccination status, require a negative lab-based PCR test upon return to the home and at Day 7 and the resident must isolate on Droplet and Contact precautions <u>until a negative test result from Day 7 is confirmed.</u>

5.0 REQUIREMENTS FOR ADMISSIONS AND TRANSFERS

Homes must have policies and procedures to accept new admissions, as well as transfers of residents from other health care facilities back to the home, in a way that balances the dignity of the resident against the overall health and safety to the home's staff and residents.

- For all admissions and transfers regardless of vaccination status, there will be symptom screening. In addition, there will be twice daily symptom screening for 10 days following the admission/transfer.

- For admission and transfers from another healthcare facility that is not in outbreak:
 - For individuals who are asymptomatic, fully vaccinated, and no known exposure to a case – PCR test is required prior to admission or on arrival. This individual must isolate until a negative test result is received.
- For admissions from the community, regardless of the vaccination status:
 - PCR test is required prior to admission or on arrival **and** at Day 7 of arrival. This individual must isolate on droplet/contact precautions until a negative test result is confirmed from Day 7.

Individuals requiring isolation must be placed in a single room on [Droplet and Contact Precautions](#). Where single rooms are not available, semi-private rooms can be used provided that there is adequate space (minimum 2 metres) between beds. Please refer to Directive 3 for best practices on accommodations.

For more details on requirements for admissions and transfers, please refer to [Ministry of Health's COVID-19 Guidance: Long-Term Care Homes and Retirement Homes for Public Health Units, effective May 5, 2021 or as current](#).

6.0 REQUIREMENTS FOR SOCIAL GATHERINGS, DINING AND RECREATIONAL SERVICES

6.1 Social Gatherings and Organized Events

Social gatherings and organized events include activity classes, performances, religious services, movie nights, and other recreational and social activities (e.g., bingo, games).

Social gatherings and organized events are permitted **at all times**, unless otherwise advised by the local PHU.

Residents, Staff, and **fully vaccinated** Essential Visitors may attend social gatherings and organized events.

In addition, General Visitors who are required to facilitate programs, events, or religious services may attend (e.g., event facilitators, performers, or religious leaders who are visiting to provide the program, event, or service) if they are fully vaccinated, pass active screening and demonstrate a negative antigen POCT.

It is strongly recommended that only fully vaccinated General Visitors should participate in social gatherings and organized events with residents, provided these visitors pass active screening and demonstrate a negative antigen POCT upon entry of the retirement home.

Social gatherings and organized events must include the following measures:

- Staff and visitors must wear at minimum a medical mask (e.g. respirators are allowed). Essential visitors who are not fully vaccinated must wear eye protection if providing direct care or support to residents.
- Residents should be strongly encouraged to wear at minimum a medical mask.
- Staff and fully vaccinated visitors should physically distance (2 metres separation) from residents and other staff unless providing direct care or support to a resident.
- Must not exceed 25% of the total capacity of the gathering or event space to ensure physical distancing can be maintained, including staff and fully vaccinated visitors in attendance.
- Minimize high-risk activities such as singing and dancing. Homes should use discretion depending on the needs of their residents and a risk-assessment of the home (i.e. home in outbreak or high community transmission.)
- Maintain the same activity groups whenever possible.

Residents who are in isolation or experiencing signs and symptoms of COVID-19 must not engage in social gatherings or organized events unless they have tested negative for COVID-19 since the onset of the signs and symptoms.

Homes must offer residents in isolation individualized activities and social stimulation.

6.2 Communal Dining

Unless otherwise advised by the local PHU, communal dining is permitted **at all times** with the following public health measures in place:

Resident Precautions:

- Physical distancing (2 metres separation) is recommended.
- Consistent seating of resident groups is recommended.
- Masking when not eating or drinking is strongly recommended.

Staff Precautions:

- Universal masking/eye protection is required.
- Frequent hand hygiene is required.
- Maintain physical distancing (2 metres separation) from residents (when not serving) and other staff.

Buffet and shared dish meal service should be discouraged.

Fully vaccinated Essential Caregivers may join a resident during mealtime.

Retirement homes must ensure residents who are experiencing signs and symptoms of COVID-19 do not participate in communal dining unless the resident has tested negative for COVID-19 since the onset of the signs and symptoms. This must not interfere with providing a meal during the scheduled mealtime to the resident.

6.3 Other Recreational Services

Services provided by the home for residents such as gyms, pools, and spas, must follow provincial requirements for that activity, if applicable. This includes following public health measures (e.g., maintaining physical distancing (2 meters separation), masking, and cleaning/disinfection between use).

7.0 REQUIREMENTS FOR RETIREMENT HOME TOURS

Virtual tours should be implemented as much as possible.

The tour group must be limited to the tour guide, prospective resident(s), and two guests.

