

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

Version 5 – April 19, 2024

1. INTRODUCTION

On April 19, 2024, the Chief Medical Officer of Health (CMOH) released a memorandum to the Retirement Homes Regulatory Authority (RHRA) recommending retirement homes implement the policies, procedures and preventative measures in the *Recommendations for Outbreak Prevention and Control in Institutions and Congregate Living Settings* (Outbreak Prevention and Control Guidance) to reduce the risk of and to manage outbreaks in retirement homes. Although the Outbreak Prevention and Control Guidance is intended to be a best practice guide for institutions and Congregate Living Settings (CLSs), there may be instances during an outbreak where retirement homes must adhere to the requirements directed by their local public health unit (PHU) pursuant to section 29.2 of the Health Protection and Promotion Act R.S.O. 1990, c H.7.

The CMOH memo also recommends that retirement homes follow sector specific guidance issued by the Ministry for Seniors and Accessibility (MSAA) to retirement homes which includes this guidance. This guidance continues to provide complementary sector specific direction to retirement homes and will continue to be updated, as needed, during high-risk periods.

In addition to following this guidance, all retirement homes and staff are required to meet and comply with all applicable laws such as the *Retirement Homes Act, 2010* (RHA) and its regulation (O. Reg. 166/11), the applicable provisions of the *Occupational Health and Safety Act* and its regulations and the *Accessibility for Ontarians with Disabilities Act, 2005*.

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.

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.

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. 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 retirement homes must implement and ensure ongoing compliance with the IPAC measures set out in 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.

It is recommended that retirement homes have a COVID-19 Outbreak Preparedness Plan, according to the recommendations outlined in the MOH's Outbreak Prevention and Control Guidance.

Retirement homes must adhere to any directions from their local PHU as guided by the MOH's Outbreak Prevention and Control Guidance. 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.

Retirement homes must facilitate visits for residents and must not unreasonably deny visitors.

Retirement 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 Outbreak Prevention and Control Guidance (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 retirement 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.

2.1 Types of Visitors and Access to Retirement Homes

There are two categories of visitors: Essential Visitors and General Visitors. Retirement homes staff, students and volunteers as defined in the RHA² **are not** considered visitors.

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.

Local PHUs may require restrictions on visitors in part or all of the home, depending on the specific situation during an outbreak. 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*.

Retirement homes may reference the MOH's Outbreak Prevention and Control Guidance for further information on sector best practices to prevent and manage outbreaks.

2.1.1 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)), provide services to residents and they are considered Essential Visitors to retirement homes.

2.1.2. 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 should consider reducing the risk of infection to residents by masking and limiting direct contact. For further information, retirement homes may reference the MOH's Outbreak Prevention and Control Guidance.

2.2 Personal Protective Equipment Use

For IPAC and PPE best practices prior to and during an outbreak, retirement homes may reference the MOH's Outbreak Prevention and Control Guidance. For specific requirements for masking, retirement homes must adhere to the direction below.

Indoor and Outdoor Masking

- 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).

Masking 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*.
- Retirement 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.

2.3 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 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:

- Retirement 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 2019 \(COVID-19\), Severe Acute Respiratory Syndrome \(SARS\) and Middle East Respiratory Syndrome \(MERS\)](#).

- Retirement 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.

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.

Retirement 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 retirement 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 \(MERS\)](#).

3. REQUIREMENTS FOR ADMISSIONS AND TRANSFERS

Retirement homes may reference the recommendations and best practices related to admissions and transfers as set out in the MOH's Outbreak Prevention and Control Guidance.

4. SOCIAL GATHERINGS AND COMMUNAL DINING

For best practices on IPAC and PPE for social gatherings, organized events, communal dining and recreational activities prior to and during outbreaks, it is recommended that retirement homes follow the recommendations set out in the MOH's Outbreak Prevention and Control Guidance.