COVID-19 guidance document for long-term care homes in Ontario

Learn more about requirements for long-term care homes with respect to COVID-19.

On this page

Highlight of changes

As of June 11, 2022, the following changes have been made to this document:

The Minister of Long-Term Care issued the Minister's Directive: COVID-19 response measures for long-term care homes under the *Fixing Long-Term Care Act, 2021*, effective April 27, 2022 ("the Minister's Directive"). The Minister's Directive requires that licensees comply with provisions contained within this guidance document, as set out in the Minister's Directive.

As of June 11, 2022, Directive #3 for Long-Term Care Homes issued by the Chief Medical Officer of Health (CMOH) under the *Health Protection and Promotion Act* will be revoked. Therefore, the Ministry of Long-Term Care (MLTC) is providing updates to the

measures set out in this guidance document to remove references to Directive #3 and include any applicable provisions.

Purpose

The purpose of this document is to provide licensees of long-term care homes, as defined in the *Fixing Long-Term Care Act, 2021* (the Act), with general information on enforceable requirements set out by the Province of Ontario with respect to the COVID-19 pandemic, including those set out in the Minister's Directive issued by the Minister of Long-Term Care, and to help homes in developing approaches for operating safely while providing the greatest possible opportunities for maximizing resident quality of life.

This document is to be followed in conjunction with any applicable legislation, directives, and orders and is not intended as a substitute and does not constitute legal advice. This document should be followed unless there are reasonable health and safety reasons to exercise discretion as ordered by the local public health unit. Where homes are undertaking COVID-19 measures that exceed the requirements in this document or the applicable legislation, directives, and orders, it is expected that the home will consult with their local public health unit, their Residents' Council and Family Council prior to implementation.

In the event of any conflict between this document and any applicable legislation, directive, or order, the legislation, directive, or order prevails. Additionally, this document is not intended to take the place of medical advice, diagnosis, or treatment.

For the purpose of interpreting this document, "up-to-date" with COVID-19 vaccines has the same meaning as the current version of Staying Up to Date with COVID-19 Vaccines: Recommended Doses. COVID-19 SARS-CoV-2, the virus which causes COVID-19, primarily spreads from one person to another when an infected person breathes, talks, coughs, or sneezes and releases respiratory emissions of different sized virus-laden particles into the air.

There is not one specific measure that will prevent SARS-CoV-2 transmission. However, the use of multiple layers of prevention provides the best protection, especially when people cannot avoid closed spaces, crowded places, and close contact.

Recalibrated approach

With the steps being taken to re-open Ontario, including easing measures for long-term care homes, the ministry is shifting public health measures in the long-term care sector to a stabilization and recovery emphasis while ensuring preparedness in case of another wave. The key approach is to further rebalance the risks associated with COVID-19 against the risks that measures present to residents' overall health and well-being. The Ministry continues to work with the Office of the Chief Medical Officer of Health (OCMOH) to monitor trends and will respond as necessary to any new or emerging issues related to the pandemic, such as a new variant of concern.

Up-to-date information and evidence regarding variants of concern can be found on Public Health Ontario's website.

COVID-19 vaccination

The vaccination program in long-term care homes has been a tremendous success, with staff, residents, and family members having stepped up to get vaccinated to protect themselves and each other.

The now revoked Minister's Directive on Long-Term Care Home COVID-19 Immunization Policy was instituted at a specific point in time of the pandemic to ensure all long-term care homes had a vaccine policy in place that met specific criteria. Revoking this Minister's Directive signaled a shift from a provincial directive back to the Ministry taking a guidance-based approach that supports licensees with their employer-led policies and promotes best practices.

Vaccination policies

Long-term care licensees retain the ability to impose vaccination requirements for existing and new staff, students, and volunteers, provided they comply with all applicable laws, such as the *Human Rights Code*.

In addition, nothing prevents licensees from having proof-of-vaccination requirements for caregivers, general visitors and support workers provided the licensee's requirements are consistent with the *Fixing Long-Term Care Act, 2021,* including the Residents' Bill of Rights and section 5 of the Act (right to a safe and secure home), and O. Reg. 246/22: General, and comply with all other applicable laws including the *Human Rights Code*.

While licensees have the ability to develop their own proof-of-vaccination policies, to ensure that residents are not unreasonably restricted from having visitors in accordance with the Residents' Bill of Rights, vaccination policies must not apply to outdoor visitors or to visitors under the age of 5 (who are not yet eligible to be vaccinated). Licensees should engage with their Residents' Council, Family Council, and local public health unit to inform their policies, review their policies regularly to ensure they are supported by the most current clinical advice, and seek independent legal advice as needed regarding their ongoing policies.

To augment continued vaccination policies, long-term care homes are strongly encouraged to consider best practices regarding promoting awareness of the benefits of vaccination, ensuring the most current information regarding booster eligibility is available, and offering on site vaccination.

Best practices

<u>Promoting awareness of the benefits of vaccination</u>

There continues to be an increased risk for severe outcomes as a result of COVID-19 in the elderly population due to age and underlying medical conditions, particularly in

shared living spaces like long-term care homes. Vaccination remains the best defense against COVID-19.

Regardless of a home's specific vaccination policy, all individuals entering long-term care homes, including residents, staff, caregivers, and visitors, are strongly encouraged to get vaccinated and stay up-to-date with all recommended COVID-19 doses. All vaccines provided as part of Ontario's vaccine rollout are safe and effective.

