

April 13, 2022

MEMORANDUM TO: Retirement Homes

FROM: Jacqueline Cureton
Assistant Deputy Minister
Seniors and Accessibility Programs, Policy and Strategy
Partnerships
Ministry for Seniors and Accessibility

SUBJECT: Updates on the Ministry of Health's COVID-19 Guidance

I am writing to you today to provide an update on the key changes to the following Ministry of Health's (MOH) guidance documents:

- *COVID-19 Guidance: Long-Term Care Homes and Retirement Homes for Public Health Units (PHU);*
- *COVID-19 Interim Guidance: Omicron Surge Management of Staffing Highest-Risk Settings;* and
- *Staying Up to Date with COVID-19 Vaccines: Recommended Doses.*

Updated Admissions and Transfers

- For transfers from another retirement home or healthcare facility that is not in outbreak, regardless of vaccination status, the requirement is to screen on arrival and test on day 5 (molecular test). Isolation is not required unless the individual tests positive on day 5 (treat as a case) or is symptomatic.
- For admissions from the community, regardless of vaccination status, the requirement is to screen and test (molecular test) prior to admissions (i.e., within 24 hours of admission) **or** on arrival (i.e., day 0) and on day 5 (molecular test). Isolation is required until the individual receives a negative day 0 test result.

Removal of Cohorting During Non-Outbreaks

- It is no longer a requirement for staff and residents to gather in groups of the same individuals for social gatherings, organized events, and recreational services. Maintaining consistent cohorts for dining is still recommended to reduce the risk of transmission.

Updates to Test-to-Work Requirements for Cases and Contacts

- On March 31, 2022, the MOH updated their *COVID-19 Interim Guidance: Omicron Surge Management of Staffing Highest-Risk Settings* to reflect additional options for test-based return to work of contacts that can be used routinely, in the absence of any staffing shortages. The updates to testing are as follows:

	Asymptomatic Close Contact– Testing Available	Asymptomatic Close Contact– Testing not available	Positive COVID-19 Cases – With or Without Testing Available
Lowest Risk Staffing Option (For Routine Operations)	<ul style="list-style-type: none"> Return to work after a negative molecular test (e.g. PCR, rapid molecular) collected on/after day 5 from last exposure. <p>OR</p> <ul style="list-style-type: none"> Return to work following a negative molecular test (e.g. PCR, rapid molecular) prior to first shift (if collected before day 5) AND perform daily rapid antigen testing for 10 days after last exposure or until a second negative molecular test is collected on/after day 5 from last exposure. 	<ul style="list-style-type: none"> Return to work after 10 days from last exposure to the case. 	<ul style="list-style-type: none"> Return to work after 10 days from symptom onset or initial positive test (whichever is earliest). <p>OR</p> <ul style="list-style-type: none"> Return to work after single negative molecular test (e.g. PCR, rapid molecular) or two negative RATs collected 24 hours apart any time prior to 10 days. <p>AND</p> <ul style="list-style-type: none"> No fever and symptoms must be improving for 24 hours (48 hours if vomiting/diarrhea).

	Asymptomatic Close Contact– Testing Available	Asymptomatic Close Contact– Testing not available	Positive COVID-19 Cases – With or Without Testing Available
Moderate Risk Staffing Options (For Critical Staffing Shortages)	<ul style="list-style-type: none"> Return to work after two negative RATs collected 24 hours apart. <p>AND</p> <ul style="list-style-type: none"> Continue daily RATs for 10 days after last exposure OR until a negative molecular test (e.g. PCR, rapid molecular) is collected on/after day 5 from last exposure. 	<ul style="list-style-type: none"> Return to work on day 7 from last exposure, with workplace measures for reducing risk of exposure until day 10. 	<ul style="list-style-type: none"> Return to work on day 7 from symptom onset or initial positive test (whichever is earliest) without testing AND if ONLY caring for COVID-19 positive residents. <p>AND</p> <ul style="list-style-type: none"> No fever and symptoms must be improving for 24 hours (48 hours if vomiting/diarrhea).
Higher Risk Staffing Options (For Critical Shortages)	<ul style="list-style-type: none"> Return to work after a single negative RAT prior to shift. <p>AND</p> <ul style="list-style-type: none"> Continue daily RATs for 10 days after last exposure OR until a negative molecular (e.g., PCR, rapid molecular) test is collected on/after day 5 from last exposure. 	<ul style="list-style-type: none"> Return to work on day 5 after last exposure and continue workplace measures for reducing risk of exposure until day 10. 	<ul style="list-style-type: none"> This option is only to be used in dire staffing situations after all other options have been exhausted and with appropriate IPAC in place. Return to work earlier than day 7 (e.g., day 5 or 6) without testing AND if working ONLY with COVID-19 positive residents. <p>AND</p> <ul style="list-style-type: none"> No fever and symptoms must be improving for 24 hours (48 hours if vomiting/diarrhea).

Get Vaccinated and Stay Up to Date

- On March 31, 2022, the MOH released a [Staying Up to Date with COVID-19 Vaccines: Recommended Doses](#) document which replaces 'fully vaccinated' with 'up to date' and defines it as a person who has received all recommended COVID-19 vaccine doses, including any booster dose(s) when eligible. The recommendations will be different depending on the persons age, health status, and which vaccines they have received. The document includes a table with the recommendation list.

The *Retirement Homes Policy to Implement Directive #3* has been revised to include these updates (see attachment) and will be released and effective on Wednesday, April 13, 2022.

In addition to the guidance changes listed above, I would also like to remind you of the following:

Vaccination

- As announced on March 14, 2022, the COVID-19 vaccination policy mandate has been lifted for the retirement home sector. However, operators may independently determine whether to continue a vaccination policy for staff, students, volunteers, and visitors as vaccination remains a critical measure to prevent transmissions and serious illness in congregate settings. Retirement homes are encouraged to continue education on the importance of remaining up to date with COVID-19 vaccinations for residents, staff and volunteers and reduce barriers to access by providing information on vaccine availability in the community and supporting on-site vaccinations in collaboration with community partners.
- Starting on April 7, 2022, individuals aged 60 and over as well as First Nation, Inuit and Métis individuals and their non-Indigenous household members aged 18 and over are eligible to book their fourth dose appointment. We encourage resident families to receive their booster as soon as you are able.

Reporting

- Under O. Reg. 242/20, s.1. operators are required to report an infectious disease outbreak to the Retirement Home Regulatory Authority on the same day it is reported to the local public health unit. It remains critical for operators to report outbreaks in their home in a timely and accurate manner as it is a key indicator in determining best practices for the sector.

I want to extend my thanks for your continued efforts in protecting the health and safety of retirement home residents and staff during the COVID-19 pandemic. The Ministry for Seniors and Accessibility will continue to ensure that the sector remains informed as this next phase of the pandemic unfolds.

As always, should you have any questions about these changes or next steps, please contact us at RHInquiries@ontario.ca.

Sincerely,

Original signed by

Jacqueline Cureton
Assistant Deputy Minister

c: Carlene Alexander, Deputy Minister, Ministry for Seniors and Accessibility
Jay O'Neill, Chief Executive Officer and Registrar, Retirement Homes Regulatory Authority
Cathy Hecimovich, Chief Executive Officer, Ontario Retirement Communities Association
Lisa Levin, Chief Executive Officer, AdvantAge Ontario