

Ministry for Seniors and Accessibility

COVID-19 Guidance Document for Retirement Homes in Ontario

Version 4 – June 26, 2023

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 play a role in reducing risk of infection by adhering to the IPAC requirements and recommendations described in this policy or the visitor policy of the home (as applicable).
- **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.

3. REQUIREMENTS FOR HOME VISITS

Retirement homes are responsible for ensuring that residents receive visitors safely by implementing visiting procedures 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 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. See Section 3.1 of this guidance document 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 regarding IPAC and masking; and
 - iii. Information about how to escalate concerns about homes to the RHRA via the RHRA email address and/or phone number.
- c. A process for complaints about the administration of visiting procedures and a timely process for resolving complaints.
- d. Protocols to maintain best practices for IPAC measures prior to, during and after visits.

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

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.

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.

meet the abilities of the individual. Homes should use sector best practices wherever possible.

3.1.1 Essential Visitors

Essential Visitors 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).

Essential Visitors include Essential Caregivers who 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. Essential Caregivers must be designated by the resident or if the resident is unable to do so, the resident's substitute decision maker.

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 also considered 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.

General Visitors should avoid entering the home for 10 days after COVID-19 symptom onset, if possible. If the visit is essential to the resident's mental/physical well-being, the visitors may come into the home, wearing a mask at all times.

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 Use

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

a) Essential Visitors

Essential Visitors who are health care workers, including Home and Community Care Support Services (HCCSS), 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 who are health care workers 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

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 and Outdoors

- Masks are required for staff, students, volunteers and Essential Visitors who are health care workers, including HCCSS workers based on [a point-of-care risk assessment](#).
- Masks are recommended but not required for staff and Essential Visitors who are not health care workers (e.g., families, friends, and Essential Caregivers who are not health care workers), as well as General Visitors.

Staff, students, volunteers, and Essential Visitors who are health care workers should consider masking during direct resident care to protect high-risk vulnerable residents, particularly during prolonged direct close care (within 2m for over 15 minutes).

b) Exemptions

- Exceptions to the masking requirements include 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*.
- Homes must also have policies for individuals (staff, students, volunteers and Essential Visitors who are health care workers) 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.

3.3 Screening

Passive screening is required for any individual entering the retirement home. 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 is not a required by the retirement home. 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.

In addition, the following measures should be adhered to:

- Homes should communicate to staff, students and volunteers that they should follow guidance on return-to-work protocol as captured in the Ministry of Health's [Appendix on Diseases caused by a novel coronavirus, including Coronavirus Disease 2018 \(COVID-19\), Severe Acute Respiratory Syndrome \(SARS\) and Middle East Respiratory Syndrome \(MERS\)](#).
- 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 Symptom Assessment of Residents

Residents who are symptomatic, COVID-19 cases, and close contacts must be assessed daily for signs and symptoms of COVID-19. Daily symptom assessments for asymptomatic residents are no longer required. Temperature checks are not required but may be requested during outbreaks at the advice of the PHU.

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 [Appendix on Diseases caused by a novel coronavirus, including Coronavirus Disease 2019 \(COVID-19\), Severe Acute Respiratory Syndrome \(SARS\) and Middle East Respiratory Syndrome \(MERS\)](#).

4. REQUIREMENTS FOR RESIDENT ABSENCES

There are no requirements for residents returning from an absence.

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, ORGANIZED EVENTS, COMMUNAL DINING AND RECREATIONAL SERVICES

Social gatherings, organized events, communal dining and recreational services are permitted **at all times** unless otherwise advised by the local PHU.

Participants of social gatherings, organized events, communal dining and recreational services in the retirement home are subject to the masking protocols set out in Section 3.2.3 of this guidance. Frequent hand hygiene is recommended for staff, students, volunteers, residents and visitors participating in communal activities.

Residents who are in isolation or experiencing signs and symptoms of COVID-19 must not engage in social gatherings, organized events, communal dining, and recreational services until they are no longer experiencing symptoms and have been cleared from isolation. Homes must offer residents in isolation individualized activities and social stimulation.

During outbreaks, 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

Individuals touring RHs are considered General Visitors and are to follow General Visitor rules (may be subject to restrictions during outbreaks at the advice of the PHU).

8. ACCESSIBILITY CONSIDERATIONS

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