Retirement Homes Policy to Implement Directive #3

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1. 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. Directive #3 requires retirement homes to follow the policy directions issued by the Minister of the Ministry for Seniors and Accessibility (MSAA) and the Retirement Homes Regulatory Authority (RHRA) to implement requirements 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 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.

To preserve and protect the necessary workforce, this policy includes a **Test to Work**[1] framework for fully vaccinated staff who have been exposed to COVID-19. This measure should **only** be applied by homes in critical staffing shortage situations. Please see section 3.3.3. Further guidance on management of critical staffing shortages in high-risk settings[2] may be found in the Ministry of Health's COVID-19 Interim Guidance: Omicron Surge Management of Critical Staffing Shortages in Highest Risk Settings.

This policy supplements any provincial requirements, including those set out in the *Reopening Ontario (A Flexible Response to COVID-19) Act, 2020* (Reopening Ontario

[1] Test to work permits employers in highest risk settings to support early return to work of staff who are otherwise not eligible for early return to work as mitigation to critical staffing shortages. See section 3.3.3.
[2] Highest-risk settings include hospitals, long-term care homes, retirement homes and other congregate living settings.

Act or ROA) and the regulations made under that Act, including O. Reg. 82/20, O. Reg. 263/20, O. Reg. 363/20 and O. Reg. 364/20.

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 requirements in applicable legislation or regulations or any other provincial requirements, including any applicable emergency orders, directives, directions, guidance, recommendations or advice issued by the CMOH and applicable to retirement homes, those requirements prevail, and retirement homes must follow them.

2. 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 (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. REQUIREMENTS FOR HOME VISITS

Retirement homes are responsible for ensuring that residents receive visitors safely by implementing visiting practices that help to protect against the risk of COVID-19. 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 Directive #3 and this policy 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 and to ensure that their staff has 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 independent,[3] the policies for the long-term care home and the retirement home should align where possible or follow the more restrictive requirements, unless 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, asymptomatic testing (not including Test to Work), and vaccinations. For guidance on absences, asymptomatic 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 section 3.1 for details on different types of visitors and section 3.2 for visitor access requirements.

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[3] 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.

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

a. Procedures for visits including but not limited to IPAC, scheduling, and any setting-specific policies.
b. Communication of clear visiting procedures with residents, families, visitors and staff, including sharing an information package with visitors with:
    i. This Retirement Homes Policy to Implement Directive #3 (e.g., a digital link, or a copy upon request);
    ii. Details on any visitor or visiting restrictions (e.g. General Visitors who are not fully vaccinated);
    iii. Details regarding IPAC, masking, and physical distancing (2 metres separation);
    iv. Requirements regarding proof of identification and full COVID-19 vaccination;
    v. Information about how to escalate concerns about homes to the RHRA via the RHRA email address and/or phone number; and
    vi. Other health and safety procedures such as limiting movement around the home, if applicable, and ensuring visitors' agreement to comply with visiting procedures.
c. A process for complaints about the administration of visiting policies and a timely process for resolving complaints.
d. Requirements for visitor compliance 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.
e. A process for recording all visits, including the name, contact information, date and time of visit, and resident visited for each visitor, to be kept for at least 30 days.
f. Dedicated areas for both indoor and outdoor visits to support physical distancing (2 metres separation) between residents and visitors.
g. 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:

a. **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.
b. **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.
c. **Access to adequate PPE**: The home has adequate supplies of PPE required to support visits.
d. **IPAC standards**: The home has appropriate cleaning and disinfection supplies and adheres to IPAC standards, including enhanced cleaning.

e. **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.

3.1.1 Not Considered Visitors

Retirement home staff, students and volunteers as defined in the *Retirement Homes Act, 2010*[4] 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).

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

a) Support Workers

A Support Worker is brought into the home to perform essential services for the home or for a resident in the home, including:

a. Regulated health care professionals under the Regulated Health Professions Act, 1991 (e.g., physicians, nurses);
b. 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);
c. Authorized third parties who accommodate the needs of a resident with a disability;
d. Health and safety workers, including IPAC specialists;
e. Maintenance workers;
f. Private housekeepers;
g. Inspectors; and
h. Food delivery.

