

The purpose of this document is to provide clarification regarding certain changes to the *Retirement Homes Act, 2010*, and *Ontario Regulation 166/11*, which took effect on March 16, 2022. It is not intended to provide a complete explanation of requirements associated with these areas (e.g., Emergency Planning).

RHRA strongly recommends that licensees refer to RHRA’s Compliance Assistance Modules (CAMs) for more information about ensuring compliance with the *Retirement Homes Act, 2010*, and its regulations.

**Compliance Assistance Modules:** <https://www.rhra.ca/en/cams/>

<b>New Regulatory Requirements</b>		<b>RHRA Requirements</b>
RHA, 2010, <b>section 55(3)</b>	(3) Every licensee of a retirement home shall ensure that the information set out in clause 54 (2) (k) is made available in print or electronic form, or both, to any person on request, in accordance with the regulations, if any.	To satisfy this requirement, licensees should have an itemized list of the types of accommodation and care services that the licensee may provide to residents in the home and their prices readily available to distribute.  The list should be provided to any person who requests it and can be provided either in print or electronic form.
O. Reg. 166/11, <b>section 14(2.1) and (2.2)</b>	(2.1) Subject to subsection (2.2), a licensee is exempt from subsections 65 (2) and (4) of the Act and subsections (1) and (2) of this section with respect to a person who meets the following criteria and who is to perform work at the retirement home:  1. The person falls under clause (b) or (c) of the definition of “staff” in subsection 2 (1) of the Act.  2. The person is only to provide occasional maintenance or repair services to the home or entertainment or religious or recreational services in the home.	<u>Policy to promote zero tolerance of abuse and neglect</u> At a minimum, licensees must provide documentation to persons who fall under section (2.1) which includes: <ul style="list-style-type: none"><li>• Definitions of abuse and neglect as per the <i>RHA, 2010</i>;</li><li>• The person’s responsibility to immediately report incidents of abuse and/or neglect, and to whom;</li><li>• The licensee’s procedures for reporting and responding to suspicions, allegations, and witnessed incidents of abuse and/or neglect;</li><li>• Consequences for those who have been found to have abused or neglected a resident.</li></ul> <u>Emergency plan</u> At a minimum, licensees must provide documentation to persons who fall under section (2.1) which includes:

	<p>3. The person is not to provide direct care to residents.</p> <p>4. The person is to be monitored and supervised by the licensee in accordance with written policies that the licensee has prepared to monitor and supervise persons who provide occasional maintenance or repair services to the home or entertainment or religious or recreational services in the home.</p> <p>(2.2) The exemption set out in subsection (2.1) applies only if the licensee provides the person described in that subsection with information, before the person performs work at the retirement home, with respect to the home’s policy to promote zero tolerance for abuse and neglect of residents, emergency plan and infection prevention and control program.</p>	<ul style="list-style-type: none"> <li>• An internal contact person for emergencies, or who at the home to report an emergency to in order to initiate a response.</li> <li>• A list of potential emergencies, risks and hazards that are considered in the overarching plan;</li> <li>• How the person will be made aware if there is an emergency in the home;</li> <li>• Steps the home will take in case of a fire and/or evacuation of the home;</li> </ul> <p><u>Infection prevention and control program</u></p> <p>At a minimum, licensees must provide documentation to persons who fall under section (2.1) which includes:</p> <ul style="list-style-type: none"> <li>• Information about appropriate hand hygiene, including where to access hand sanitizer in the home;</li> <li>• Information about the importance of physical distancing where possible;</li> <li>• Information about PPE, including availability in the home and, if applicable, expectations for use while the person is in the home;</li> <li>• A statement about not attending the home if the person is ill or symptomatic;</li> <li>• A statement about the person’s responsibility to adhere to any other IPAC measures applicable to the home and the person, any time they are in the home.</li> </ul> <p>RHRA expects that the above information would be provided prior to or at the start of the person’s work in the home.</p> <p>RHRA recommends that licensees provide the above noted information on ‘fact sheets’ specific to each area. These fact sheets will make production and distribution more streamlined than providing entire versions of the respective policy, planning, or program documents. RHRA further recommends that licensees have copies of these fact</p>
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<p>O. Reg. 166/11, <b>section 14.1</b></p>	<p>The licensee shall ensure that as soon as is practical after the licensee is made aware that an external care provider is or will be providing care services to a resident in the retirement home, the external care provider is provided with information with respect to the home’s policy to promote zero tolerance for abuse and neglect of residents.</p>	<p>“External care provider” (ECP) means a person who provides care services to a resident of a retirement home and who is <u>not</u> the licensee of the home, the staff of the home or a volunteer with respect to the home. ECPs may be employees of other healthcare agencies or someone else who is contracted and paid directly by the resident or their substitute decision maker.</p> <p><u>Policy to promote zero tolerance of abuse and neglect</u></p> <p>At a minimum, licensees must provide documentation to external care providers which includes:</p> <ul style="list-style-type: none"> <li>• Definitions of abuse and neglect as per the <i>RHA, 2010</i>, and a statement that abuse or neglect will not be tolerated;</li> <li>• The person’s responsibility to immediately report incidents of abuse and/or neglect, and to whom;</li> <li>• The licensee’s procedures for reporting and responding to suspicions, allegations, and witnessed incidents of abuse and/or neglect;</li> <li>• Consequences for those who have abused or neglected a resident.</li> </ul> <p>RHRA expects that the above information would be provided prior to, at the start of, or as soon as possible after the external care provider’s work in the home begins.</p> <p>RHRA recommends that licensees provide the above noted information on a ‘fact sheet’. RHRA further recommends that licensees have copies</p>

