

February 6, 2023

**MEMORANDUM TO:** Retirement Homes

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

**SUBJECT:** MOH COVID-19 Guidance Updates and Tuberculosis  
Resident Screening Reminders

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The Ministry of Health has released an updated [Ministry of Health COVID-19 Guidance: Long-Term Care Homes, Retirement Homes and Other Congregate Living Setting for Public Health Units](#) (MOH COVID-19 Guidance) document, effective January 18, 2023. The revisions are intended to reduce the transmission of respiratory viruses in settings such as retirement homes, particularly during the respiratory season while multiple respiratory infections (e.g., influenza, COVID-19, RSV) are circulating.

In addition, to support the ongoing implementation of protocols for other infectious diseases that are significant to the retirement homes sector, this memo includes reminders and resources on tuberculosis (TB) resident screening.

### MOH COVID-19 Guidance

The MOH COVID-19 Guidance changes include the following:

- Recommends that close contacts who are not roommates (e.g., dining table mates) and cannot maintain masking for 7 days from last exposure should consider avoiding dining and group activities that involve unexposed residents.
- Adds details regarding management of influenza cases and recommendations for mixed outbreaks.
- Changes the definition of a confirmed COVID-19 outbreak to 2 or more resident cases with an epidemiological link in a 7-day period from a 10-day period to align with updated evidence on incubation period and to reduce duration of outbreak and associated outbreak measures.
- Clarifies that residents in outbreak areas should be cohorted separately from unexposed residents.
- Clarifies public health unit (PHU) discretion to pause communal dining and activities in a home-wide outbreak, based on severity and risk of transmission.
- Changes recommendation for staff, students, volunteers, and essential visitors from passive to active screening.

While updates to the MOH COVID-19 Guidance include a recommendation for active screening of staff, students, and volunteers, the [Ministry for Seniors and Accessibility COVID-19 Guidance for Retirement Homes in Ontario](#) includes the option of passive screening for staff, students and volunteers. **Operators can determine the screening protocol that best meets the needs of their retirement home, which may include either passive or active screening.** Operators are encouraged to consider staffing capacity, resource limitations and resident well-being.

As a reminder, **passive screening** means that those entering the retirement home should review screening questions themselves. There is no in-person verification of screening required prior to entry (for example, signage at entrances as a visual reminder not to enter if symptomatic). **Active screening** means there is some manner of attestation or confirmation of screening. The confirmation or attestation can be in-person or through a pre-arrival online screening submission that is verified prior to entry.

## **Tuberculosis (TB) Resident Screening Reminders and Resources**

In light of the ongoing efforts by operators to ensure the appropriate protocols and best practices are enforced in the sector to protect resident health and safety, MSAA has received questions regarding the requirements for TB resident screening. As such, MSAA has consulted with the Office of the Chief Medical Officer of Health (OCMOH) to provide you with the following information.

Pursuant to subsection 27(8) of O. Reg 166/11 under the *Retirement Homes Act*, 2010, retirement home licensees must ensure that each resident is screened for TB within 14 days of commencing residency in the home, unless the resident was screened within 90 days before and the documented results are available to the licensee. The legislative and regulatory framework does not specify the method that should be used for TB screening. As such, operators are encouraged to consult the best practice guidance from the [Canadian Tuberculosis Standards, 8<sup>th</sup> edition: Chapter 14](#). Although the guidance contains specific recommendations for screening residents who are entering long-term care homes, OCMOH indicates that the principles can be applied to other similar settings, such as retirement homes.

The TB screening recommendations are as follows:

- An assessment of likelihood of respiratory TB should be conducted on or before admission to a long-term care home (or retirement home).
- A symptom screen to rule out active TB should be conducted, preferably prior to, and on admission to a long-term care home (or retirement home).
- A posteroanterior and lateral chest x-ray should be performed if a resident is symptomatic, and the resident should be referred for medical assessment if indicated.

- Routine tuberculin skin testing on (or prior to) admission and periodic tuberculin skin tests (such as annually) are not recommended for residents.
- If a resident has had an exposure to respiratory TB, the need for testing should be individualized as part of contact tracing.

Thank you for your ongoing support with the implementation of these important infection prevention and control measures in retirement homes. We hope that this information will support your continued efforts to protect retirement home residents and staff.

If you have any additional questions, please contact our team at [RHinquiries@ontario.ca](mailto:RHinquiries@ontario.ca).

Sincerely,

*Original signed by*

Jacqueline Cureton  
Assistant Deputy Minister

- c: Nancy Matthews, Deputy Minister, Ministry for Seniors and Accessibility  
Dr. Barbara Yaffe, Associate Chief Medical Officer of Health, Office of the Chief Medical Officer of Health  
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