[4] "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.

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

Essential Caregivers provide care to a resident, including supporting feeding, mobility, personal hygiene, cognitive stimulation, communication, meaningful connection, relational continuity and assistance in decision-making. Essential Caregivers may be family members, a privately hired caregiver, paid companions, and translators even if the person would also be considered a Support Worker.

Essential Caregivers must be designated by the resident or, if the resident is unable to do so, the resident's substitute decision-maker. The designation should be made in writing to the home. The necessity of an Essential Caregiver is determined by the resident or the substitute decision maker. Homes should have a procedure for documenting Essential Caregiver designations.

Essential Caregivers must not be denied access to residents, provided that they pass active screening, testing, and PPE requirements (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. A change in the resident's care needs that is reflected in the plan of care;
b. A change in the availability of a designated Essential Caregiver; and/or
c. Due to the vaccination status of the designated Essential Caregiver.

3.1.3 General Visitor

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

a. For social reasons (e.g. family members and friends of resident);
b. 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
c. 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, which override any requirements or permissions in this policy if there is a conflict.

All 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.

Residents who are not self-isolating may receive Essential Visitors, General Visitors and Personal Care Service Providers if 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.

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 wherever possible.

Visitors must follow requirements as follows:

A. Visitors Who Are Fully Vaccinated:

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.

Visitors must show a piece of identification with their name and date of birth along with either a paper or electronic version of their proof of vaccination when visiting a retirement home.

Acceptable proof of vaccination is an **enhanced vaccine certificate with a quick response (QR code)**.

Photo identification is not required. Examples of identification that may be used include:

- Birth certificate;
- Driver's license;
- Government (Ontario or other) issued identification card;
- Passport;
- Citizenship card;
- Permanent resident (PR) card; and
- Indian Status Card or Indigenous Membership Card.

Fully vaccinated visitors may be permitted if they pass active screening requirements upon entry to the home, including demonstrating a negative antigen POCT result in accordance with section 3.3.2.

B. Visitors Who Are Not Fully Vaccinated:

Homes are strongly encouraged to have policies that limit access to only those General Visitors who are fully vaccinated.

If homes choose to allow visitors that are not fully vaccinated, any visitors, regardless of type of visitor, who do not provide identification and proof of full vaccination (including those unable to be fully vaccinated for a medical reason) 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 these **additional requirements**:

- Wear at minimum a medical mask for indoor visits and a medical or non-medical mask for outdoor visits;[5]
- Wear appropriate eye protection (e.g. goggles or face shield) when providing direct care to residents and when they are within two metres 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; and
- Maintain physical distancing (a minimum of 2 metres) from residents for the duration of the visit.

[5] Children 2 years and under are exempt from asymptomatic testing and from masking and wearing eye protection.

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 visitors who are not fully vaccinated** outlined above but 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 the 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 this policy.

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. However, homes must not unreasonably deny visits provided the home and visitor comply with the requirements in this policy.

To further limit risk to residents, General Visitors who have symptoms of COVID-19, have tested positive for it or who are close contacts of someone with COVID-19, including those with a household member who is symptomatic, should avoid visiting homes for **10 days from the onset of symptoms or from receiving a positive test result or from the date of their last exposure.**

Homes should encourage outdoor visits as much as possible but should support indoor visits, in-suite visits, and absences to accommodate residents' needs.

The number of General Visitors **must be limited** to two individuals per resident at one time. This does not include children 2 years or under.

To the extent possible, visits should occur in designated areas subject to regular environmental cleaning. If visits with fully vaccinated General Visitors occur in a resident's suite, sufficient space must be available to allow for physical distancing.

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.
- There should be no physical contact between residents and General Visitors.
- Opening windows should be considered for indoor and in-suite visits to allow for air circulation.
- 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.
- Designated visiting areas must be subjected to environmental cleaning before and after each visit.

3.2.3 Personal Care Service Providers

Personal Care Service Providers who are visiting or work in a retirement home 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 section 3.3.2, which is prior to entering to the home.

