

<p>Ministry for Seniors and Accessibility</p> <p>College Park 777 Bay Street 6th Floor, Suite 601C Toronto, ON M7A 2J4</p>	<p>Ministère des Services aux aînés et de l'Accessibilité</p> <p>College Park 777, rue Bay 6^e étage, Bureau 601C Toronto ON M7A 2J4</p>	<p>Ontario </p>
--	---	---

January 14, 2022

MEMORANDUM TO: All Retirement Home Licensees

FROM: Jacqueline Cureton
Assistant Deputy Minister
Ministry for Seniors and Accessibility

SUBJECT: **Further Guidance to Licensed Retirement Homes on “Test to Work”**

Thank you for your ongoing dedication during this challenging time as we collectively face the Omicron variant. I want to acknowledge the hard work you have done and continue to do in protecting residents and staff in licensed retirement homes.

As COVID-19 cases continue to rise at a rapid rate and evidence on the Omicron variant evolves, Ontario’s response continues to evolve alongside other jurisdictions to ensure those living and working in our highest-risk settings are protected. This included the release of [COVID-19 Integrated Testing & Case, Contact and Outbreak Management Interim Guidance: Omicron Surge](#), on December 30, 2021, which outlined an isolation period of 10 days for individuals working in high risk settings, including retirement homes.

At this time, high community transmission may lead to staffing shortages that negatively impact resident care in key settings. Initial guidance on “Test to Work” measures was communicated to mitigate the rising risk of serious staffing shortages in licensed retirement homes by permitting fully vaccinated staff the opportunity to return to work, prior to the recommended 10-day isolation period.

Building on this initial announcement, the Ministry of Health, in consultation with the Chief Medical Officer of Health, released [new guidance](#) on January 12, 2022 for highest risk settings to use when considering early return to work as mitigation to critical staffing

shortages. This memo provides information to the licensed retirement homes sector on the interpretation of this guidance.

New Risk Framework and Options

There are options for early return to work for close contacts and cases with and without access to rapid antigen testing. The guidance outlines three progressive levels of options for early return to work according to the associated risk for further COVID-19 transmission. The options are designed to allow homes to manage outbreak staffing in accordance with their specific circumstances. Licensed retirement homes should use the lowest risk option whenever possible.

Options for Early Return

The following options are appropriate for staff who are fully vaccinated for COVID-19:

	Close Contacts – Rapid Antigen Testing (RAT) available	Close Contacts – Contingency when RAT is not available	Cases – With or Without Testing Available
Lowest Risk Staffing Option	<ul style="list-style-type: none"> Return to work after a single negative PCR test collected on/after day 7 from last exposure. <p>OR</p> <ul style="list-style-type: none"> Return to work on day 7 after negative RATs on day 6 and day 7 collected 24 hours apart after last exposure. 	<ul style="list-style-type: none"> Return to work after 10 days from last exposure to the case. 	<ul style="list-style-type: none"> Return to work after 10 days from symptom onset or initial positive test (whichever is earliest). <p>OR</p> <ul style="list-style-type: none"> Return to work after single negative PCR test or two negative RATs collected 24 hours apart any time prior 10 days. Symptoms must be improving for 24 hours (48 hours if vomiting/diarrhea).
Moderate Risk Staffing Options	<ul style="list-style-type: none"> Return to work after a single negative initial PCR test after exposure. <p>OR</p>	<ul style="list-style-type: none"> Return to work on day 7 from last exposure, with workplace measures for reducing risk of exposure until day 10. 	<ul style="list-style-type: none"> Return to work on day 7 from symptom onset or initial positive test (whichever is earliest) without testing AND if ONLY caring for COVID-19 positive residents.

	Close Contacts – Rapid Antigen Testing (RAT) available	Close Contacts – Contingency when RAT is not available	Cases – With or Without Testing Available
	<ul style="list-style-type: none"> Return to work after two negative RATs collected 24 hours apart after last exposure. Continue daily RATs for 10 days based on last exposure OR until meet negative PCR or RAT criteria for lowest risk option. 		<ul style="list-style-type: none"> Symptoms must be improving for 24 hours (48 hours if vomiting/diarrhea).
Higher Risk Staffing Options	<ul style="list-style-type: none"> Return to work after a single negative RAT. Continue daily RATs for 10 days based on last exposure OR until meet negative PCR or RAT criteria for lowest risk option. 	<ul style="list-style-type: none"> Return to work on day 5 after last exposure and continue workplace measures for reducing risk of exposure until day 10. 	<ul style="list-style-type: none"> This option is only to be used in dire staffing situations after all other options have been exhausted and with appropriate IPAC in place. Return to work earlier than day 7 (e.g., day 5 or 6) without testing AND if working ONLY with COVID-19 positive residents. Symptoms must be improving for 24 hours (48 hours if vomiting/diarrhea).

