Retirement Homes Policy to Implement Directive #3

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1. INTRODUCTION

COVID-19 Directive #3 for Long-Term Care Homes (Directive #3) issued by the Chief Medical Officer of Health (CMOH) establishes requirements for infection prevention and control (IPAC) in retirement homes to ensure the health and safety of its residents and staff during the COVID-19 pandemic. Directive #3 requires retirement homes to follow the policy directions issued by the Minister of the Ministry for Seniors and Accessibility (MSAA) and the Retirement Homes Regulatory Authority (RHRA) to implement requirements in Directive #3.

All previous versions of this policy are revoked and replaced with this version. Homes must take all reasonable steps to ensure their visiting policy is guided by this policy.

This policy supplements any provincial requirements, including those set out in the Chief Medical Officer of Health's Class Order (which stipulates masking requirements for the retirement home sector), and the regulations made under that Act.

All retirement homes and staff are also required to comply with applicable provisions of the *Occupational Health and Safety Act* and its regulations.

If anything in this policy conflicts with requirements in applicable legislation or regulations or any other provincial requirements, including any applicable emergency orders, directives, directions, guidance, recommendations or advice issued by the CMOH and 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 Directive #3 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**: Allowing 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 or in an area of widespread community transmission, 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 help 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 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 high-risk and vulnerable sectors continue to implement and enforce preventive measures to protect the health and safety of residents and staff. High community transmission 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 policy. **Homes must ensure that all staff, visitors, and residents agree to**

abide by the health and safety practices contained in Directive #3 and this policy as a condition of entry into the home. Public health measures must be practiced at all times.

Pursuant to section 60 of the RHA, every retirement home in Ontario is legally required to have an IPAC program as part of their operations and to ensure that their staff has received IPAC training.

Homes must have a COVID-19 Outbreak Preparedness Plan, according to the requirements outlined under Directive #3.

In co-located long-term care and retirement homes that are not physically and operationally independent[1] the policies for the long-term care home and the retirement home should align where possible or follow the more restrictive requirements, unless otherwise directed by the local public health unit (PHU) based on COVID-19 prevention and containment. The exceptions to this requirement are the policies regarding absences, and vaccinations. For guidance on absences and vaccinations, retirement homes should follow the guidance in this policy document and applicable directives, or directions issued by the Minister of Health or the CMOH.

Homes must adhere to the requirements in any applicable directives issued by the CMOH and 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 and their vaccination status. See section 3.1 for details on different types of visitors and section 3.2 for visitor access requirements.

Homes must maintain the following minimum requirements to continue to accept any visitors:

a. Procedures for visits including but not limited to IPAC, scheduling, 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 Retirement Homes Policy to Implement Directive #3 (e.g., a digital link, or a copy upon request);
    ii. Details on any visitor or visiting restrictions (e.g., number of visitors permitted based on any capacity considerations);
    iii. Details regarding IPAC, masking, and physical distancing (2 metres separation);
    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

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

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. A process for recording all visits, including the name, contact information, date and time of visit, and resident visited for each visitor, to be kept for at least 30 days.
f. Dedicated areas for both indoor and outdoor visits to support physical distancing (2 metres separation) between residents and visitors.
g. Protocols to maintain best practices for IPAC measures prior to, during and after visits.

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 suppliesand adheres to IPAC standards, including enhanced cleaning.
d. **Physical distancing**: The home can facilitate visits in a manner aligned with physical distancing protocols (2 metres separation).

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

There are three categories of visitors: Essential Visitors, General Visitors, and Personal Care Service Providers.

3.1.1 Not Considered Visitors

Retirement home staff, students and volunteers as defined in the *Retirement Homes Act, 2010*[2] are not considered visitors.

3.1.2 Essential Visitors

[2] "Volunteer" in relation to a retirement home, means a person who works in or supplies services to thehome, 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 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).