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 and eye protection when providing the service;
- Only provide services to residents who are wearing at minimum a medical mask, except for where this is not tolerated by residents, or in the case of dental procedures;
- Not provide services that require removal of masks, except dental procedures;
- 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.

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.

If the home has personal services on-site (e.g., salons), they must operate at 50% physical capacity to align with provincial requirements.

3.3 Screening Visitors for COVID-19

There are three 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 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 the minimum active screening requirements and exemptions to them.

Homes may use mobile apps or other tools to facilitate active screening. 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 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, but 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 to active screening apply to 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.

3.3.2 Asymptomatic Testing

Asymptomatic testing using antigen POCT[6] 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. The Ministry for Seniors and Accessibility is continually monitoring retirement home uptake of antigen testing and working with sector partners to increase participation.

- Staff, contractors, volunteers, students, General Visitors and Essential Visitors, including External Care Providers **must provide verification of a negative test result** in a manner determined by the retirement home that enables the retirement home to confirm the result at its discretion. Staff, contractors, volunteers and students 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. Antigen POCT results are valid for one calendar day.
- Staff, contractors, volunteers, students, and Essential Caregivers who **have provided proof of vaccination** must undergo antigen POCT and produce proof of a negative test result at minimum twice every seven days.

Homes are encouraged to develop procedures that accept a valid test result taken on a specific calendar day at another location and not mandate that everyone must take the test onsite.

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 can consider providing antigen POCTs to staff, students, contractors, volunteers, General Visitors and Essential Visitors so testing can be done in their homes prior to working or visiting.

An individual with confirmed COVID-19 on a molecular or rapid antigen test may resume asymptomatic screening testing after 30 days from their COVID-19 infection (based on the date of their symptom onset or specimen collection). If there is uncertainty whether the individual is infected with COVID-19 (e.g., individual is asymptomatic and a COVID-19 PCR test result demonstrated a high cycle threshold indicative of a low viral load), that individual may resume

asymptomatic screen[6] testing.

All licensed retirement homes are pre-approved to access antigen POCTs from the Provincial Antigen Screening Program (PASP) which also provides comprehensive onboarding and training resources to support implementation. Any home that is not already accessing test kits through this program can proceed directly to ordering antigen POCTs 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 may be followed up with a lab-based polymerase chain reaction (PCR) test if the individual meets the PCR eligibility criteria at an approved specimen collection centre to act as a confirmatory test within 24 hours. Publicly funded PCR testing is available only for high-risk settings and vulnerable populations, which includes retirement homes. However, as of December 31, 2021, a positive antigen POCT no longer requires PCR confirmation.

Staff, students, contractors, volunteers, students and visitors who receive a positive test result in the retirement home must leave the facility immediately and be directed to self-isolate at their own home, as per Directive #3. They may not be permitted to return to the home for 10 days. The exception is staff who may be required to return to work early during a critical staffing shortage (see section 3.3.3).

Retirement homes in outbreak must continue to follow the existing requirements in the COVID-19 Provincial Testing Guidance Update and Directive #3. Any further instructions regarding testing remains under the guidance and direction of local PHUs.

3.3.3 Test to Work

Staff who work and/or live in retirement homes must notify their employer when:

- They have had a close-risk[7] contact with a person who has tested positive for COVID-19.
- When they are in ongoing close contact with and are not able to effectively isolate away from a COVID-19 case (e.g., providing care to a COVID-19 positive household member).
- When they have received a positive COVID-19 test result or have symptoms of

[6] Screen testing is frequent, systematic testing of people who are asymptomatic and without known exposure to a COVID-19 case with the goal of identifying cases that are pre-symptomatic or asymptomatic.

[7] Close contact means you were in close proximity (less than 2 metres) to a COVID-19 positive person for at least 15 minutes or for multiple short periods of time without appropriate measures such as masking and use of personal protective equipment and in the period of time 48 hours prior to that individual's symptom onset (or positive test result if they were asymptomatic) and until they started self-isolating.

COVID-19 (i.e., are a COVID-19 case).