COVID-19 vaccine booster doses help to increase protection against symptomatic infection and severe outcomes at the individual level and help to reduce transmission at the population level. Evidence shows that vaccine effectiveness against symptomatic infection wanes over time, with little to no protective effect six months after the second dose, and that protection from infection is restored shortly after receiving a booster dose to between 50 and 70%. Additionally, evidence shows that booster doses are highly effective against severe outcomes, including hospitalizations and death. The more people who have up-to-date COVID-19 vaccinations, the lower the risk of infection and the lower the chance that COVID-19 will enter homes and affect the lives of residents.

For more information on recommended doses of COVID-19 vaccine, please review the Ministry of Health's guidance document Staying Up to Date with COVID-19 Vaccines: Recommended Doses. Additional information about COVID-19 vaccination can also be found online on the COVID-19 vaccines for Ontario website.

Eligibility for booster doses

Currently, residents of long-term care homes are eligible for a fourth dose of an mRNA vaccine if at least three months have passed since their third dose. Residents who have not yet received their third or fourth dose are likely becoming increasingly susceptible to COVID-19 infection due to waning immunity and should be strongly encouraged to get booster doses.

All adults are eligible for a booster dose of an mRNA vaccine if at least three months have passed since their second dose, and youth aged 12-17 are eligible six months after their second dose.

Onsite vaccination

Onsite vaccine administration by homes remains the preferred approach to ensure vaccines can get to residents, caregivers, and staff as quickly as possible. Homes that are set up for self-administration of COVID-19 vaccines should work with their local public health units to request vaccine and relevant ancillary supplies for administering vaccine doses to residents, staff, and caregivers onsite.

Homes that are not yet set-up for self-administration are asked to either take the necessary steps to onboard for self-administration, or consider other avenues for administering vaccines onsite, such as working with their local public health unit to arrange for a local pharmacy, community family physicians, or Emergency Medical Services staff to administer boosters.

Onsite vaccine administration should be inclusive of residents, staff, and caregivers regardless of whether the home is administering or another partner. Notwithstanding the benefits of onsite administration, homes should also continue to strongly encourage staff and caregivers to leverage resources available in the community to get their booster dose as soon as they are eligible. Staff and caregivers can book booster appointments on the provincial COVID-19 vaccination portal, by calling the Provincial Vaccine Contact Centre at 1-833-943-3900, or through select pharmacies and primary care settings. Homes are also encouraged to support staff and remove any barriers to getting a booster (e.g., support paid time to go to a vaccine appointment).

Infection prevention and control (IPAC) practices

The importance of ongoing adherence to strong and consistent IPAC processes and practices cannot be overstated. It is critical that homes strive to prevent and limit the

spread of COVID-19 by ensuring that strong and consistent IPAC practices are implemented and continuously reviewed. Appropriate and effective IPAC practices must be carried out by all people attending or living in the home, at all times, regardless of whether there are cases of COVID-19 in the home or not, and regardless of the vaccination status of an individual. Licensees are required to implement requirements of the recently released Infection Prevention and Control Standard for Long-Term Care Homes [EN FR (PDF)] for IPAC programming, in addition to the requirements outlined in this guidance document.

IPAC audits

Per section 1.1 of the Minister's Directive, licensees, in consultation with their joint health and safety committees or health and safety representatives if any, shall ensure measures are taken to prepare for and respond to a COVID-19 outbreak, including ensuring the development and implementation of a COVID-19 Outbreak Preparedness Plan. This plan must, among other things, include conducting regular IPAC audits in accordance with this guidance document.

Homes must complete IPAC audits every two weeks unless in outbreak. When a home is in outbreak IPAC audits must be completed weekly.

Homes are reminded that IPAC audits should be rotated across shifts, including evenings and weekends.

At minimum, homes must include in their audit the PHO's COVID-19: Self-Assessment Audit Tool for Long-Term Care Homes and Retirement Homes.

Results of the IPAC audit should be kept for at least 30 days and shared with inspectors from the Public Health Unit, Ministry of Labour, Training and Skills Development, and or MLTC upon request.

General IPAC requirements

As a reminder, licensees are subject to section 23 of the Act, which requires that every home have an IPAC program. Details of IPAC program requirements can be found in the IPAC Standard for Long-Term Care Homes [EN FR (PDF)]. Additionally, section 102 of O. Reg. 246/22 contains additional requirements, including that homes are to follow an interdisciplinary team approach in the coordination and implementation of the IPAC program and that every long-term care home must have a designated IPAC lead. The importance of ongoing adherence to strong IPAC processes and practices cannot be overstated.

Please see the Minister's Directive for the full set of IPAC requirements including personal protective equipment (PPE) requirements.

Everyone in a long-term care home, whether staff, student, volunteer, caregiver, support worker, general visitor, or resident, has a responsibility to ensure the ongoing health and safety of all by practicing these measures at all times.

Licensees should ensure that they have adequate stock levels of all supplies and materials required on a day-to-day basis regardless of outbreak status.

For further guidance on best practices related to IPAC, refer to the following Public Health Ontario websites:

- Infection Prevention and Control for Long-Term Care Homes: Summary of Key Principles and Best Practices
- COVID-19: Infection Prevention and Control Checklist for Long-Term Care and Retirement Homes
- Heating, Ventilation and Air Conditioning (HVAC) Systems in Buildings and COVID-19

Physical distancing

Per section 1.3 of the Minister's Directive, licensees are required to ensure that the physical distancing requirements as set out in this guidance document are followed.