There are two categories of Essential Visitors: Support Workers and Essential Caregivers.

a) Support Workers

A Support Worker is brought into the home to perform essential services for the home or for a resident in the home, including:

a. Regulated health care professionals under the Regulated Health Professions Act, 1991 (e.g., physicians, nurses);
b. Unregulated health care workers (e.g., personal support workers, personal/support aides, nursing/personal care attendants), including external care providers and Home and Community Care Support Service Providers (formerly LHIN providers);
c. Authorized third parties who accommodate the needs of a resident with a disability;
d. Health and safety workers, including IPAC specialists;
e. Maintenance workers;
f. Private housekeepers;
g. Inspectors; and
h. Food delivery.

Licensees are reminded to minimize unnecessary entry into the home. For example, licensees should encourage food or package delivery to the foyer for resident pick up or staff delivery.

b) Essential Caregiver

Essential Caregivers 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 even if the person would also be considered a Support Worker.

Essential Caregivers must be designated by the resident or, if the resident is unable to do so, the resident's substitute decision-maker. The designation should be made in writing to the home. The necessity of an Essential Caregiver is determined by the resident or the substitute decision maker. Homes should have a procedure for documenting Essential Caregiver designations.

Essential Caregivers must not be denied access to residents, provided that they pass active screening and PPE requirements (e.g., vaccination status should

not impact access).

In order to limit the spread of infection, a resident and/or their substitute decision-maker should only be encouraged to change the designation of their Essential Caregiver in limited circumstances, including in response to:

a. A change in the resident's care needs that is reflected in the plan of care;
b. A change in the availability of a designated Essential Caregiver; and/or
c. Due to the vaccination status of the designated Essential Caregiver.

3.1.3 General Visitor

A General Visitor is a person who is not an Essential Visitor and visits:

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.

3.1.4 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.

3.2 Access to Homes

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 policy if there is a conflict.

All visitors to the home must follow public health measures (e.g., active screening, wearing a medical mask while indoors, IPAC, and maintaining physical distancing) for the duration of their visit in the home.

If an area in a home is in outbreak, eye protection is required when providing direct care to residents.

Residents who are not isolating may receive Essential Visitors, General Visitors, and Personal Care Service Providers if they are not living in the outbreak area of a home.

Residents who are isolating under Contact and Droplet Precautions may only receive Essential Visitors.

When a resident is isolating, 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.

3.2.1 Essential Visitors

Essential Visitors are **permitted regardless of vaccination status** if they pass active screening.

Essential Visitors may visit a resident who is isolating, but must follow public health measures (e.g., hand hygiene and masking) for the duration of visit.

External Care Providers (ECPs): 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 Essential Visitors to retirement homes and must comply with the requirements under CMOH's Directive #3 and this policy.

3.2.2 General Visitors

General Visitors are **permitted regardless of vaccination status** if they pass active screening.

General Visitors are permitted unless a resident is isolating and on Droplet and Contact Precautions, or the home is advised by the local PHU to stop general visits (e.g., during an outbreak).

To further limit risk to residents, General Visitors who have symptoms of COVID-19, have tested positive for it or who are close contacts of someone with COVID-19, including those with a household member who is symptomatic, should avoid visiting homes for **10 days from the onset of symptoms or from receiving a positive test result or from the date of their last exposure (whichever is earlier).**

The number of General Visitors should be **based on the capacity of the location** where the visit will take place and should allow sufficient space for physical distancing.

For all visits, sufficient space must be available to allow for physical distancing. In addition, **contact visits are allowed** for all General Visitors regardless of vaccination status.

For all visits with General Visitors, homes should have the following measures in

place:

- Homes should ensure equitable visitor access for those residents who are not isolating.
- Visits should be booked in advance.
- General Visitors must wear a medical mask while indoors, maintain physical distancing, and perform hand hygiene for the entire duration of their visit.
- Residents should be strongly encouraged to wear a mask for the duration of the visit while indoors and must wear a mask while in common areas. Opening windows should be considered for indoor and in-suite visits to allow for air circulation.

