

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

Version 3 as of January 18, 2022

Key changes from version 2:

- [Required Individuals](#) section: “Visitors” are now included in the definition of “required individuals”.
- [Requirements to Establish or Update a Vaccination Policy](#) section: Definition of “fully vaccinated” is now tied to provincial guidance. If the effective date of a medical exemption has expired, individuals now have 30 days to provide proof of vaccination or an extension. Retirement homes are required to develop vaccination policies for visitors considering other guidance and the physical, emotional and mental well-being of residents.
- [Proof of Vaccination](#) section: As of January 4, 2022, an enhanced vaccine certificate with a QR code (printed or electronic format) is the only acceptable proof of vaccination. A valid ID is also required.
- [Implementing Antigen Point-of-Care Testing](#) section: As of December 31, 2021, a positive antigen point-of-care test no longer requires PCR confirmation. Retirement homes’ workers and visitors who are symptomatic or are a close contact of positive COVID-19 individuals are eligible for publicly funded PCR tests. For fully vaccinated staff, contractors, students, volunteers or Essential Caregivers, antigen testing with a demonstrated negative result is now required a minimum twice every seven days. For unvaccinated staff, contractors, students, volunteers or Essential Caregivers, as well as for any External Care Provider, Support Worker, Personal Care Service Provider or General Visitor, antigen testing with a demonstrated negative result is now required prior to entry. Antigen test results are valid for one calendar day.
- [Statistical Information](#) section: As of the January 2022 reporting period, data will be collected for Essential Caregivers and for additional vaccine doses exceeding the number of doses required for full vaccination.
- [Frequently Asked Questions Appendix](#): Updates to align with the rest of the document, as well as with updates to Directive #3 and Retirement Homes Policy to Implement Directive #3. For example, employees on leave should be included in data reporting once they return to work (question #9) – previously they were to be included if they are returning to work within three months.

As per the updated [Instructions issued by the Office of the Chief Medical Officer of Health \(OCMOH\)](#), effective December 24, 2021, every retirement home licensed under the *Retirement Homes Act, 2010* (herein referred to as “retirement home”) must update and implement its COVID-19 vaccination policy for their staff, contractors, volunteers and students, as well as visitors (herein referred to as “required individuals”). 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, updating and implementing their vaccination policies¹.

¹ The application and use of this document are the responsibility of the user. RHRA assumes no liability resulting from any such application or use. This document is not intended as a substitute for any applicable legislation, directives, instruction, or orders and does not constitute legal advice. In the event of any conflict between this document and any legislation, directive, instruction or order, the legislation, directive, instruction or order prevails. Additionally, this document is not intended to take the place of medical advice, diagnosis, or treatment.

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*.

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.

In addition to these concerns, variants of concern, such as Delta and Omicron, have increased transmissibility 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:

1. **"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.
2. **"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.). Some contractors may be considered as "staff" under the *Retirement Homes Act, 2010*.
3. **"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.
4. **"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.

5. **“Visitor”** has been added in the OCMOH’s Instructions as part of the required individuals. A visitor is any individual who is not staff, contractor, volunteer or student (as defined above) and who enters the premises of the retirement home. There are different types of visitors, as described in [Retirement Homes Policy to Implement Directive #3](#):

5.1. “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. There are two categories of Essential Visitors:

5.1.1. “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); 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.

5.1.2. “Essential Caregiver” is a type of Essential Visitor who is designated in writing by the resident or, if resident is unable to do so, their substitute decision-maker. Essential Caregivers visit to provide care to residents. This includes supporting feeding, mobility, personal hygiene, cognitive stimulation, communication, meaningful connection, relational continuity and assistance in decision-making. Examples of Essential Caregivers include family members who provide care, a privately hired caregiver, paid companions, and translators.

5.2. “Personal Care Provider” is a person who is not an Essential Visitor and visits to provide non-essential personal services to residents, such as hair, barber, manicure, pedicure, aesthetician and spa services. Non-essential personal services are not being provided for medical or essential reasons (e.g., foot care to support mobility or reduce infections).

5.3. “General Visitor” is a person who is not an Essential Visitor or Personal Care Provider 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.

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](#). These ECPs are not required to comply with the retirement home’s vaccination policies. However, these ECPs must submit to antigen testing and must comply with the requirements under [CMOH’s Directive #3](#) and [Retirement Homes Policy to Implement Directive #3](#).

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 considered essential visitors, some may be designated as Essential Caregivers, and must comply with the requirements under the updated vaccination policies of the retirement home for visitors, as well as requirements under [CMOH's Directive #3](#) and [Retirement Homes Policy to Implement Directive #3](#).

