

Ministry for Seniors and Accessibility COVID-19 Guidance Document for Retirement Homes in Ontario

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1. INTRODUCTION

On June 10, 2022 [the Chief Medical Officer of Health \(CMOH\)](#) released a memorandum to the Retirement Homes Regulatory Authority (RHRA) directing retirement homes to implement the policies, procedures and preventative measures in the *Ministry of Health’s COVID-19 Guidance: Long-Term Care Homes and Retirement Homes for Public Health Units* to reduce the risk of COVID-19 among residents. While the title of this document has been amended to *Ministry of Health’s COVID-19 Guidance: Long-Term Care Homes, Retirement Homes, and Other Congregate Living Settings for Public Health Units (MOH’s COVID-19 Guidance: LTCH/RH/CLS for PHUs)*, it continues to be enforceable based on the CMOH memorandum to RHRA. As stated in the memorandum, it constitutes guidance, advice, or recommendations given to retirement homes by the CMOH, which the licensee of a retirement home shall ensure are followed in the retirement home in accordance with subsection 27(5), paragraph (0.a) of O. Reg. 166/11 under the *Retirement Homes Act, 2010*. This guidance provides complementary direction to retirement homes to assist in the implementation of MOH’s COVID-19 Guidance: LTCH/RH/CLS for PHUs.

In addition to following this guidance, all retirement homes and staff are required to comply with applicable provisions of the [Occupational Health and Safety Act](#) and its regulations.

If anything in this guidance conflicts with requirements in applicable legislation regulations or any other provincial requirements, including any future emergency orders, or directives, 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) and MOH’s COVID-19 Guidance: LTCH/RH/CLS for PHUs 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:** Welcoming 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, 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. Homes are highly encouraged to continue to promote vaccinations and boosters to all eligible residents, staff, and visitors. Staying [up-to-date](#) with COVID-19 vaccines helps to 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 advice and measures, and comply with all applicable laws for the ongoing prevention and control of COVID-19 infection and transmission. Visitors should not be denied entry to retirement homes based on their COVID-19 vaccination status.

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. It remains critical that retirement homes continue to implement and enforce preventive measures to protect the health and safety of residents and staff. High community rates of COVID-19 coincide with increasing numbers of resident cases and outbreaks in retirement homes.

All homes must implement and ensure ongoing compliance with the IPAC measures set out in this guidance. **Homes must ensure that all staff, students, volunteers, visitors, and residents abide by the health and safety practices in MOH's COVID-19 Guidance: LTCH/RH/CLS for PHUs and this guidance.**

Pursuant to subsection 60(4) of the RHA, every retirement home in Ontario is legally required to have an IPAC program as part of their operations. Retirement homes must also ensure that their staff have received IPAC training.

Homes must have a COVID-19 Outbreak Preparedness Plan, according to the requirements outlined in the MOH's COVID-19 Guidance: LTCH/RH/CLS for PHUs.

In co-located long-term care and retirement homes that are not physically and operationally independent¹, the policies for the long-term care home and the retirement home should align as appropriate..

Homes must adhere to any 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 or their vaccination status. See Section 3.1 for details on different types of visitors and for visitor access requirements.

Homes must maintain the following minimum requirements:

- a. Procedures for visits, including, but not limited to, IPAC 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 guidance, the CMOH memo to RHRA and the MOH's COVID-19 Guidance: LTCH/RH/CLS for PHUs (e.g., a digital link, or a copy upon request);
 - ii. Details on any visitor or visiting restrictions;
 - iii. Details regarding IPAC and masking;
 - iv. Information about how to escalate concerns about homes to the RHRA via the RHRA email address and/or phone number; and
 - v. 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. Protocols to maintain best practices for IPAC measures prior to, during and after visits.

¹ Operationally and physically independent means that there are separate entrances and no mixing of residents or staff between the retirement home and the long-term care home.

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

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 and Access to Homes

There are three categories of visitors: Essential Visitors, General Visitors, and Personal Care Service Providers. Retirement homes staff, students and volunteers as defined in the *Retirement Homes Act, 2010*² **are not** considered visitors.

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 guidance if there is a conflict, in accordance with the *Health Protection and Promotion Act*.

When a resident is isolating and not permitted General Visitors, 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.

3.1.1 Essential Visitors

Essential Visitors are permitted regardless of vaccination status and are the only type of visitor permitted while a resident is isolating under Droplet and Contact Precautions.

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).