3.2.3 Personal Care Service Providers

Personal Care Service Providers who are visiting or work in a retirement home are permitted to provide services in alignment with provincial requirements if they pass active screening

When providing services, Personal Care Service Providers must:

- Follow required public health and IPAC measures for Personal Care Service Providers and those of the home;
- Wear a medical mask for the duration of their time at the home;
- Only provide services to residents who are wearing a medical mask, except for where this is not tolerated by residents, or in the case of dental procedures;
- Practice hand hygiene and conduct environmental cleaning after each appointment; and
- Document all residents served and maintain this list for at least 30 days to support outbreak management.

The number of Personal Care Service Providers should be based on the capacity of the location where the service will take place and should allow for sufficient space for physical distancing between providers.

3.3 Screening Visitors for COVID-19

There are three layers of screening that homes use to prevent and manage outbreak: Active Screening, Asymptomatic Testing, and Safety Review (for proper use of PPE).

3.3.1 Active Screening

Homes should have an established process for active screening that is communicated to anyone entering the home.

All Visitors must be actively screened to be permitted entry including for

outdoor visits. Homes must follow the Ministry of Health's COVID-19 Screening Tool for Long-Term Care Homes and Retirement Homes, effective March 18, 2022 or as current, for the minimum active screening requirements and exemptions to them.

Homes should incorporate options for how active screening will be conducted (e.g., prearrival submission of online screening or in person on arrival). Homes may use mobile apps or other tools to facilitate active screening. However, all persons entering the home should be logged and their screening results documented prior to being permitted entry. For example, a staff or visitor may complete an online screening tool and have theirresults sent electronically to the screener or demonstrate their results to the screener prior to entry.

Any staff or visitor who fails active screening must not be allowed to enter the home, must be advised to follow current case and contact recommendations and must be encouraged to be tested.

- Visitors are **not permitted access** if they do not pass screening, but homes should have a protocol in place that assesses entry on a case-by-case basis which includes the assurance that resident care can be maintained if entry is refused.

Exemptions to active screening apply to first responders and visitors for imminently palliative residents who are not required to pass screening but must remain masked and maintain physical distance from other residents and staff.

Homes should document entry of all persons to the home and their screening results. Documentation must be retained for at least 30 days and be readily available to the local PHU for outbreak management purposes. This should include screening results based on the requirements underDirective #3 and the safety review outlined below in sections 3.3.3 and 3.3.4.

3.3.2 Asymptomatic Testing

Testing requirements outlined in the Letter of Instructions issued by the Chief Medical Officer of Health were lifted effective March 14, 2022. For more information on asymptomatic testing refer to RHRA's recommendation released on March 14, 2022.

3.3.3 Test to Work

Staff who work and/or live in retirement homes must notify their employer when:

- They have had a close[3] contact with a person who has tested positive for COVID-19.
- When they are in ongoing close contact with and are not able to effectively isolate away from a COVID-19 case (e.g., providing care to a COVID-19 positive household member).
- When they have received a positive COVID-19 test result or have symptoms of COVID-19 (i.e., are a confirmed or suspect COVID-19 case).

Based on the Ministry of Health's Management of Cases and Contacts of COVID-19 in Ontario retirement home staff who have COVID-19 ("cases" whether confirmed by testing or assumed on the basis of symptoms) or who have had close contacts with an individual who tested positive for COVID-19 ("close contacts") must not attend work for 10 days from symptom onset/positive test or last exposure[4] to a case if a close contact.

Retirement Homes that May Implement Test to Work

In high-risk settings such as retirement homes, "Test to Work" may be implemented to manage return to work for staff who are cases of or close contacts of cases of COVID-19, both in routine operations and as part of mitigating critical staffing shortages, and without requiring the approval of the local PHU.

Retirement homes should consult with the workplace joint health and safety committee about the measures and procedures that are being taken for workplace safety.

Staffing Options

- The following table outlines progressive levels of risk options for staffing with early return of COVID-19 cases and close contacts with cases of COVID-19. When available, use of testing options is preferred to other options. Asymptomatic close contacts should be prioritized for return to work over positive COVID-19 cases.
- The lowest-risk staffing option includes test-based return to work of contacts that **should be used first and can be used for routine operations when there are no staffing shortages.**
- If staffing shortages are impacting care, the lowest-risk staffing option should be exhausted prior to progressing to options with more risk of COVID-19 transmission.