Based on the Ministry of Health's Interim Guidance for Cases, Contacts and Outbreak Management in Omicron Surge, retirement home staff who have had COVID ("cases" whether confirmed by testing or assumed on the basis of symptoms) or who have had close contacts with an individual who tested positive for COVID-19 ("close contacts") must not attend work for 10 days from symptom onset/positive test or last exposure[8] to a case if a close contact.

Retirement Homes that May Implement Test to Work

In high-risk settings, including retirement homes, "Test to Work" may be implemented to permit fully vaccinated staff the opportunity to return to work before the preferred isolation period of 10 days due to a critical staffing shortage. A critical staffing shortage should be determined at the home's discretion unless otherwise advised by the local PHU. Retirement homes without critical staffing shortages should not apply early return to work (e.g., before 10 days) for their staff.

Retirement homes experiencing critical staffing shortages should not employ early return to work for their staff 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. Rapid antigen POCTs 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.

Retirement homes that have completed these steps can proceed with implementing early return to work in the following manner. Retirement homes are not required to notify their local PHU before proceeding.

Using a Risk-Based Approach to Implementation

Retirement homes seeking to use Test to Work 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.

In selecting and prioritizing fully vaccinated staff for early return to work, retirement homes should apply the following considerations:

[8] Last exposure would be the last time they interacted with the COVID-19 case during the COVID-19 case's self-isolation period.

- 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 experienced a fully resolved, test confirmed COVID-19 infection in the 90 days before their current exposure are returned before those who have not experienced a fully resolved COVID-19 infection in the 90 days before their current exposure; and
- The fewest number of high-risk exposed staff are returned to work to allow for business continuity and safe operations.

To reduce the risk of COVID-19 exposure from staff who are returning early to work, 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 residents (e.g., immunocompromised, unvaccinated, other underlying risks for severe disease);
- PPE and 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 returning early 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., separate conference rooms or lunchrooms).
    - Working in only one facility/worksite.
    - 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.

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

- The risk profile of their residents and the potential impacts to resident safety from critical staffing shortages;
- Their ability to effectively implement workplace safety and 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.

Staffing Options

The following guidance outlines three progressive levels of options for early return to work according to the associated risk for further COVID-19 transmission. Retirement homes must consider the progressive levels of risk when determining what staffing option to use under their current staffing shortage circumstances.

Retirement homes are responsible for using the lowest risk option appropriate for their staffing situation from among the following 3 categories:

	Close Contact with Positive COVID-19 Case – Rapid Antigen Testing (RAT) Available	**Close Contact with Positive COVID-19 Case – Contingency when RAT is Not Available**	**Positive COVID-19 Cases – With or Without Testing Available**
Lowest Risk Staffing Option	• Return to work after a single negative PCR test collected on/after day 7 from last exposure. OR • Return to workon day 7 after negative RATson day 6 and day 7 after last exposure, collected 24 hours apart.	• Return to work after 10 days from last exposure to the case.	• Return to work after 10 days from symptom onset or initial positive test (whichever is earliest). OR • Return to work after single negative PCR testor two negative RATs collected 24 hours apart any time prior to 10 days. • Symptoms must be improving for 24 hours (48 hours if vomiting/diarrhea).

	Close Contact with Positive COVID-19 Case – Rapid Antigen Testing (RAT) Available	Close Contact with Positive COVID-19 Case – Contingency when RAT is Not Available	Positive COVID-19 Cases – With or Without Testing Available
Moderate Risk Staffing Options	• Return to work after a single negative initial PCR test after exposure. OR • 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 meeting negative PCR orRAT criteria for lowest risk option.	• Return to work on day 7 from last exposure, with workplace measures for reducing risk of exposure until day 10.	• 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. • Symptoms must be improving for 24 hours(48 hours if vomiting/diarrhea).
Higher Risk Staffing Options	• Return to work after a single negative RAT. • Continue daily RATs for 10 days based on last exposure OR until meeting negative PCR orRAT criteria for lowest risk option.	• Return to work on day 5 after last exposure and continue workplace measures for reducing risk of exposure until day 10.	• 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 or6) without testing AND if working ONLY with COVID-19 positive residents. • Symptoms must be improving for 24 hours