External Care Providers (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

² "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.

Essential Visitors to retirement homes and must comply with applicable requirements under MOH's COVID-19 Guidance: LTCH/RH/CLS for PHUs and this guidance.

3.1.2 General Visitors

General Visitors are individuals who are not Essential Visitors and visit:

- 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.

3.1.3 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 [Health Protection and Promotion Act](#), such as hair salons and barbershops, manicure and pedicure salons, and aesthetician services that are not being provided for medical or essential reasons.

When providing services, Personal Care Service Providers must:

- Follow required public health and IPAC measures for retirement homes;
- Follow the masking requirements outlined in Section 3.2.3; and
- Practice hand hygiene and conduct environmental cleaning after each appointment.

3.2 Personal Protective Equipment Training and Use

3.2.1 Visitor Training

a) Safety Review Requirements for General Visitors, Essential Visitors and Personal Care Service Providers

Prior to visiting any resident for the first time and if there are any updates or changes, homes should ask General Visitors, Personal Care Service Providers, and Essential Visitors, regardless of vaccination status, to:

- Read:
 - The home's visitor policy; and
 - Public Health Ontario's document entitled [Recommended Steps: Putting on Personal Protective Equipment \(PPE\)](#).
- Watch:
 - [Putting on Full Personal Protective Equipment](#);

- Taking off Full Personal Protective Equipment; and
- How to Hand Wash.

b) Safety Review for Essential Visitors During an Outbreak

Prior to visiting any resident in a home declared in outbreak for the first time, the home should provide training to Essential Visitors 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 Visitors to appropriate resources from Public Health Ontario to acquire this training.

3.2.2 Personal Protective Equipment

Visitors must wear PPE as required in MOH's COVID-19 Guidance: LTCH/RH/CLS for PHUs.

a) Essential Visitors

Essential Visitors are responsible for bringing their own PPE to comply with requirements outlined in MOH's COVID-19 Guidance: LTCH/RH/CLS for PHUs. Retirement homes should provide access to PPE to Essential Visitors 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.

b) General Visitors and Personal Care Service Providers

General Visitors and Personal Care Service Providers must wear a medical mask for indoor visits and should either bring their own mask or be provided one by the home. General Visitors are not required to wear a mask while outdoors.

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.

3.2.3 Masking

a) Indoors

- Homes must ensure that all:
 - Staff, students, and volunteers wear a medical mask for the duration of

- their shift indoors.
 - Visitors wear a medical mask for the duration of their visit in indoor common areas. Visitors may remove masking while in a resident's room.
- Outside of a high-risk exposure, an outbreak, or direction from the PHU, there is no requirement for residents to wear a mask inside of the home. However, a home's policies must set out that residents must be encouraged to wear or be assisted to wear a medical mask or non-medical mask when receiving direct care from staff, when in common areas with other residents (with the exception of mealtimes), and when receiving a visitor, as tolerated.
- Masking requirements set out in this Section (3.2.3) must be applied to social gatherings, organized events, communal dining, recreational activities, and tours under Sections 6 and 7 of this guidance. Visitors who accompany a resident for meals may remove their mask when seated at the table with the resident.

b) Outdoors

- Masks are not required outdoors for staff, residents, students, volunteers, or visitors. However, outdoor masking is still recommended for staff, students, and volunteers as an added layer of protection when in close proximity to others.

c) Exemptions

- Exceptions to the masking requirements include:
 - Children who are younger than two years of age;
 - Any individual (staff, student, volunteer, visitor, or resident) who is being accommodated in accordance with the *Accessibility for Ontarians with Disabilities Act, 2005* or the *Ontario Human Rights Code*; or
 - If entertainment provided by a live performer requires the removal of their mask to perform their talent.
- Homes must also have policies for individuals (staff, students, volunteers, visitors, or residents) who:
 - Have a medical condition that inhibits their ability to wear a mask; or
 - Are unable to put on or remove their mask without assistance from another person.

3.2.4 Eye Protection

From an occupational health and safety perspective, regardless of their COVID-19 vaccination status, appropriate eye protection (e.g., goggles or face shield) is required for all staff and Essential Visitors when providing care to residents with suspect or confirmed COVID-19 and in the provision of direct care within 2 metres of residents in an outbreak area. In all other circumstances, the use of eye protection is based on the point-of-care risk assessment when within 2 metres of a resident(s).