[3] Close contact means you were in close proximity (less than 2 metres) to a COVID-19 positive person for at least 15 minutes or for multiple short periods of time without appropriate measures such as masking and use of personal protective equipment and in the period of time 48 hours prior to that individual's symptom onset (or positive test result if they were asymptomatic) and until they started isolating.
[4] Last exposure would be the last time they interacted with the COVID-19 case during the COVID-19 case's isolation period.

- Retirement homes are responsible for implementing the early return to work option that would best serve the needs of the home, including balancing the risk of insufficient staffing to residents.

	Asymptomatic Close Contact with Testing Available	**Asymptomatic Close Contact with Testing not available**	**Positive COVID-19 Cases with or Without Testing Available**
Lowest Risk Staffing Option (For Routine Operations)	• Return to work after a negative molecular test (e.g. PCR, rapid molecular) collected on/after day 5 from last exposure. **OR** • Return to work following a negative molecular test (e.g. PCR, rapid molecular) prior to first shift (if collected before day 5) **AND** perform daily RAT for 10 days after last exposure **or** until a second negative molecular test is collected on/after day 5 from last exposure.	• Return to work after 10 days from last exposure to the case.	• Return to work after 10 days from symptom onset or initial positive test (whichever is earliest). **OR** • Return to work after single negative molecular test (e.g. PCR, rapid molecular) or two negative RATs collected 24 hours apart any time prior to 10 days. **AND** • No fever and symptoms must be improving for 24 hours (48 hours if vomiting/diarrhea).

	Asymptomatic Close Contact with Testing Available	Asymptomatic Close Contact with Testing not available	Positive COVID-19 Cases with or Without Testing Available
Moderate Risk Staffing Options (For Critical Staffing Shortages)	• Return to work after two negative RATs collected 24 hours apart. **AND** • Continue daily RATs for 10 days after last exposure **OR** until a negative molecular test (e.g. PCR, rapid molecular) is collected on/after day 5 from last exposure.	• Return to work on day 7 from last exposure, with workplace measures for reducing risk ofexposure until day 10.	• Return to work on day 7 from symptom onset or initial positive test (whichever is earliest) without testing AND if ONLY caring for COVID-19 positive residents. **AND** • No fever and symptoms must be improving for 24 hours(48 hours if vomiting/diarrhea).
Higher Risk Staffing Options (For Critical Staffing Shortages)	• Return to work after a single negative RAT prior to shift. **AND** • Continue daily RATs for 10 days after last exposure **OR** until a negative molecular (e.g., PCR, rapid molecular) test is collected on/after day 5 from last exposure.	• Return to work on day 5 after last exposure and continue workplace measures for reducing risk ofexposure until day 10.	• This option is only to be used in dire staffing situations after all other options have been exhausted and with appropriate IPAC in place. • Return to work earlier than day 7 (e.g., day 5 or6) without testing AND if working ONLY with COVID-19 positive residents. **AND** • No fever and symptoms must be improving for 24 hours (48 hours if vomiting/diarrhea).

Workplace Measures for Reducing Risk of Exposure under Critical Staffing Shortages (Moderate Risk and High-Risk Staffing Options)

- Where possible, avoid assigning staff on early return to work to vulnerable residents (e.g., immunocompromised, unvaccinated).
- PPE and IPAC practices should be reviewed (including audits) to ensure meticulous attention to measures for staff on early return to work.
- Prioritize cohorting of staff who are early returned cases to working with COVID-19 positive patients only, due to their residual risk of transmission.
- Additional workplace measures for individuals on early return to work may include:
    - Active screening ahead of each shift.
    - Individuals on early return to work should not remove their mask when in the presence of other staff to reduce exposure to co-workers (i.e. not eating meals/drinking in a shared space such as conference room or lunch room).
    - Working in only one facility, where possible.
    - Ensuring well-fitting source control masking for the staff on early return to work to reduce the risk of transmission (e.g. a well fitting medical mask or fit or non-fit tested N95 respirators or KN95s).