		<p>of this fact sheet available for provision to new external care providers and/or agencies where applicable.</p> <p>Licensees should consider the best location to have these fact sheets or similar documents readily accessible and in a manner that is most appropriate for their operations.</p>
<p>O. Reg. 166/11, <b>section 24(5) (iii.1)</b></p>	<p>The licensee shall,</p> <p>(a) on an annual basis at least, test the emergency plan, including arrangements with community agencies, partner facilities and resources that will be involved in responding to an emergency, related to,</p> <p>(iii.1) epidemics and pandemics,</p>	<p>To satisfy this requirement, licensees may use either actual outbreak incidents or table-top exercises if the incident or exercise has reasonably triggered their full plan relating to epidemics and pandemics.</p> <p>As an example, a licensee could use a previous outbreak incident from the current year, if there is evidence the outbreak resulted in the licensee following appropriate escalation protocols, engaging Public Health, implementing staffing contingency plans, assessing PPE resources and ensuring their PPE provider could provide supply on short notice as needed. Similarly, a licensee could coordinate an annual table-top exercise and walk through these steps in full, including contacting relevant resources such as those explicitly set out in their staffing contingency plan to ensure they would be available to provide coverage if needed.</p> <p>Licensees should document descriptions of how the annual testing was done, who was involved and present during the testing, and the date or dates of the testing process and activity. If issues or gaps are identified during the test, necessary changes to the plan should be made. Licensees should keep written evidence of any changes made to improve the emergency plan following the test.</p>
<p>O. Reg. 166/11, <b>section 25(3) para. 1 (v.1)</b></p>	<p>The licensee shall ensure that the emergency plan provides for the following:</p>	<p>At a minimum, licensees' emergency plans must include a section for epidemics and pandemics which includes:</p>

	<p>1. Dealing with,</p> <p>v.1 epidemics and pandemics,</p>	<ul style="list-style-type: none"> <li>• The licensee’s staffing contingency plan, which at a minimum should outline the following: <ul style="list-style-type: none"> <li>○ A process for evaluating skills and experience of staff to identify possible alternative roles;</li> <li>○ Identifying staffing priorities and developing, modifying and implementing redeployment plans (e.g., changing assignment of work based on skills, experience, availabilities and training);</li> <li>○ Changing the scheduling of work or shift assignments and collecting information about availabilities of staff for alternative shifts;</li> <li>○ Employing extra part-time or temporary staff or contractors to meet current and increased care needs of residents and maintain continuity of operations (such as through standing arrangements with staffing agencies in anticipation of an outbreak);</li> <li>○ Using volunteers to perform work;</li> <li>○ Using family caregivers or substitute decision makers, as appropriate, to support their resident’s emotional or physical needs;</li> <li>○ Providing appropriate training or education as needed to staff and volunteers for redeployment and to ensure the care and safety of residents.</li> </ul> </li> <li>• Information about the licensee’s PPE supply chain(s) and how the licensee procures PPE;</li> <li>• Information about proper PPE usage, and where unexpired PPE and other resources are readily available and tested to respond to an outbreak;</li> <li>• A process to manage staff who may have been exposed to an infectious disease;</li> <li>• Information about the requirement to report outbreaks and related information to Public Health and RHRA;</li> <li>• The licensee’s key Public Health and IPAC contacts;</li> </ul>
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<p>O. Reg. 166/11, <b>section 57.1</b></p>	<p>(1) A licensee, staff member, external care provider or volunteer of a retirement home shall not,</p>	<p>“External care provider” (ECP) means a person who provides care services to a resident of a retirement home and who is <u>not</u> the licensee of the home, the staff of the home or a volunteer with respect to the</p>