Homes must ensure that physical distancing (a minimum of two metres or six feet) is practiced by all individuals at all times, except for the purposes of providing direct care to a resident or when the following **exceptions** apply:

- between residents and their visitors
- between residents in one-on-one or in small group settings
- for the purposes of compassionate or end-of-life visits
- while providing personal care services (for example, haircutting)
- between staff and clients of Adult Day Programs that take place on the site of a long-term care home

Masking

Per section 1.2 of the Minister's Directive, licensees are required to ensure that the masking requirements as set out in this guidance document are followed.

- Homes must ensure that all staff, students, volunteers, and visitors (general or essential) wear a medical mask for the entire duration of their shift or visit indoors regardless of their immunization status (including in the resident's room). These requirements also apply regardless of whether the home is in an outbreak or not.
- Masks are not required outdoors for staff, residents, students, volunteers or visitors (general or essential), however outdoor masking is still recommended and encouraged where tolerated as an added layer of protection when in close proximity to others.
- Removal of masks for the purposes of eating should be restricted to areas designated by the home.

For residents: homes are required to have policies regarding masking for residents. While there is no requirement for residents to wear a mask inside of the home, 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.

For staff: homes must ensure that all staff comply with masking requirements at all times, even when they are not delivering direct patient care, including in administrative areas. During their breaks, to prevent staff-to-staff transmission of COVID-19, staff must remain two metres away from others at all times and be physically distanced before removing their medical mask for eating and drinking. Masks must not be removed when staff are interacting with residents or in designated resident areas.

Exceptions to the masking requirements are:

- children who are younger than two years of age;
- any individual (staff, visitor or resident) who is being accommodated in accordance with the *Accessibility for Ontarians with Disabilities Act, 2005* or the Ontario *Human Rights Code;*
- if entertainment provided by a live performer (that is, a visitor) 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
- are unable to put on or remove their mask without assistance from another person

Eye Protection: from an occupational health and safety perspective, regardless of their COVID-19 vaccination status, appropriate eye protection (for example, goggles or face shield) is required for all staff and essential visitors when providing care to residents

with suspected or confirmed COVID-19 and in the provision of direct care within two metres of residents in an outbreak area. In all other circumstances, the use of eye protection by staff is based on the point-of-care risk assessment when within two metres of a resident.

Activities

Communal dining

Communal dining is an important part of many homes' social environment.

All long-term care homes may provide communal dining with the following precautions:

- when not eating or drinking, residents should be encouraged to wear a mask where possible or tolerated
- caregivers and general visitors may accompany a resident for meals to assist them with eating; however, caregivers or general visitors must remain masked at all times and not join in the meal
- frequent hand hygiene of residents, and staff, general visitors, caregivers, and volunteers assisting residents with eating must be undertaken

Unless otherwise directed by the local public health unit, homes may offer buffet or family-style service, including during regular daily meals and as part of special occasions or celebrations (for example, to celebrate a holiday).

Group activities: organized events and social gatherings

Homes are to provide opportunities for residents to gather for group activities including for social purposes, physical activities, hobbies and crafts, celebrations such as for birthdays, and religious ceremonies and practices consistent with licensees' requirement to ensure that there is an organized program for the home to ensure that residents are given reasonable opportunity to practice their religious and spiritual

beliefs, and to observe the requirements of those beliefs, pursuant to section 18 of the Act.

Social group activities can be increased in size (more than 10). However, larger social group activities where potential crowding can occur should continue to be avoided, and IPAC measures must continue to be followed by staff, residents, and visitors to promote safety and wellbeing (for example, masking, physical distancing, good ventilation, etc.). General visitors and caregivers may join residents during the activities in all homes while indoors, unless otherwise directed by the local public health unit.

What happens in an outbreak?

Per section 3 of the Minister's Directive, licensees are required to ensure that the cohorting requirements for staff, students, volunteers and residents as set out in this guidance document are followed.

In the event of a COVID-19 outbreak, residents must be cohorted for all non-essential activities including communal dining, organized events, and social gatherings. Different cohorts are not to be mixed, and residents from different cohorts should not visit one another. Homes must also follow the cohorting practices in the COVID-19 Guidance: Long-Term Care Homes and Retirement Homes for Public Health Units.

What happens when a resident is isolating or fails screening?

Residents in isolation or who fail screening are not to join in group organized events, activities, dining, or social gatherings. However, homes should attempt to have these residents join-in virtually where possible to provide these residents with an alternative to in-person social interaction.

COVID-19 screening

Per section 9 of the Minister's Directive, licensees are required to ensure that the COVID-19 screening requirements as set out in this guidance document are followed.

Homes must ensure that all individuals are actively screened for symptoms and exposure history for COVID-19 before they are allowed to enter the home, including for outdoor visits. Homes must follow the Ministry of Health's COVID-19 Screening Tool for Long-Term Care Homes and Retirement Homes, for minimum requirements and exemptions regarding active screening.

For clarity, staff and visitors must be actively screened once per day at the beginning of their shift or visit.

Exception: first responders must be permitted entry without screening in emergency situations.