Administrative Considerations for Selecting Staff for Return to Work under Critical Staffing Shortages (Moderate Risk and High-Risk Options)

- The fewest number of staff who are close contacts or who are COVID-19 cases should return to work early to allow for business continuity and safe operations.
- Staff who are nearest to completion of their isolation period should be returned first.
- Where possible, preferential return to work for those who have received all recommended doses of the COVID-19 vaccine (including booster doses) should be considered.
- Those who have an exposure to a COVID-19 case that does **not** live with them should be prioritized to return before those who have ongoing exposure to a household member with COVID-19.

3.3.4. Training and Best Practices

a. Safety Review

i. Safety Review – General Visitor and Personal Care Service Provider

Prior to visiting any resident for the first time, and at least once every month thereafter, homes should ask General Visitors and PersonalCare Service Providers, regardless of vaccination status, to verbally attest to the home that they have:

- Read/Re-Read the following documents:
    - The home's visitor policy; and
    - Public Health Ontario's document entitled *Recommended Steps: Putting on Personal Protective Equipment (PPE).*

- Watched/Re-watched the following Public Health Ontario videos:
    - Putting on Full Personal Protective Equipment;
    - Taking off Full Personal Protective Equipment; and
    - How to Hand Wash.

ii. Safety Review – Essential Visitors

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

For homes not in outbreak, prior to visiting any resident for the first time, and at least once every month thereafter, homes must ask Essential Caregivers and Support Workers to verbally attest to the home that they have:

- Read/Re-Read the following documents:
    - The home's visitor policy; and
    - Public Health Ontario's document entitled *Recommended Steps: Putting on Personal Protective Equipment (PPE).*

- Watched/Re-watched the following Public Health Ontario videos:
    - Putting on Full Personal Protective Equipment;
    - Taking off Full Personal Protective Equipment; and
    - How to Hand Wash.

b. Personal Protective Equipment

Visitors must wear PPE as required in Directive #3, which requires retirement homes to follow Directive #5 for Hospitals and Long-Term Care Homes.

i. Essential Visitors

Support Workers are responsible for bringing their own PPE to comply with requirements for Essential Visitors as outlined in Directive #3. Retirement homes should provide access to PPE to Essential Caregivers 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.

ii. General Visitors and Personal Care Service Providers

All General Visitors and Personal Care Service Providers must wear a medical mask for indoor visits and are responsible for bringing their own mask. General Visitors are not required to wear a mask while outdoors.

General Visitors and Personal Care Service Providers must attest to having read the documents and watched the videos on PPE, as described in Section 3.3.4. 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.

4. REQUIREMENTS FOR ABSENCES

For all types of absences, residents must be provided with a medical maskfree of charge if they are unable to source one and reminded to practice public health measures, such as physical distancing (2 metres separation) and hand hygiene, while they are away from the home. Additionally, all residents on an absence, regardless of type or duration of the absence, must be actively screened upon their return to the home.

4.1 Types of Absences

There are four types of absences:

1. **Medical absences** – absences to seek medical and/or health care.

2. **Compassionate/palliative absences** – absences that include, but are not limited to, absences for the purposes of visiting a dying loved one.

3. **Short term (day) absences** – can be split into:
    i. **Essential outings** – absences for reasons of groceries, pharmacies, and outdoor physical activity; and

    ii. **Social outings** – absences other than for medical, compassionate/palliative, or essential outings.

4. **Temporary (overnight) absences** refer to absences for two or more days and one or more nights away from the home for non-medical purposes.

4.2 Absence Requirements

In alignment with Directive #3, 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, exposure, and/or diagnosis

of COVID-19) or when the home is in outbreak. Homes should consult their local PHU for their advice.

Residents are permitted to go on Essential Outings, including walks either on or off the premises, at all times except when that resident is isolating and on Droplet and Contact Precautions, or as directed by the local PHU.

Residents may not be permitted to start Short Term (Day) Absences and Temporary (Overnight) Absences if the resident is isolating on additional precautions, or when advised by public health.