	Close Contact with Positive COVID-19 Case – Rapid Antigen Testing (RAT) Available	Close Contact with Positive COVID-19 Case – Contingency when RAT is Not Available	Positive COVID-19 Cases – With or Without Testing Available
			(48 hours if vomiting/diarrhea).

i. 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.

ii. 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. 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.

b. 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.

i. 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, including to medical (surgical/procedure) masks, eye protection (e.g., face shields or goggles) and any additional PPE when providing care to residents who are isolating on Droplet and Contact Precautions. 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.

ii. 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. 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 for 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 (Overnight) Absences if the resident is in an area of the home that is in outbreak, or when advised by public health.

It is strongly recommended that residents only take Short Term Absences that are essential outings, such as walks, groceries, medical appointments, filling

prescriptions, and emergency room visits. Social outings and overnight absences are discouraged.

The table below outlines requirements for Short Term (Day) Absences and Temporary (Overnight) Absences.

Absences	Requirements
Short Term (Day) Absence Essential outingand Social outing	• Homes must permit short term absences. However, residents should be strongly encouraged to remain in the home unless it isfor an **essential outing**. • Residents must follow public health measures during the absence. • Active screening is required on return. • Testing or self-isolation is 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 quarantine. If timely PCR tests are unavailable, perform 2 RATs separated by 24-48 hours, the first of which will be administered within 24 hours of returning to the home. o A second negative COVID-19 PCR test result collected on day 7 is required to discontinue quarantine on Droplet and Contact Precautions. Alternatively, the resident must isolate on Droplet and Contact precautions and demonstrate negative RAT results from days 6 and 7.

Temporary (Overnight) Absence	• Homes must permit overnight absences. However, residents should be strongly encouraged to remain in the home unless it is for an essential outing. • Residents must follow public health measures during the absence. • Active screening on return. • All residents, regardless of vaccination status, require a negative PCR test upon return to the home. If timely PCR tests are unavailable, perform 2 RATs separated by 24-48 hours, the first of which will be administered within 24 hours of returning to the home The resident must isolate on Droplet and Contact Precautions for a minimum of 7 days. A second negative PCR test on day 5 or 2 negative RATs on days 6 and 7 are required to discontinue self-isolation on additional precautions by day 7. • Homes must not deny entry to residents into their home while awaiting testing results.

5. REQUIREMENTS FOR ADMISSIONS AND TRANSFERS

In light of greater risk of COVID-19 re-infections with the Omicron variant, all residents who are being admitted or transferred to a home must undergo a PCR test and be self-isolated on additional precautions, regardless of their COVID-19 vaccination status.

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, that balance the dignity of the resident against the overall health and safety of the home's staff and residents.

All admissions and transfers must be actively screened upon entry to the home and twice daily for 10 days following the admission/transfer.

- For admission and transfers from a **healthcare facility that is not in outbreak**, regardless of the vaccination status of the individual:
  - A PCR test is required prior to admission or on arrival. The resident must be placed in self-isolation on additional precautions until a negative test result is received. If timely PCR tests are unavailable, perform 2 RATs separated by 24-48 hours, the first of which will be administered within 24 hours of the planned transfer or arrival at the home. 2 negative RATs are required to discontinue self-isolation.

- For admission and transfers from a **healthcare facility that is in outbreak** regardless of the vaccination status of the individual:
    - An admission or transfer may take place only if approved by the local PHU, and there is concurrence between the home, the local PHU, and the hospital.

- For admissions from the **community**, regardless of the vaccination status of the individual:
    - A PCR test is required prior to admission or on arrival. If timely PCR tests are unavailable, perform 2 RATs separated by 24-48 hours, the first of which will be administered within 24 hours of the arrival at the home. The resident must isolate on Droplet and Contact Precautions for a minimum of 7 days. A second negative PCR test on day 5 or 2 negative RATs on days 6 and 7 are required to discontinue self-isolation on additional precautions by day 7.

If approved by the local PHU and the home is in concurrence, any resident being admitted or transferred, regardless of their vaccination status, who is identified as having symptoms, exposure and/or diagnosis of COVID-19 must be self-isolated and placed on additional precautions at the home in addition to the requirements above.