Any resident returning to the home following an absence who fails active screening must be permitted entry but isolated on additional precautions and tested for COVID-19 as per the Management of Cases and Contacts of COVID-19 in Ontario.

Any staff or visitor who fails active screening (such as, having symptoms of COVID-19 or having had contact with someone who has COVID-19) must not be allowed to enter the home. They should be advised that they should immediately self-isolate (if applicable). There are three exceptions where staff or visitors who fail screening may be permitted entry to the home:

- staff and essential visitors who are up to date on their COVID-19 vaccinations as per the Guidance for Employers Managing Workers with Symptoms within 48 Hours of COVID19 or Influenza Immunization document
- visitors for palliative end-of-life residents must be screened prior to entry. If they fail screening, they must be permitted entry, but homes must ensure that they wear a medical (surgical or procedural) mask and maintain physical distance from other residents and staff
- staff who are on Test to Work must follow the protocols and requirements for Test to Work per the Ministry of Health's Management of Cases and Contacts of COVID-19 in Ontario

Homes must ensure that all residents are assessed at least once daily for signs and symptoms of COVID-19, including temperature checks.

Homes are strongly encouraged to conduct symptom assessments more frequently (e.g., at every shift change), especially during an outbreak to facilitate early identification and management of ill residents. This can take place at the same time as routine vital signs check, where applicable.

Homes should be aware that elderly individuals may present with 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

Passive Screening and Signage

Homes should post signage that lists the signs and symtpoms of COVID-19 for self-monitoring and steps that must be taken if COVID-19 is suspected or confirmed in a staff member, visitor, or resident.

Homes should post signage throughout the home to remind all persons in the home to wear masks, perform hand hygiene, and follow respiratory etiquette.

Staffing

In recognition of the staffing challenges that long-term care homes are experiencing the ministry has put in place a number of measures to help homes in times of serious staffing shortages that cannot be filled by other means including staffing agencies. Homes not in outbreak have the ability to implement these measures based on their

own assessment. When a home is in outbreak, they should work with the public health unit when implementing these measures.

Operational flexibility:

To ensure operational continuity and maintain safety and security for residents, certain transitional provisions have been included in Regulation 246/22 under the Act as follows:

- Require that licensees ensure that a care conference is conducted for residents within three months of Ontario Regulation 95/20 ceasing to be in force, if no care conference has been held since the resident was admitted or if a resident's last care conference was conducted more than one year prior to the date of Ontario Regulation 95/20 ceasing to be in force

- Require licensees to ensure that the annual physical examination is held within three months of Ontario Regulation 95/20 ceasing to be in force, if an annual physical examination had not been held in the year before the ceasing to be in force

- Exempt licensees from meeting the minimum staffing hours requirements in the Act and Regulation, for a period of six months from the date the transitional provision comes into effect, as long as all care requirements associated with the position are met. These exemptions would not apply to the direct hours of care targets referred to in the new Act (sections 8 and 9 of the Act).

- Provide that a licensee is not required to comply with a requirement set out in the Act or Regulation respecting qualifications for members of staff, subject to exceptions, until 12 months after the coming into force of the transitional section, as long as the person holding the position, in the reasonable opinion of the licensee, has the adequate skills, training and knowledge to perform the duties required of that position. This transitional provision does not apply to a number of

staff positions, including physicians, registered nurses, registered nurses in the extended class and registered practical nurses.

- Providing that a licensee is not required to comply with the requirements in subsection 140 (3) of the Regulation related to the administration of drugs until 12 months after the coming into force of the transitional section, as long as, where the administration involves the performance of a controlled act set out in subsection 27 (2) of the *Regulated Health Professions Act, 1991*, the person administering the drug is authorized to perform the controlled act under the relevant health profession Act

Return-to-work risk-based framework

Please refer to the Ministry of Health's Management of Cases and Contacts of COVID-19 in Ontario.

Staffing resources available across the system are limited. Facilities must rely upon their business continuity plans and system partners to support wherever possible. In the event that challenges continue after exhausting your contingency plans, staffing agency partnerships, community partners, and corporate or municipal supports (where applicable) homes should escalate to Ontario Health.

Admissions and transfers

Per section 5.1 of the Minister's Directive, for matters related to admissions and transfers as well as applicable isolation and testing requirements for long-term care homes, homes are to abide by requirements set out in the Ministry of Health COVID-19 Guidance: Long-Term Care Homes and Retirement Homes for Public Health Units (see in particular, Appendix E: Algorithm for Admissions and Transfers for LTCHs and RHs).

Absences

Per section 6 of the Minister's Directive, licensees are required to ensure that the resident absence requirements as set out in this guidance document are followed.

Requirements

All long-term care homes must establish and implement policies and procedures in respect of resident absences, which, at a minimum set out the definitions and requirements and conditions described below.

For **all absences**, residents must be:

- provided with a medical mask when they are leaving the home
- provided a handout that reminds residents and families to practice public health measures such as masking and hand hygiene when outside of the home
- actively screened upon their return to the home

There are four types of absences:

1. **medical absences** are absences to seek medical or health care and include:
    - outpatient medical visits and a single visit (less than or equal to 24 hours in duration) to the Emergency Department
    - all other medical visits (for example, admissions or transfers to other health care facilities, multi-night stays in the Emergency Department)
2. **compassionate and palliative absences** include, but are not limited to, absences for the purposes of visiting a dying loved one
3. **short term (day) absences** are absences that are less than or equal to 24 hours in duration. There are two types of short term (day) absences:
    - **essential absences** include absences for reasons of groceries, pharmacies, and outdoor physical activity

- **social absences** include absences for all reasons not listed under medical, compassionate or palliative, or essential absences that do not include an overnight stay

4. **temporary absences** include absences involving two or more days **and** one or more nights for non-medical reasons

Homes cannot restrict or deny absences for medical, palliative or compassionate reasons at any time. This includes when a resident is in isolation or when a home is in an outbreak.