Any resident who has been in close contact with an individual who is positive for COVID-19 or symptomatic following a short-term or temporary absence should be managed as a close contact as per the Ministry of Health COVID-19 Guidance: Long-Term Care Homes and Retirement Homes for Public Health Units.

The table below outlines requirements for Short Term (Day) Absences and Temporary (Overnight) Absences.

Absences	Requirements
Short Term (Day) Absence Essential outingand Social outing	• Homes must allow short term absences regardless of reason. Public health units may direct restrictions on absences for residents in isolation and on droplet and contact precautions. • Residents must follow public health measures during the absence. • Active screening is required on return. • Testing is not required for residents upon return from a short term (day) absence unless they have been in close contact to a known COVID-19 case.

Temporary (Overnight) Absence	• Homes must allow overnight absences regardless of reason. Public health units may direct restrictions on absences for residents in isolation and on droplet and contact precautions. • Residents must follow public health measures during the absence. • Active screening on return. • All residents, regardless of vaccination status, are required to perform a RAT and a PCR test on day 5 of return. No isolation is required unless the resident receives a positive test result or is symptomatic. If a timely PCR test is not available, 2 RATs 24 hours apart may be used as an alternative (i.e., on day 5 and day 6 of return). • Homes must not deny entry to residents into their home while awaiting testing results and must not impose isolation of residents.

5. REQUIREMENTS FOR ADMISSIONS AND TRANSFERS

All residents who are being admitted or transferred to a home must undergo screening. A resident being admitted or transferred, regardless of their COVID-19 vaccination status, who is identified as having symptoms, exposure, and/or diagnosis of COVID-19 must be isolated and placed on Additional Precautions, and managed as per the Management of Cases and Contacts of COVID-19 in Ontario in addition to the requirements below.

Homes must have policies and procedures to accept new admissions, as well as transfers of residents from other health care facilities back to the home, that balance the dignity of the resident against the overall health and safety of the home's staff and residents.

- Admissions and transfers to an **outbreak floor/unit** of the receiving home should be avoided if:
    - There is a newly declared outbreak where there is an ongoing investigation;
    - There are new cases beyond known contact; or
    - The floor/unit has residents who are unable to follow public health measures.

- If necessary, **residents who were NOT exposed to COVID-19 at a home in active outbreak from which they are transferring (uncontrolled/uncontained) may be transferred to the new home if:**
    - The resident is up to date on their COVID-19 vaccinations;

- The resident (or decision-maker) is aware of the risks;
- The resident is admitted/transferred to a private room;
- The resident is asymptomatic on discharge from the acute care facility; and
- The resident has been isolated until the outbreak in the home from which they are transferring is contained and the PHU has determined that isolation may be safely discontinued.

- For transfers from another retirement home or healthcare facility that is not in outbreak, regardless of vaccination status, the requirement is to screen on arrival and test on day 5 (molecular test). Isolation is not required unless the individual tests positive on day 5 (treat as a case).

- For admissions from the community, regardless of vaccination status, the requirement is to screen and test (molecular test) prior to admissions (i.e., within 24 hours of admission) **or** on arrival (i.e., day 0) and on day 5 (molecular test). Isolation is required until a negative day 0 test result is received.

NOTE: in the absence of access to timely molecular testing, 2 consecutive negative rapid antigen tests taken at least 24 hours apart may be used starting on day 5 (i.e., day 5 and day 6 testing).

- For admission and transfers from a **healthcare facility that is in outbreak:**
  - **Consultation with PHU is not required if the resident has:**
    - Recovered from COVID-19 in the last 90 days (isolation not required, monitor for symptoms);
    - Been exposed to COVID-19 in their home prior to admission to the hospital and are still within their isolation period following exposure (treat as high-risk); or
    - Not been exposed to COVID-19 in their home prior to hospital admission or during their hospital admission.

  - **Consultation with PHU is required if a:**
    - COVID-19 positive resident is returning to a home NOT in outbreak;
    - Symptomatic resident is returning to a home NOT in outbreak (without negative PCR result);
    - Non-COVID-19 resident from a hospital is returning to a home with an active (uncontrolled/uncontained) outbreak;
    - Resident who is unable to access a private room; or
    - Resident who is not vaccinated and boosted (3rd or 4th dose).

