Retirement Homes Policy to Implement Directive #3

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July 7

1.0 INTRODUCTION

COVID-19 Directive #3 for Long-Term Care Homes (Directive #3) issued by the Chief Medical Officer of Health (CMOH) establishes requirements for retirement homes to ensure the health and safety of its residents and staff during the COVID-19 pandemic. One requirement is that homes have operational policies and procedures in place for visitors, absences, and activities that are compliant with Directive #3 and guided by the policies from the Ministry for Seniors and Accessibility (MSAA) and the Retirement Homes Regulatory Authority (RHRA). If anything in this policy conflicts with guidance, recommendations, or advice from the CMOH, the CMOH guidance prevails, and retirement homes must take all reasonable steps to follow them.

This policy supports retirement homes in implementing the requirements set out 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 update provides additional measures that continue to take into consideration the context of high immunization rates achieved in retirement homes. These measures will be updated periodically as the Province and public health experts continue to monitor the evolving COVID-19 pandemic. For the purposes of this document, an individual is considered fully immunized when they have received the total number of required doses of a vaccine approved by Health Canada and it has been at least 14 days since they received their final dose.

Additionally, this policy supplements any provincial requirements including those set out in the *Reopening Ontario (A Flexible Response to COVID-19) Act, 2020* (Reopening Ontario Act) and the regulations made under that Act.

If anything in this policy conflicts with applicable legislation or regulations or any other provincial requirements, those requirements prevail, and retirement homes must follow all applicable provincial legislation, regulations and requirements.

2.0 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* and its regulation (O. Reg 166/11), the Reopening Ontario Act 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 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.

- **Immunization**: Allowances for absences and activities reflect both the high rates of COVID-19 immunization as well as the protective effect that immunizations have had on the number of COVID-19 cases and outbreaks in retirement homes. This update reflects the evidence available so far across Canada and abroad and

requirements are subject to change as the knowledge of COVID-19 vaccines evolves.

3.0 REQUIREMENTS FOR VISITS

Retirement homes are responsible for ensuring residents receive visitors safely to help protect against the risk of COVID-19. Homes are also responsible for establishing and implementing visiting practices that comply with applicable legislation and regulations including those referenced in provincial requirements, the guidance, recommendations, and advice of the CMOH, Directive #3, and ensuring that such visiting practices align with the requirements in this document.

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 exception to this requirement is the policy regarding absences. For guidance on absences, retirement homes should follow the guidance in this policy document even where they are co-located. 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 frequency of visits. Additionally, visitors must not be refused based on their COVID-19 immunization status.

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

- Procedures for visits including but not limited to IPAC, scheduling, and any setting-specific policies.

- Communication of clear visiting procedures with residents, families, visitors and staff. This process must include sharing an information package with visitors on IPAC, masking, physical distancing (2 metres separation) and other health and safety procedures such as limiting movement around the home, if applicable, and ensuring visitors' agreement to comply with visiting procedures. Home materials must include an expectation that visitors comply with visiting policies.

- A process for any person to make complaints to the home about the administration of visiting policies and a timely process for resolution. The information package for visitors must include this Retirement Homes Policy to

[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.

Implement Directive #3 (e.g., a digital link, or a copy upon request). The information package must also include information about how to escalate concerns about homes to the RHRA via the RHRA email address and/or phone number.

- Homes' policies/procedures must include a requirement that visitors comply 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.

- Protocols for record keeping of visits, including by Essential Visitors, for contact tracing purposes, to be kept for at least 30 days in accordance with Directive #3 (minimum requirements: name, contact information, date and time of visit, resident visited).

- Dedicated areas for both indoor and outdoor visits to support physical distancing (2 metres separation) between residents and visitors.

- Protocols to maintain best practices for IPAC measures prior to, during and after visits.

Factors that will inform decisions about visits in retirement homes include:

- **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.

- **Access to adequate testing**: The home has a testing policy and plan in place, based on contingencies and informed by local and provincial health officials, for testing in the event of a suspected outbreak.

- **Access to adequate PPE**: The home has adequate supplies of PPE required to support visits.

- **IPAC standards**: The home has appropriate cleaning and disinfection supplies and adheres to IPAC standards, including enhanced cleaning.

- **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

Directive #3 indicates that 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 a type of Essential Visitor who is brought into the home to perform essential services for the home or for a resident in the home, including the following individuals:

- Regulated health care professionals under the *Regulated Health Professions Act, 1991* (e.g., physicians, nurses);
- 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);
- Authorized third parties who accommodate the needs of a resident with a disability;
- Health and safety workers, including IPAC specialists;
- Maintenance workers;
- Private housekeepers;

[2] "Volunteer": in relation to a retirement home, means a person who works in or supplies services to the home, but who is not part of the staff of the home and who does not receive a wage or salary for the services or work that the person provides in the home.

- Inspectors; and
- 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

An Essential Caregiver is a type of Essential Visitor who is designated by the resident or, if the resident if unable to do so, their substitute decision-maker.

Essential Caregivers visit to provide care to a resident. This includes supporting feeding, mobility, personal hygiene, cognitive stimulation, communication, meaningful connection, relational continuity and assistance in decision-making.