Residents who are in isolation on additional precautions may not participate in essential, social, or temporary absences. Homes should seek the advice of local public health unit if self-isolation must be broken for these reasons.

When a resident who is self-isolating on additional precautions is required to leave the home for a medical absence, homes should notify the health care facility so that care can be provided to the resident with the appropriate Additional Precautions in place.

Isolation and testing requirements for residents when returning from absences

The following are the testing and isolation requirements for residents who go on day and overnight absences. Please note that residents are exempt from these requirements if they are within 90 days from a confirmed COVID-19 infection, assuming they do not have symptoms.

Effective April 27th, 2022:

Day & overnight absences (medical, compassionate, temporary or short term):

- No isolation is required unless the resident has a known exposure to a case or symptomatic person while on their absence (see below). A PCR (polymerase chain reaction) test on day five following the absence.

Residents who go on absences on a daily or frequent basis are to have a laboratory-based PCR test, on the same day, two times per week (for example PCR test on Tuesday; PCR test on Friday).

If a timely PCR test is not available, two rapid antigen tests 24 hours apart may be used as an alternative.

If a resident has a known exposure to a case or symptomatic person while on their absence, they must be treated as a high-risk contact as per the Ministry of Health COVID-19 Guidance: Long-Term Care Homes and Retirement Homes for Public Health Units, which would require:

- residents that are up to date with their COVID-19 vaccines to isolate until a PCR test on day five is negative
- residents who are not up to date with their COVID-19 vaccines to isolate for 10 days with a PCR test on day five

Off-site excursions

Off-site group excursions (for example, to an attraction) are considered social absences and are permitted to reflect the reopening of attractions, music or theatre venues, etc.

For all off-site group excursions, residents must be:

- provided with a medical mask when they are leaving the home
- reminded to practice public health measures such as masking and hand hygiene when outside of the home
- actively screened upon their return to the home
- following testing and isolation rules under isolation and testing requirements for residents when returning from absences, where applicable

Visitors

Per section 7 of the Minister's Directive, licensees are required to ensure that the visitor requirements as set out in this guidance document are followed.

Homes are reminded that residents have a right under the *Fixing Long-Term Care Act, 2021*, to receive visitors and homes should not develop policies that unreasonably restrict this right.

Requirements

1. Every long-term care home must have and implement a visitor policy that, at a minimum:
    - reflects the following guiding principles:
        - **safety** – any approach to visiting must balance the health and safety needs of residents, staff, and visitors, and ensure risks are mitigated
        - **emotional well-being** – welcoming visitors is intended to support the 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, consistent with their preferences and within reasonable restrictions that safeguard residents
        - **flexibility** – the physical and infrastructure characteristics of the home, its workforce or human resources availability, whether the home is in an outbreak and the current status of the home with respect to personal protective equipment (PPE) are all variables to consider when setting home-specific policies
        - **equality** – residents have the right to choose their visitors. In addition, residents or their substitute decision-makers, as applicable, have the authority to designate caregivers
    - sets out the parameters, requirements, and procedures prescribed in the current version of this document with respect to visitors, including but not limited to:

    - the definitions of the different types of visitors;
    - the requirement to designate caregivers in accordance with the O. Reg. 246/22;
    - restrictions with respect to visitors in the event of an outbreak or when a resident is isolating; and
    - non-compliance by visitors of the home's visitor policy.
- includes provisions around the home's implementation of all required public health measures as well as infection prevention and control practices.
- reflects the requirements related to the active screening, and asymptomatic screen testing of visitors, consistent with this guidance document, as applicable.
- complies with all applicable laws, including the Act and O. Reg. 246/22.

2. In accordance with section 267(2) of O. Reg. 246/22, homes must maintain visitor logs of all visits to the home. The visitor log must include, at minimum:
    - the name and contact information of the visitor
    - time and date of the visit
    - the purpose of the visit (for example, the name of resident visited)

    These visitor logs or records must be kept for a period of at least 30 days and be readily available to the local public health unit for contact tracing purposes upon request
3. Homes must ensure that all visitors have access to the home's visitor policy.
4. Homes must provide education or training to all visitors about physical distancing, respiratory etiquette, hand hygiene, IPAC practices, and proper use of PPE.

The home's visitor policy should include guidance from the following Public Health Ontario resources to support IPAC and PPE education and training:

- guidance document: recommended steps: putting on personal protective equipment
- video: putting on full personal protective equipment
- video: taking off full personal protective equipment
- videos: how to hand wash and how to hand rub

Types of visitors

Not considered visitors

Long-term care home staff (as defined under the Act), volunteers, and student placements are not considered visitors as their access to the home is determined by the licensee. Infants under the age of one are also not considered visitors and are excluded from testing requirements.

Essential visitors

There are no limits on the total number of essential visitors allowed to come into a home at any given time, under this guidance.