3.3 Screening

Passive Screening means that those entering the setting review screening questions themselves, and there is no verification or attestation of screening required by staff (e.g., 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 by staff prior to entry.

Anyone entering the retirement home is required to conduct passive screening, independently, prior to entry into the home. Active screening by the home is not required.

- Homes should communicate to staff, students, volunteers, and visitors that they are not to enter the home if they are feeling ill or would fail screening (e.g., they have tested positive in the last 10 days or are symptomatic).
- Homes should post signage that lists the signs and symptoms of COVID-19 for self-monitoring and steps that must be taken if COVID-19 is suspected or confirmed.
- The [Ministry of Health's COVID-19 Screening Tool for Long-Term Care Homes and Retirement Homes](#) remains available to help facilitate the home's screening process.

3.3.1 Daily Symptom Assessment of Residents

Homes must ensure that all residents are assessed at least once daily for signs and symptoms of COVID-19. Temperature checks are not required as part of the assessment. However, daily temperature checks are still recommended for residents who are symptomatic, COVID-19 cases, and close contacts as per the [MOH's COVID-19 Guidance: LTCH/RH/CLS for PHUs](#).

Homes should be aware that elderly individuals may present subtle or atypical signs and symptoms of COVID-19. As much as possible, it is important for homes to understand a resident's baseline health and functioning and ensure routine monitoring of their status to facilitate early identification and management of ill residents.

Any resident who presents with signs or symptoms of COVID-19 must be immediately isolated, placed on Additional Precautions and tested for COVID-19 as per the [Management of Cases and Contacts of COVID-19 in Ontario](#).

4. REQUIREMENTS FOR RESIDENT ABSENCES

There are no requirements for residents returning from an absence.

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, and/or diagnosis of COVID-19) or when the home is in outbreak, at the discretion of the PHU. Homes should consult their local PHU for their advice.

5. REQUIREMENTS FOR ADMISSIONS AND TRANSFERS

Retirement homes must follow the requirements and information related to admissions and transfers into retirement homes as set out in [MOH's COVID-19 Guidance: LTCH/RH/CLS for PHUs](#).

6. SOCIAL GATHERINGS, DINING AND RECREATIONAL SERVICES

Retirement homes are no longer required to keep attendance records for social gatherings, organized events, communal dining, and other recreational activities, unless directed to do so by their PHU during 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.

Participants of social gatherings and organized events in the retirement home are subject to the masking protocols set out in Section 3.2.3 of this guidance. Residents who are in isolation or experiencing signs and symptoms of COVID-19 must not engage in social gatherings or organized events until they are no longer experiencing symptoms and have been cleared from isolation. Homes must offer residents in isolation individualized activities and social stimulation.

6.2 Communal Dining

Unless otherwise advised by the local PHU, communal dining (including buffet and shared meal service) is permitted **at all times** with the following public health measures in place:

- Participants of communal dining are subject to the masking protocols set out in Section 3.2.3 of this guidance. Visitors who accompany a resident for meals may remove their mask when seated at the table with the resident.
- Frequent hand hygiene is recommended for staff, residents, and visitors.
- Retirement homes must ensure residents who are experiencing signs and symptoms of COVID-19 do not participate in communal dining until the resident is no longer symptomatic and has been cleared from isolation. This must not interfere with providing a meal during the scheduled mealtime to the resident.

6.3 Other Recreational Services

Homes may operate libraries, saunas, steam rooms, indoor pools, and indoor sport, and recreational fitness facilities, including gyms **at full capacity**. Homes may operate outdoor pools and sport and recreational fitness facilities **at full capacity**.

All recreational service participants are subject to the masking protocols set out in Section 3.2.3 of this guidance.

6.4 Requirements for Social Gatherings, Dining and Recreational Services When a Home is in Outbreak

Retirement homes must follow the requirements and information related to group activities, dining, and other social gatherings during an outbreak, as set out in [MOH's COVID-19 Guidance: LTCH/RH/CLS for PHUs](#).

7. RETIREMENT HOME TOURS

Prospective residents may be offered in-person, targeted tours of suites at any time, unless they have been advised otherwise by their local PHU.

- All tour participants are subject to the General Visitor screening (Section 3.3) and masking requirements (Section 3.2.3) outlined in this guidance.
- Tours may continue during an outbreak; however, outbreak areas in the home should be avoided.

8. ACCESSIBILITY CONSIDERATIONS

Homes are required to meet all applicable laws such as *the Accessibility for Ontarians with Disabilities Act, 2005*.