Requirements to Establish or Update a Vaccination Policy

The OCMOH has issued instructions to direct that every retirement home must establish, implement and ensure compliance with a COVID-19 vaccination policy for its staff, contractors volunteers, students and visitors.

Requirements for vaccination policies for staff, contractors, volunteers and students

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 vaccination² against COVID-19; 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. If the effective period of the medical reason has expired, the retirement home must ensure that the individual provides either proof of vaccination or an extension to the medical reason no later than 30 days after the date of the expiring; 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).

Requirements for vaccination policies for visitors

The updated OCMOH Instructions require every retirement home to establish, implement and

² For the purposes of this document, “full vaccination” and “fully vaccinated” has the meaning as described in the Ministry of Health’s guidance document [COVID-19 Fully Vaccinated Status in Ontario](#) or as described in section 2.1(5) of Schedule 1 to [O. Reg. 364/20: Rules for Areas at Step 3 and at the Roadmap Exit Step](#) under the ROA. As of the date of this document, individuals are considered fully vaccinated if they have received two doses of a COVID-19 vaccine.

ensure compliance with a COVID-19 vaccination policy for visitors³. These policies should require visitors to provide proof of full vaccination before entry to retirement homes. If visitors do not provide proof of full vaccination, they may be permitted entry only if they have complied with the additional requirements in the [Retirement Homes Policy to Implement Directive #3](#). Visitors who have a medical exemption for vaccination should be considered unvaccinated.

Retirement homes are encouraged to create reasonable policies for visitors, considering how policies may impact the physical, emotional and mental well-being of residents. In establishing visitor vaccination policies, retirement homes should follow requirements outlined in [CMOH's Directive #3](#) and [Retirement Homes Policy on Implementing Directive #3](#). For example, [Retirement Homes Policy to Implement Directive #3](#) strongly encourages homes to limit home access to only those General Visitors who are fully vaccinated, in order to contain spread of the virus. Such a policy should balance the potential impact on residents whose only visitors may be unvaccinated General Visitors. Further, residents should not be forced to remain in their suites, unless as directed by the local public health unit.

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 about 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 enhanced vaccine certificate with an official QR code (sometimes called a vaccine record or passport). The vaccine certificate (electronic and printed versions are acceptable) and a valid ID with name and date of birth must be presented together as proof of vaccination. Effective January 4, 2022, the vaccine certificate is the only proof of vaccination that will be accepted. Vaccine receipts without a QR code will no longer be accepted as valid proof of vaccination. As per current provincial guidance, individuals 12 years of age or younger do not need to show proof of vaccination.

Retirement homes can use the **Verify Ontario** app to scan the QR code on the enhanced vaccine certificate (electronic and printed versions are acceptable). To download the **Verify Ontario** app and learn how to use it, retirement homes should visit the [provincial website](#).

To log in to [the provincial portal](#), 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**, do not have a computer or need additional help with accessing your enhanced vaccine certificate, call the Provincial Vaccine Contact Centre at [1-833-943-](#)

³ External Care Providers who are employees of other healthcare organizations subject to CMOH's Directive #6 are not required to comply with retirement home's vaccination policies for visitors. Please refer to the section "External Care Providers" above.

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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 port.
- Individuals who have questions or concerns about the information supporting their COVID-19 vaccine receipt.

Proof of a medical reason for not being vaccinated

As per [Ministry of Health](#)'s guidance, there are likely to be very few medical exemptions to COVID-19 vaccination. Medical exemptions should be supported by expert consultation. 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.⁴

- 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.
- 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

⁴ This document provides basic information only and is not intended to constitute medical advice. Individuals should obtain medical advice for their specific circumstances.

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 staff, contractors, students and volunteers 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 are required to comply with the requirements of the *Accessibility for Ontarians with Disabilities Act, 2005* and Integrated Accessibility Standards (O. Reg. 191/11) when considering the 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 all individuals who enter the premises of the retirement home, regardless of vaccination status. As per provincial testing guidance updated as of January 13, 2022, retirement homes are considered “highest risk” settings.

1. Staff, contractors, students and volunteers:

- a. If they have provided proof of full vaccination - must submit to regular antigen POCT and demonstrate a negative test result at a frequency to be determined by the retirement home, which must be a minimum twice every seven days.⁵
- b. If they have not provided proof of full vaccination – must submit to regular antigen POCT and demonstrate a negative test result prior to entry into the retirement home. Results are valid for a calendar day.