	<p>(a) borrow money or other property from a resident; or</p> <p>(b) receive or hold a resident’s money or other property except in accordance with section 72 of the Act or for the payment of rent, care services or other legitimate charges connected to the retirement home.</p> <p>(2) Subsection (1) does not apply if the licensee, staff member, volunteer or external care provider is related to the resident.</p> <p>(3) Despite subsection (2), subsection (1) applies if one or both of the following documents prohibits persons related to a resident from borrowing money or other property from a resident or receiving or holding a resident’s money or other property:</p> <ol style="list-style-type: none"> <li>1. A written policy of the retirement home.</li> <li>2. A contract or agreement between the licensee and a staff member or an employment agency or other third party in respect of the staff member, a volunteer or an external care provider.</li> </ol> <p>(4) A person who is related to another person for the purposes of subsections (2) and (3) includes a person related through adoption, marriage or conjugal relationship outside marriage.</p>	<p>home. ECPs may be employees of other healthcare agencies or someone else who is contracted and paid directly by the resident or their substitute decision maker.</p> <p>At a minimum, licensees must include in their policy to promote zero tolerance of abuse and neglect (and other relevant documents):</p> <ul style="list-style-type: none"> <li>• A statement regarding power imbalances between care providers and residents and how it may lead to abuse;</li> <li>• Clear direction on the restriction on borrowing money or other property from a resident, including the exceptions regarding trust accounts held in accordance with regulations, other legitimate charges associated with rent, care, etc. connected to a home, and individuals related to a resident.</li> </ul> <p>Regarding section (3), a home may have a written policy, or language in a contract or agreement with the noted individuals, stating that any of those persons may not borrow, receive or hold a resident’s money or property, regardless of whether the person is related to the resident.</p> <p>The purpose of this section is not to deter “gift giving” by residents if they so wish. However, residents should not be pressured or forced to give gifts individually or contribute to communal gifts in the home.</p> <p>RHRA expects licensees to ensure that residents do not receive preferential treatment or different standards of care as a result of gift giving tendencies.</p>
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<p>O. Reg. 166/11, <b>section 63</b></p>	<p>The following events are prescribed for the purposes of paragraph 4 of subsection 109 (2) of the Act:</p> <ol style="list-style-type: none"> <li>1. A material change in any of the information required to be contained in a register under subsection 106 (1) of the Act in respect of the licence of a licensee.</li> <li>2. A material change in any of the information that a licensee provided to the Registrar in support of the licensee's application for a licence.</li> <li>3. A temporary closure of the retirement home.</li> <li>4. A temporary closure of part of the retirement home if the closure materially affects a resident's accommodation or the care services or other services provided to a resident.</li> <li>5. An unplanned evacuation of residents from the retirement home for a period of greater than six hours.</li> <li>6. A temporary relocation of the retirement home or part of the retirement home to one or more other premises.</li> </ol>	<p>To satisfy this requirement, licensees must inform RHRA of changes relating to any of the areas listed under this section <u>as soon as reasonably possible</u>.</p> <p>Examples of material changes under paragraph 1 include:</p> <ul style="list-style-type: none"> <li>• Changes in the number of residents the home can accommodate;</li> <li>• Changes in the care services made available to residents;</li> <li>• Changes to the name/address of the licensee;</li> <li>• Changes to the name/address of the home.</li> </ul> <p>Examples of material changes under paragraph 2 include:</p> <ul style="list-style-type: none"> <li>• Changes in controlling interests in the licensee;</li> <li>• Changes to officers/directors of the licensee corporation;</li> <li>• Changes to the Personal History Reports for Individuals or Corporations (Forms 2A and 2B), such as, a professional or occupational license has been revoked or otherwise restricted, an individual has been charged with a criminal offence or an offence under the Provincial Offences Act, etc.;</li> <li>• Changes to the individuals supervising medication administration, dementia care program, skin and wound care, and/or plan of care approvals;</li> <li>• Disclosure of fire or public health orders, tickets or charges against the licensee;</li> <li>• Disclosure of, or changes to, non-arm's length relationships with care service providers.</li> </ul> <p>In the case of temporary closures or unplanned evacuations of homes, RHRA strongly encourages that licensees report immediately, as RHRA may be able to provide support in collaboration with community partners, or to residents via RHRA's Emergency Fund.</p>
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