Essential visitors are the only type of visitors allowed when there is an outbreak in a home or area of a home or when a resident has failed screening, is symptomatic or in isolation.

As per O. Reg. 246/22 under the *Fixing Long-Term Care Act, 2021*, there are four types of essential visitors:

(a) a caregiver, as defined under section 4 of O. Reg. 246/22
(b) a support worker who visits a home to provide support to the critical operations of the home or to provide essential services to residents
(c) a person visiting a very ill resident for compassionate reasons including, but not limited to, hospice services or end-of-life care
(d) a government inspector with a statutory right to enter a long-term care home to carry out their duties

Caregivers – scheduling and length and frequency of visits

Homes may not require scheduling or restrict the length or frequency of visits by caregivers. However, in the case where a resident resides in an area of the home in

outbreak, is symptomatic or isolating under additional precautions, only one caregiver may visit at a time.

A caregiver should not visit any other home for 10 days after visiting:

- an individual with a confirmed case of COVID-19
- an individual experiencing COVID-19 symptoms

Recognizing there are caregivers who want to volunteer to support more than one resident, in the event of an outbreak, caregivers may support up to two residents who are COVID-19 positive, provided the home obtains consent from all involved residents (or their substitute decision makers). Caregivers may also support more than one resident in non-outbreak situations, with the same expectation regarding resident consent.

General visitors

A general visitor is a person who is not an essential visitor and is visiting to provide non-essential services related to either the operations of the home or a particular resident or group of residents. General visitors include those persons visiting for social reasons as well as visitors providing non-essential services such as personal care services, entertainment, or individuals touring the home.

Homes should prioritize the mental and emotional well-being of residents and strive to be as accommodating as possible when scheduling visits with general visitors.

Access to homes

All general visitors, including children under the age of five, can enter the long-term care home. General visitors, with the exception of the children under the age of five, will need to follow the vaccination policy of the individual long-term care home.

Up to four visitors (including caregivers) per resident may visit at a time for indoor visits.

There are no sector limits on the number of visitors permitted at outdoor visits, and homes can return to their regular practices on use of their available outdoor spaces in accordance to applicable guidance and laws. Homes should not restrict individuals from outdoor visits based on vaccination status. Homes should ensure physical distancing (a minimum of two metres or six feet) is maintained between groups.

Restrictions during outbreaks or when a resident is isolating

Essential visitors

Essential visitors are the only type of visitors allowed when a resident is isolating or resides in a home or area of the home in an outbreak.

General visitors

General visitors are not permitted:

- when a home or area of a home is in outbreak
- to visit an isolating resident
- when the local public health unit so directs

Direction from the local public health unit

In the case where a local public health unit directs a home in respect of the number of visitors allowed, the home must follow the direction of the local public health unit.

COVID-19 asymptomatic screen testing

Per section 8 of the Minister's Directive, licensees are required to ensure that the COVID-19 asymptomatic screen testing requirements as set out in this guidance document are followed.

The routine testing of asymptomatic staff, students, volunteers, caregivers, support workers and visitors who have not been exposed to COVID-19 is different from COVID-19 testing of individuals who are symptomatic, have had high risk exposure or are in an outbreak setting as directed by the local public health unit.

Every licensee shall ensure that no staff member, caregiver, student placement, volunteer, support worker or general visitor enters the long-term care home, unless the requirements contained in this section have been met.

Individuals who receive a positive test result for COVID-19 as part of asymptomatic screen testing must follow further testing and isolation requirements as outlined in the Ministry of Health's COVID-19 Guidance: Long-Term Care Homes and Retirement Homes for Public Health Units or as directed by the local public health unit.

Staff, caregivers, student placements and volunteers

Subject to the exceptions listed below, all **staff, caregivers, student placements and volunteers** working in or visiting a long-term care home must be tested for COVID-19 according to one of the following:

- an antigen test at least two times per week, on separate days, if they are up-to-date with all recommended COVID-19 vaccine doses
- an antigen test at least three times per week, on separate days, if they are not up-to-date with recommended COVID-19 vaccine doses
- one PCR (polymerase chain reaction) and one antigen test per week, at a minimum, on separate days

Where a **staff member, student, or volunteer** takes an antigen test at the long-term care home, the test must be taken as soon as possible after beginning a shift, and the individual may enter the home with appropriate PPE and following IPAC practices while

waiting for the test results. Staff, student placements, and volunteers should not provide direct care to residents until a negative test result is received.

Where a **caregiver** takes an antigen test at the long-term care home, the test must be taken before granting them full entry; however, they may proceed to the resident's room, with appropriate PPE and following IPAC practices while waiting for the test result. They must not enter any shared spaces (e.g., dining room, activity room) until a negative test result is received.

General visitors and support workers

All general visitors and support workers entering a long-term care home must meet one of the following prior to entry:

- Receive and demonstrate a negative test result from an antigen test taken at the long-term care home on that day; or
- Demonstrate proof of a negative test result from an antigen test or PCR test taken on the same day or the day prior to the visit.

Where a support worker who is a member of a regulated health profession takes an antigen test onsite, the test must be taken upon entry and the person may enter the home with appropriate PPE and following IPAC practices, while waiting for the test result.