2. Essential Caregivers:

- a. If they have provided proof of full vaccination - must submit to regular antigen POCT and demonstrate a negative test result at a frequency to be determined by the retirement home, which must be a minimum twice every seven days.
- b. If they have not provided proof of full vaccination – must submit to regular antigen POCT and demonstrate a negative test result prior to entry into the retirement home. Results are valid for a calendar day.

3. Support Workers, Personal Care Service Providers and General Visitors,

regardless of vaccination status, must submit to regular antigen POCT and demonstrate a negative test result prior to entry into the retirement home. Results are valid for a calendar day.

⁵ In situations where rapid antigen tests are in limited supply, frequency could be once every seven days.

4. **External Care Providers**, regardless of vaccination status, must submit to regular POCT and demonstrate a negative test result prior to entry into the retirement home. Results are valid for a calendar day.

Children under 2 years of age and under are exempt from asymptomatic testing.

Obtaining antigen tests

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](#). Retirement homes can proceed to order tests through Ontario Health's [online ordering portal](#) (Remedy).

Verifying negative test results

Retirement homes can determine the manner in which they want to receive verification of the negative test results and can confirm the results at their discretion.

Tests conducted in another location

Homes are encouraged to develop procedures that accept a valid test result taken on a specific calendar day at another location.

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](#).

Eligibility for lab-based PCR and molecular tests

- **Asymptomatic** retirement home workers and visitors are not eligible for publicly funded diagnostic tests (PCR tests or molecular tests) unless they are a contact of an individual with a confirmed COVID-19 or as directed by the local public health unit. This includes the use of designated testing centres and pharmacies for specimen collection as well as use of public labs to process test samples. Antigen tests should be used to screen asymptomatic individuals.
- **Symptomatic** retirement home workers and visitors and asymptomatic/symptomatic **contacts of an individual with confirmed COVID-19** are eligible for publicly funded diagnostic tests (PCR tests or molecular tests), as retirement homes are considered "highest risk" settings as per the current provincial guidance.

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
- 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.
- For other questions about information contained in updated provincial guidance, retirement homes can contact the Ministry of Health, Emergency Operations Centre EOCOperations.MOH@ontario.ca.

- For questions regarding data collection and reporting, contact AskHealthData@ontario.ca.
- For all other questions, contact 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, students and visitors 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 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, students and Essential Caregivers who provided proof of being fully vaccinated against COVID-19;
 - b. the number of staff, contractors, volunteers, students and Essential Caregivers who provided proof of receiving additional doses exceeding the number of doses required for full vaccination against COVID-19. Currently, additional doses refer to 3rd doses (boosters) for contractors, students, volunteers and Essential Caregivers;
 - c. the number of staff, contractors, volunteers, and students who provided a documented medical reason for not being fully vaccinated against COVID-19; and
 - d. 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 (c), where applicable.
 - e. the total number of the retirement home's staff, contractors, volunteers, students and Essential Caregivers to whom the OCMOH Instructions apply.

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.

RHRA's Requirements

As of the January 2022 reporting period, every retirement home will be required to submit the required statistical information to the RHRA every month. RHRA will send an email to each retirement home to complete a "Required Submission Form" online on a monthly basis.

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.

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 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.

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.

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. The RHRA understands that this is a challenging time and is taking a flexible compliance approach. Where the RHRA observes non-compliance with the *Retirement Homes Act, 2010* or O. Reg. 166/11 that directly impacts resident well-being, 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 updated Office of the Chief Medical Officer of Health's (OCMOH) Instructions apply to?

The updated OCMOH's Instructions issued on December 24, 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, students and visitors. 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 updated OCMOH's Instructions to retirement homes?

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

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.

For visitors – Retirement homes are required to establish COVID-19 vaccination policies for visitors. In establishing such policies, retirement homes should follow requirements outlined in [CMOH's Directive #3](#) and [Retirement Homes Policy to Implementing Directive #3](#). Retirement homes should also consider the impact on such policies on residents' physical, emotional and mental well-being.

Antigen Point-of-Care Testing - The policy must include requirements for antigen point-of-care testing of all asymptomatic individual who enter the retirement home, regardless of vaccination status:

- **Staff, contractors, students, volunteers and Essential Caregivers**
 - If they have provided proof of full vaccination - must submit to a regular antigen POCT and demonstrate a negative test result at a frequency to be determined by the retirement home, which must be a minimum twice every seven days.