Prospective residents may be offered in-person, targeted tours of empty suites. These tours must adhere to all public health measures and the following precautions:

- All tour participants are subject to the General Visitor screening, testing, and PPE requirements outlined in this document (e.g., active screening, wearing at minimum a medical mask (e.g. respirators are allowed), IPAC, maintaining social distance).
- The tour route must be restricted in a manner that avoids contact with residents and staff.

All in-person tours should be paused if a home goes into outbreak.

8.0 HOME VACCINATION RATES

To comply with the OCMOH instructions, retirement homes must keep a record of vaccination rates in the home. A record of these rates, including the date they were calculated, must be maintained by the home. Vaccination rates must be kept for a period of 30 days. The RHRA or the local PHU can request to see these records at any time (on a de-identified basis), including when they are onsite performing inspections.

Homes must have a process for determining their resident and staff vaccination rates, as well as the number and percentage of residents and staff who have received 3 doses and 2 doses of a COVID-19 vaccine. If this information is not available, the home may determine vaccination rates by surveying residents and staff in accordance with existing laws (e.g., *Personal Health Information Protection Act, 2004*).

Residents and staff must consent to participate in the home's data collection process for determining vaccination rates. Any residents and staff that do not voluntarily disclose this information should be considered not fully vaccinated for the purpose of calculating vaccination rates. Residents and staff are encouraged to disclose vaccination status.

See the Appendix for additional guidance on Vaccination Rates.

9.0 ACCESSIBILITY CONSIDERATIONS

Homes are required to meet all applicable laws such as *the Accessibility for Ontarians with Disabilities Act, 2005*.

Appendix – Guidance on Vaccination Rates

1. CALCULATING VACCINATION RATES

Each retirement home must calculate vaccination rates for the following groups:

- A. Residents
- B. Staff
- C. Residents + Staff

This includes residents and staff of the retirement home as defined by the *Retirement Homes Act, 2010* (RHA). It does not include Essential Visitors, including Support Workers who are third party staff providing services such as Home and Community Care Support Service providers, or volunteers. While residents and staff are not required to disclose vaccination status, if not disclosed, homes must assume the individual is not fully vaccinated.

Vaccination rates are determined based on the number of the individuals listed above that are fully vaccinated. “**Fully vaccinated**” means a person has received:

- The full series of a COVID-19 vaccine authorized by Health Canada, or any combination of such vaccines;
- One or two doses of a COVID-19 vaccine not authorized by Health Canada, followed by one dose of a COVID-19 mRNA vaccine authorized by Health Canada; or
- Three doses of a COVID-19 vaccine not authorized by Health Canada.

Additionally, the individual must have received their final dose of the COVID-19 vaccine at least 14 days ago.

Employers must ensure that all information relating to employees’ personal information and vaccination status is kept confidential and in a secure location.

A. How to calculate the resident vaccination rate

Total Resident Vaccination Rate = $\frac{\text{\# fully vaccinated residents}}{\text{total \# residents in home}} \times 100$
--

- All residents of the home must be counted, including those currently in the home, on a short-term absence (presumed short stay in a hospital, etc.) as well as prospective residents that will be moving into the home within the next two weeks.

- Some discretion by the home is required to consider not including residents that will be absent for longer periods of time and including them when they return. Rates can be recalculated at any point in time but should be updated every month as per the direction in Section 3 below.

B. How to calculate the staff vaccination rate

$\text{Total Staff Vaccination Rate} = \frac{\text{\# fully vaccinated staff}}{\text{total \# staff in home}} \times 100$

- Staff includes all part-time and full-time individuals, and any staff that are not on extended leave (e.g., maternity leave). Staff on extended leave should be included in the updated calculations when they return to work.

C. How to calculate the retirement home vaccination rate

$\text{Total Home Vaccination Rate} = \frac{(\text{\# of fully vaccinated residents}) + (\text{\# of fully vaccinated staff})}{\text{Total \# of residents and staff in the home}} \times 100$
--

- For the purposes of calculating the retirement home vaccination rate, only the number of residents and the number of staff⁸ of the retirement home should be used.

2. PROOF OF VACCINATION

Residents and staff should produce their COVID-19 vaccination receipt to demonstrate proof of vaccination. Any resident or staff that does not provide their vaccine receipt, or enhanced vaccine certificate with a quick response (QR code) must be identified as “not fully vaccinated”.

3. FREQUENCY OF UPDATING RATES

It is recommended that vaccination rates for residents, staff, and the home be reviewed and updated **every month**, or sooner if there is a significant influx of new residents or staff turnover. Retirement homes can use discretion for determining what constitutes a significant change.

⁸Staff does not include essential visitors (including essential caregivers), third party staff providing services such as Home and Community Care providers, or volunteers.