Exceptions

Consecutive days

If a staff, caregiver, student placement or volunteer only enters a long-term care home on two consecutive days within a seven day period and demonstrates a negative test result from an antigen test or from a PCR test taken on the first day, they may enter on the second consecutive day without requiring a negative test.

Occasional entry

No individual is required to attend the home for the sole purposes of meeting the testing requirements (for example, if they enter a home fewer than the number of times required to be tested per week).

Repeat false positives

If an individual receives three “false positive” antigen tests (takes an antigen test and the test result is positive for COVID-19 and subsequently receives a negative confirmatory PCR test result), within a 30 day period, starting from the day the first preliminary positive antigen test was taken, the individual does not need to follow the above testing requirements. Instead, the individual must demonstrate proof of a negative PCR that was taken in the last seven days prior to entry.

Previous COVID-19

If an individual has had a prior confirmed COVID-19 infection in the past 90 days, they do not need to be asymptomatic screen tested, but must immediately resume asymptomatic screen testing after the 90th day from the date of their confirmed COVID-19 infection.

Palliative and emergency situations

Asymptomatic screen testing for support workers, caregivers and general visitors is not required in an emergency situation or in situations where these individuals are visiting or attending to residents receiving end of life care.

Inspectors

The testing requirements of this Guidance Document do not apply to inspectors with a statutory right of entry. Rather, inspectors from the Ministry of Long-Term Care and the

Ministry of Labour, Training and Skills Development have separate and specific testing protocols that have been established within their ministries.

Proof of negative test

Where an individual is being granted entry based on an antigen test or a PCR test not onsite at the long-term care home, as outlined in the sections above, they must provide proof of the negative test result in order to gain entry to the home or take a new antigen test. The licensee shall ensure that a log is maintained documenting that such proof has been demonstrated.

Statistical information

Per section 10 of the Minister's Directive, licensees are required to ensure that statistical information regarding COVID-19 testing is collected, maintained, and disclosed in accordance with this guidance document.

Every licensee shall collect, maintain and disclose statistical information on asymptomatic screen testing, including:

- the number of staff, caregivers, student placements, volunteers, support workers, and general visitors tested with an antigen test, and the number who received a positive test result from an antigen test
- the number of staff, caregivers, student placements, and volunteers screen tested with a PCR test, and the number who received a positive test result from a PCR test
- the number of caregivers, support workers and general visitors who were permitted entry under an emergency or palliative situation
- the number of staff, caregivers, student placements, volunteers, support workers, and general visitors that provided proof of a negative test to gain entry

Upon request, the licensee must disclose the statistical information to the Ministry of Long-Term Care, Ministry of Health, Ministry of Government and Consumer Services, the public health unit for the area in which the long-term care home is located, or Ontario Health.

Prohibition on reselling or distributing to any other person

Antigen tests that have been provided by the Province of Ontario, either directly or indirectly (for example, through an agency of the government), must only be used for intended purposes and not be resold or distributed to any other person.

Residents' councils

Resident councils play an important role in every long-term care home. As a reminder:

- licensees are not to interfere with the meetings or operation of the residents' council per section 71 under the Act
- licensees are to co-operate with the residents' council, appoint an assistant, and respond to council concerns and recommendations

All homes need to ensure that the residents' council is provided an opportunity to meet. When in-person meetings of the residents' council are possible, it is expected that the residents' councils will be provided with the appropriate PPE and adequate space to meet so that physical distancing can be maintained and IPAC guidelines can be followed. Homes are to accommodate the continuation of residents' council meetings when in-person meetings are not possible.

The Ontario Association of Residents' Councils (OARC) has developed a number of resources to help homes facilitate resident council meetings; please visit OARC's Tools webpage to access these important resources.

Case and outbreak management

Per section 4 of the Minister's Directive, licensees are required to ensure that the requirements for case and outbreak management as set out in this document are followed.

Outbreak definition

For matters related to the definition of an outbreak in long-term care homes, refer directly to the Ministry of Health COVID-19 Guidance: Long-Term Care Homes and Retirement Homes for Public Health Units.

Only the local public health unit can declare an outbreak and declare when it is over. It is not the long-term care home's responsibility to determine whether cases have an epidemiological link. Local public health units will determine whether cases have an epidemiological link as part of their investigation, which will inform their decision as to whether or not they declare an outbreak.

Case and outbreak management

For COVID-19 related case and outbreak management, homes are to abide by requirements set out in:

- COVID-19 Guidance: Long-Term Care Homes and Retirement Homes for Public Health Units
- Management of Cases and Contacts of COVID-19 in Ontario

Homes must follow direction from their local public health unit in the event of a suspect or confirmed outbreak. The local public health unit is responsible for managing the outbreak response. Local public health units have the authority and discretion as set out in the *Health Protection and Promotion Act* to coordinate outbreak investigation, declare an outbreak based on their investigation, and direct outbreak control measures.

For clarity, the local public health unit is responsible for defining the outbreak area (for example, a single affected unit vs. the whole home), directing outbreak testing, and leading all other aspects of outbreak management including isolation of residents and staff, as well as declaring the end of an outbreak.

Homes must follow any guidance provided by the local public health unit with respect to any additional measures that must be implemented to reduce the risk of COVID-19 transmission in the setting.

Homes must ensure that any health system partners or external agencies that participate in any suspect or confirmed outbreak response inform the local public health unit and the Outbreak Management Team of their involvement. These external agencies must also follow any directions provided by the local public health unit to them pursuant to the *Health Protection and Promotion Act*.