Should Your Home Implement Test to Work?

Licensed retirement homes should not use “Test to Work” unless they have completed the following steps:

- Fully utilized staffing contingency plans and continuity of operations planning;
- Taken all steps to avoid and mitigate situations of staffing shortages;

- Taken all appropriate steps to secure testing resources on site. RATs have been prioritized to highest risk settings to support “Test to Work” measures; and
- Consulted with the workplace joint health and safety committee about the measures and procedures that are being taken for workplace safety.

How to Determine the Appropriate Risk Level and Related Options

Licensed retirement homes should consider the risks of early return to work and balance these with the risks to resident and staff safety due to COVID-19 related staffing shortages. Licensed retirement homes are responsible for using the lowest risk return to work option appropriate for their staffing situation.

In selecting the early return to work options, licensed retirement homes should consider:

- The risk profile of their residents and the potential impacts to resident safety from COVID-19 related staffing shortages;
- Their ability to effectively implement workplace safety and infection prevention and control (IPAC) measures to limit the risk of transmission from staff who return to work early, based on recent feedback from their local public health unit, Occupation Health and Safety inspections, Retirement Homes Regulatory Authority inspections, IPAC audits, and other sources; and
- Their physical layout and the opportunity to limit risk of exposure to residents, staff and caregivers from staff who return to work early.

How to Prioritize Staff for Early Return to Work

Staff who are eligible to return to work early should be prioritized based on the following considerations:

- Staff who have the shortest remaining time in their self-isolation period are returned first;
- Staff who have received third doses are returned before staff with only two doses (Note: individuals who are not fully vaccinated are not eligible for “Test to Work”);
- Staff that have lower risk exposures (e.g., non-household contact) are returned before staff with ongoing close contact (e.g., household) exposure;
- Staff who have a fully resolved, test confirmed COVID-19 infection in the past 90 days; and
- The fewest number of high-risk exposed staff are returned to work to allow for business continuity and safe operations.

How to Reduce Risk of Exposure

To reduce the risk of COVID-19 exposure from staff who are returning early to work, licensed retirement homes who have determined “Test to Work” options are appropriate for their setting should ensure the following steps are completed:

- All possible steps have been taken to avoid assigning staff on early return to work to vulnerable patients/residents (e.g., immunocompromised, unvaccinated, other underlying risks for severe disease);
- Personal protective equipment (PPE) and infection prevention and control (IPAC) practices have been reviewed through audits and a plan is in place to ensure staff on early return to work follow the prescribed measures;
- A cohorting plan is in place to ensure staff who are early returned cases are assigned to work with COVID-19 positive residents only; and
- A plan is in place to support additional precautions for individuals on early return to work including:
 - Active screening ahead of each shift and taking temperature twice a day to monitor for fever.
 - A separate space is provided for eating meals to reduce the risk of exposure to COVID-19 negative co-workers (e.g., shared conference rooms or lunchrooms).
 - Working in only one facility/worksites, regardless of their vaccination status.
 - Well-fitting source control masking (e.g., well fitting medical mask, fit or non-fit tested N95 respirator, or KN95) is provided and the individual is trained on its appropriate use.

Please note that the Retirement Homes Policy to Implement Directive #3 is currently being updated to reflect the above and will be shared with the sector imminently.

As always, should you have questions you, please contact us at RHInquiries@ontario.ca.

Sincerely,

Original signed by

Jacqueline Cureton
Assistant Deputy Minister
Ministry for Seniors and Accessibility

c: Deputy Minister, Carlene Alexander, Ministry for Seniors and Accessibility
Dr. Kieran Moore, Chief Medical Officer of Health of Ontario
Dr. Barbara Yaffe, Associate Chief Medical Officer of Health
Jay O’Neill, Chief Executive Officer and Registrar, Retirement Home Regulatory Authority (RHRA)
Cathy Hecimovich, Chief Executive Officer, Ontario Retirement Communities Association (ORCA)
Lisa Levin, Chief Executive Officer, AdvantAge Ontario