Individuals requiring isolation must be placed in a single room. Where single rooms are not available, semi-private rooms can be used provided that there is adequate space (minimum 2 metres) between beds. Please refer to Directive #3 for best practices on accommodations.

For more details on requirements for admissions and transfers, please refer to Ministry

of Health's COVID-19 Guidance: Long-Term Care Homes and Retirement Homes for Public Health Units, effective February 3, 2022 or as current.

6. REQUIREMENTS FOR SOCIAL GATHERINGS, DINING AND RECREATIONAL SERVICES

It is strongly recommended that retirement homes keep attendance records for all social activities, organized events, gatherings, communal dining, and other recreational activities to help facilitate outbreak management should there be a positive case of COVID-19.

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, except for the following restrictions:

All social gatherings and organized events must include the following measures:

- Staff, Essential Visitors and General Visitors must wear a medical mask (e.g. respirators are allowed), must pass active screening and should physically distance (2 metres separation) from residents, other staff and other visitors unless providing direct care or support to a resident.
- Residents must wear a medical mask in common areas, when unable to physically distance and unless subject to a masking exemption. For additional information on masking requirements and masking exceptions, please refer to the Class Order.
- Classes and social activities should be limited to ventilated rooms (e.g. with open windows and HEPA air purifiers).
- The number of participants should be based on the capacity of the location where the activities will take place and should allow sufficient space for physical distancing between participants.

Residents who are in isolation or experiencing signs and symptoms of COVID-19 must not engage in social gatherings or organized events until they have tested negative for COVID-19, 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 is permitted **at all times** with the following public health measures in place:

Resident Precautions:

- Residents must wear a medical mask in common areas (unless eating or drinking), when unable to physically distance and unless subject to a masking exemption. For additional information on masking requirements and masking exceptions, please refer to the Class Order.
- Frequent hand hygiene is recommended.

Staff Precautions:

- Universal masking is required.
- Frequent hand hygiene is required.
- Maintain physical distancing (2 metres separation) from residents (when not serving) and other staff, if possible.

Buffet and shared dish meal service are **permitted**.

Visitors must be masked when not eating or drinking and must maintain physical distancing from other residents and staff.

Retirement homes must ensure residents who are experiencing signs and symptoms of COVID-19 do not participate in communal dining until the resident has tested negative for COVID-19, 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.**

- For indoor and outdoor recreational services staff are strongly encouraged to physically distance and must wear a medical mask.
- Residents must wear a medical mask in common areas, when unable to physically distance and unless subject to a masking exemption. For additional information on masking requirements and masking exceptions, please refer to the Class Order.

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

At the discretion of the PHU and where operationally feasible for the home:

- Group activities, dining, and other social gatherings may continue/resume in areas of the home (e.g., floors/units) not affected by the outbreak.
- Group activities/gatherings within an outbreak area of the home (e.g., floors/units) may continue/resume for specific cohorts (e.g., previously infected with COVID-19). Considerations may include whether:
    - Appropriate staff cohorting can be maintained;
    - There have been no concerns raised on the IPAC audits of the homes that are unaddressed; and
    - Residents within the cohort are able to adhere to public health measures (e.g., masking).
- Activities for residents in isolation may continue or resume. For example:
    - 1:1 walks in an empty hallway with a high-risk contact or case and staff or Essential Caregiver, both with appropriate use of masking or PPE.
    - Staff or Essential Caregiver supported visits to a designated room other than the residents' room where others are not occupying or travelling through.

7. REQUIREMENTS FOR RETIREMENT HOME TOURS

Prospective residents may be offered in-person, targeted tours of suites at any time. These tours must adhere to the following precautions:

- All tour participants are subject to the General Visitor screening and PPE requirements outlined in this document (e.g., active screening, wearing a medical mask, IPAC, maintaining physical distancing).
- The tour groups should not exceed the number of permitted indoor visitors.

All in-person tours should be paused if a home goes into outbreak, unless permitted by the local PHU.

8. ACCESSIBILITY CONSIDERATIONS

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