Homes must ensure compliance with minimum IPAC requirements as outlined in this guidance document, including conducting IPAC self-audits in the home, active screening, and cohorting among residents and staff to limit the potential spread of COVID-19.

Managing a symptomatic individual

Once at least one resident or staff member has presented with new signs or symptoms compatible with COVID-19, homes must immediately take the following steps

In the event of a symptomatic resident

The resident must be placed in isolation under appropriate additional precautions, in a single room if possible, medically assessed, and tested for COVID-19 using a

laboratory-based PCR or a molecular point-of-care test[1] as per the Management of Cases and Contacts of COVID-19 in Ontario, effective April 19, 2022 or as current.

Note: Asymptomatic residents who have been previously infected with COVID-19 (based on a molecular or rapid antigen test) and cleared within the last 90 days are not required to isolate if they have been in contact with a positive case.

Roommates of the symptomatic resident must also be placed in isolation under appropriate additional precautions and tested for COVID-19 using a laboratory-based PCR or a molecular point-of-care test as a high risk close contact, unless otherwise directed by the public health unit.

In the event of a symptomatic staff member or visitor

The staff member or visitor must be advised to go home immediately to self-isolate and must be encouraged get tested for COVID-19 using a laboratory-based PCR or a molecular point-of-care test.

Reporting outbreaks and cases

COVID-19 is a designated disease of public health significance (Ontario Regulation 135/18) and thus confirmed and suspected cases of COVID-19 are reportable to the local public health unit under the *Health Protection and Promotion Act*. Homes must notify the local public health unit of all confirmed and probable cases of COVID-19 as soon as possible.

The local public health unit is responsible for receiving and investigating all (reports of) cases and contacts of COVID-19 in accordance with the COVID-19 Guidance: Long-

[1] All laboratory-based PCR tests and molecular point-of-care tests (POCT) must be performed on technologies approved by Health Canada or otherwise validated by the licensed laboratory and results should be entered into the Ontario Laboratory Information System (OLIS) as per the Ministry of Health's Management of Cases and Contacts of COVID-19 in Ontario, effective April 19, 2022 or as current.

Term Care Homes and Retirement Homes for Public Health Units and the *Health Protection and Promotion Act*.

Homes must follow the critical incident reporting requirements set out in section 115 of Ontario Regulation 246/22 made under the Act.

Homes are required to immediately report any COVID-19 outbreak (suspect or confirmed) to the Ministry of Long-Term Care using the Critical Incident System during regular working hours or calling the after-hours line at 1-888-999-6973 after hours and on weekends.

Contact information

- Questions regarding COVID-19 related policies and guidance can be emailed to the Ministry of Long-Term Care at MLTCpandemicresponse@ontario.ca
- Contact your local public health unit
- Questions regarding asymptomatic screen testing can be sent to:
    - MLTCpandemicresponse@ontario.ca
    - covid19testing@ontariohealth.ca
    - your Ontario Health primary contact

Resources

General

- COVID-19 Long-Term Care Communications
- ltchomes.net for long-term care home licensees and administrators
- Centre for Learning, Research and Innovation in Long-Term Care: Supports During COVID-19

Vaccination

- COVID-19 vaccines for Ontario
- Ministry of Health, COVID-19 Vaccine-Relevant Information and Planning Resources
- Ministry of Health, COVID-19 Vaccine Third Dose Recommendations

Infection prevention and control

For information and guidance regarding general IPAC measures (for example, hand hygiene, environmental cleaning), please refer to the following documents:

- Infection prevention and control (IPAC) program guidance (Ministry of Long-Term Care)
- Public Health Ontario:
  - Infection Prevention and Control for Long-Term Care Homes: Summary of Key Principles and Best Practices
  - At a Glance: Prevention and Management of COVID-19 in Long-Term Care Homes and Retirement Homes
  - COVID-19: Infection Prevention and Control Checklist for Long-Term Care and Retirement Homes
  - COVID-19 IPAC Fundamentals Training
  - Interim Guidance on Infection Prevention and Control for Health Care Providers and Patients Vaccinated Against COVID-19 in Hospital and Long-Term Care Settings
  - Key Elements of Environmental Cleaning in Healthcare Settings (Fact Sheet)
  - Best Practices for Environmental Cleaning for Prevention and Control of Infections in All Health Care Settings
  - PIDAC Routine Practices and Additional Precautions in All Health Care Settings
  - Cohorting During an Outbreak of COVID-19 in Long-Term Care Homes

- Recommendations for Control of Respiratory Infection Outbreaks in Long-Term Care Homes
- Infection Prevention and Control in Long-Term Care (Ontario CLRI)
- McMaster University offers a free online IPAC learning course for caregivers and families.

Signage

- resources to prevent COVID-19 in the workplace (Ministry of Labour, Training and Skills Development)
- Public Health Ontario
- Local public health units may have additional signage on their websites that may be helpful or useful to homes.

Ventilation and air Flow

Below is a list of Public Health Ontario knowledge related to the use of portable fans, air conditioning units, and portable air cleaners.

- At a glance: the use of portable fans and portable air conditioning units during COVID-19 in long-term care and retirement homes
- FAQ: use of portable air cleaners and transmission of COVID-19
- Focus on: heating, ventilation and air conditioning (HVAC) systems in buildings and COVID-19