Individuals requiring isolation must be placed in a single room. 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 January 18, 2022 or as current.

6. REQUIREMENTS FOR SOCIAL GATHERINGS, DINING AND RECREATIONAL SERVICES

It is strongly recommended that staff and residents gather in groups of the same individuals for social gatherings, organized events, dining, and recreational services to limit interactions between residents and staff in the home and reduce the risk of COVID-19 transmission.

In addition, staffing assignments should be organized for consistent grouping of staff to specific resident areas or different areas of the home. To the extent possible, staff should be grouped to work on consistent floors/units even when the home is not in an outbreak.

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. Homes are to maintain activities which promote resident strength, mobility, and mental health to mitigate resident health from deteriorating, except for the following restrictions:

- Social activities that include singing, dancing, and performing music are not permitted.
- Higher intensity exercise classes (e.g. cardio, Zumba) should be discouraged, as they generate more respiratory droplets and potentially increase the spread of COVID-19.

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

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.

Otherwise, General Visitors are **not permitted** to participate in social gatherings and organized events with residents. Social gatherings and organized events must include the following measures:

- Staff must wear at minimum a medical mask (e.g. respirators are allowed). Essential Visitors must wear eye protection, in addition to a medical mask.
- 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 facilitators in attendance.
- Enhanced precautions for lower intensity exercise classes, which include:
    - Further limits to the number of residents based on room capacity (<25% of the total capacity);
    - Limiting to highly ventilated rooms (e.g., with open windows and HEPA filters); and
    - Requiring resident masking, if tolerated, and generous physical distancing.

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:

- Residents must be seated at all times except to enter and exit the area, move to their table, or use a washroom.
- Physical distancing (2 metres separation) is recommended.
- Consistent seating of resident groups is recommended.
- Masking when not eating or drinking is strongly recommended.
- No more than 10 people may be seated together.

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 are **not permitted**.

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 must follow provincial requirements for that activity, if applicable. This includes following public health measures (e.g., maintaining physical distancing (2 metres separation), masking, and cleaning/disinfection between use).

Currently, homes may not operate saunas, steam rooms, indoor pools, and indoor sport and recreational fitness facilities, including gyms. However, indoor pools and indoor sport and recreational fitness facilities may be used for the purpose of treatment or physical therapy for a disability.

Outdoor pools and sport and recreational fitness facilities are permitted.

If the home has a library, it should be reduced to 25% capacity.

7. REQUIREMENTS FOR RETIREMENT HOME TOURS

Only virtual tours are permitted unless the prospective resident is in the final stages of home selection.

Prospective residents in the **final stages** of home selection may be offered in-person, targeted tours of empty suites during off hours. 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.

The tour group must be limited to the tour guide, prospective resident, and one guest. The individual accompanying the prospective resident on the tour must pass active screening and demonstrate a negative antigen POCT.

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

8. HOME VACCINATION RATES

To comply with the OCMOH instructions, retirement homes must keep a record of vaccination rates in the home. The record must include the date the rate is calculated, and the record must be kept for 30 days. The RHRA or the local PHU can request to see these records at any time (on a de-identified basis).

Homes must have a process for determining vaccination rates for their residents, staff, students, volunteers, contractors, and essential caregivers, as well as the number and percentage of residents, staff, students, volunteers, contractors, and essential caregivers 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, staff, students, volunteers, contractors, and essential caregivers in accordance with existing laws (e.g., *Personal Health Information Protection Act, 2004*).

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

See the Appendix for additional guidance on Vaccination Rates.

9. 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

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

- 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

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

- 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

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

- For the purposes of calculating the retirement home vaccination rate, only the number of residents and the number of staff[9] of the retirement home should be used.

2. PROOF OF VACCINATION

Residents and staff should produce their enhanced vaccine certificate with a quick response (QR code). Any resident or staff that does not provide this 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.

[9] Staff does not include Essential Visitors (including Essential Caregivers), or third-party staff providing services such as Home and Community Care providers, or volunteers.