- If they have not provided proof of full vaccination – submit to regular antigen POCT and demonstrate a negative test result prior to entry into the retirement home. Results are valid for a calendar day.
- **External Care Providers, Support Workers, Personal Care Service Providers and General Visitors**, regardless of vaccination status, must submit to regular antigen POCT and demonstrate a negative test result prior to entry into the retirement home. Results are valid for a calendar day.

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 or visiting retirement homes is aligned with the goals of an 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 update their policies and implement changes as of December 24, 2021.

5. Who is responsible for ensuring that staff, contractors, volunteers, students and visitors 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, students and visitors. 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 home 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, student and visitor is required to follow the retirement home's policy.

9. Should staff on 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) should be included in the data reporting upon their return to work.

Example: Maria is a PSW and is currently on a maternity leave with a return date of January 1, 2022. The retirement home should include Maria in the data reporting to the RHRA for January 2022 when Maria will be back to her job. 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 July 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.

As per the updated OCMOH's Instructions, the ECPs employed by other organizations would still be required to submit to antigen POCT and demonstrate a negative result upon entry into the retirement home.

11. Who are Essential Caregivers for the purpose of reporting data to the RHRA? Should the numbers include External Care Providers (ECPs) who are also designated Essential Caregivers?

Essential Caregivers are designated as such, in writing, by the resident or their substitute decision makers. Retirement homes must maintain a record of the designated Essential Caregivers. A resident can have any number of designated Essential Caregivers. Only the designated Essential Caregivers should be included in the numbers reported to the RHRA.

If an External Care Provider (ECP) is a designated Essential Caregiver, then they should be included in the numbers reported to the RHRA.

12. 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), they are not required to comply with the retirement home's vaccination policies for visitors but are required to comply with other visitor policies (such as antigen testing). If these staff are designated as Essential Caregivers, they need to be included in the retirement home's data reporting to RHRA. These staff may be subject to Directive #6 as External Care Providers (see question #11).

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

Staff, contractors, volunteers, students and visitors 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:
 - i. an enhanced vaccine certificate with a QR code (electronic or print format is acceptable); and
 - ii. a valid ID with name and date of birth.

- 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.

There is a requirement for regular point-of-care rapid antigen testing for everyone entering the home, at the required frequency. The staff, contractor, volunteer, student and visitor must provide the retirement home with proof of negative results in the manner prescribed in the policy.

14. What is an acceptable proof of full vaccination?

After vaccination, individuals with an Ontario photo health card can log in to [the provincial portal](#) to download or print their enhanced vaccine certificate with a QR code. The vaccine certificate and a valid ID with name and date of birth must be presented together as proof of vaccination.

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**, do not have a computer or need additional help with accessing your enhanced vaccine certificate, call the Provincial Vaccine Contact Centre at [1-833-943-3900](tel:1-833-943-3900).

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.

15. 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, students and Essential Caregivers who provided proof of being fully vaccinated against COVID-19;
 - b) the number of staff, contractors, volunteers, students and Essential Caregivers who provided proof of receiving additional doses exceeding the number of doses required for full vaccination against COVID-19;
 - c) the number of staff, contractors, volunteers, students and Essential Caregivers who provided a documented medical reason for not being fully vaccinated against COVID-19;
 - d) the number of staff, contractors, volunteers and students who completed an educational session about the benefits of COVID-19 vaccination; and
 - e) the total number of the retirement home's staff, contractors, volunteers, students and Essential Caregivers to whom the OCMOH's Instructions apply.

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.

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

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

17. Do retirement home workers and visitors with positive rapid antigen test have to take a PCR test?

No. As per the updated provincial testing guidance, a positive rapid antigen test no longer requires PCR test confirmation.

18. Are retirement homes' workers and visitors eligible for PCR tests?

Asymptomatic retirement home staff, contractors, students, volunteers and visitors are not eligible for publicly funded PCR tests. Antigen tests should be used for screening of asymptomatic staff, contractors, students, volunteers and essential caregivers upon entry to the retirement home.

Symptomatic retirement home staff, volunteers, essential care providers and visitors and those who are close contacts of a positive COVID-19 individual are eligible for publicly funded PCR tests.

Please see updated provincial testing guidance for details.

19. 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 are required to comply with the requirements of the *Accessibility for Ontarians with Disabilities Act, 2005* and Integrated Accessibility Standards (O. Reg. 191/11) when considering the accessibility needs of the required individuals who will be taking the educational program.

20. Who can I contact if I have further questions on OCMOH's Instructions?

- For questions on this RHRA Guidance, please contact 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