Essential Caregivers may be designated per resident. The designation should be made in writing to the home. The necessity of an Essential Caregiver is determined by the resident or substitute decision maker. Homes should have a procedure for documenting Essential Caregiver designations and any subsequent changes.

Essential Caregivers, provided that they pass screening requirements, must not be denied access to residents (e.g., immunization 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 change in the resident's care needs that is reflected in the plan of care; and/or
- A change in the availability of a designated Essential Caregiver, either temporary (e.g., illness) or permanent.

Examples of Essential Caregivers include family members who provide care, a privately hired caregiver, paid companions, and translators. A resident may designate an external care provider as an Essential Caregiver even though that individual would also be considered a Support Worker.

3.1.3 General Visitor

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

- For social reasons (e.g. family members and friends of resident);
- 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
- 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 Reopening Ontario Act regulations, O. Reg. 82/20, O. Reg. 263/20 and O. Reg. 364/20, such as hair salons and barbershops, manicure and pedicure salons, aesthetician services, and spas, that are not being provided for medical or essential reasons (e.g., foot care to support mobility or reduce infections).

3.2 Access to Homes

Directive #3 requires that all visitors to the home follow public health measures (e.g., active screening, physical distancing, hand hygiene, and masking) for the duration of their visit in the home.

Local PHUs may also require further 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.

Please note: Residents who are self-isolating under Contact and Droplet Precautions may only receive Essential Visitors (e.g., residents may not receive General Visitors or Personal Care Service Providers).

Homes may permit other residents within the home who are not self-isolating to receive General Visitors and Personal Care Service Providers, provided this is in alignment with provincial requirements and they are not living in the outbreak area of a home.

When a resident is self-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 whenever possible.

3.2.1 Essential Visitors

Any number of Essential Visitors are permitted.

3.2.2 General Visitors

General Visitors are permitted unless a resident is self-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). General Visitors must pass screening requirements and be reminded to follow applicable public health measures while visiting the home.

Outdoor visits should be encouraged as much as possible, but depending on the residents' needs, this may also mean supporting indoor visits, in-suite visits, and/or social absences.

General Visitors should be permitted regardless of immunization status, and homes must not unreasonably deny visits as long as the following policies are followed:

- Outdoor visits: General Visitors may visit a resident **outdoors in a designated area**. The number of individuals in a group must not exceed provincial limits for outdoor gatherings and consider the size of the designated space to allow for physical distancing between individuals from separate households.

- Indoor visits: General Visitors may visit a resident **indoors in a designated area, including in-suite** with the resident's permission. The number of individuals in a group must not exceed provincial limits for indoor gatherings as long as the designated space and/or the suite allows for physical distancing between individuals from separate households.

Group limits for outdoor and indoor visits do not include children 2 years or under.

For all visits with General Visitors, the following measures must be in place:

- Visitors must wear masks for the duration of the visit, unless exempt under the Directive #3 masking requirements (masking for residents is required if tolerated). For indoor and in-suite visits, masks must be medical masks (surgical/procedural).

- Visitors and residents must maintain physical distancing (2 metres separation) for the duration of the visit. This is with the exception of brief physical contact when hugging.

For all visits with General Visitors, the following measures should be in place:

- Homes should have designated areas for visiting both indoors and outdoors.
- Homes should ensure equitable access for each resident.
- Visits should be booked in advance.
- Opening windows should be considered for indoor and in-suite visits to allow for air circulation.

Retirement homes that are co-located with long-term care homes must follow the policies of the Ministry of Long-Term Care.

3.2.3 Personal Care Service Providers

Personal Care Service Providers who are visiting or work on site as contractors are permitted to provide services in alignment with provincial requirements and can resume providing services in Step 2 of the provincial Roadmap to Reopen, set out in O. Reg. 263/20 under the Reopening Ontario Act.

Personal Care Service Providers employed by the home may continue providing personal care services to residents.

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, including wearing a medical mask and eye protection for the duration of their time in the home, practicing hand hygiene and conducting environmental cleaning after each appointment.
- Require residents to wear a medical mask (if tolerated) during their services.
- Document all residents served and maintain this list for at least 30 days to support contact tracing.
- Not perform any services which require the removal of masks.

3.3 Screening Visitors for COVID-19

3.3.1 Testing

Screen testing (also known as surveillance or targeted testing) is the routine, serial testing of asymptomatic individuals outside of outbreak or known exposure. Staff should complete screen testing using PCR tests every two weeks as outlined in COVID-19 Testing in Retirement Homes. This includes all individuals working in the retirement home and applies to Home and Community Care Support Service Providers and Personal Care Service Providers. Retirement homes may use rapid antigen point-of-care testing to conduct regular screen testing in accordance with guidance from the Ministry of Health and may do so in place of PCR screen testing. More information on use of rapid antigen point-of-care testing in retirement homes can be found at: www.orcaretirement.com/news/coronavirus-update-resources/pasp/.

Retirement homes are reminded that subsection 61(2) of the *Retirement Homes Act, 2010* prohibits licensees from interfering with the provision of care services to a resident by an external care provider (only subject to the licensee's duty to protect residents from abuse and to prevent the use of restraints).

3.3.2 Active Screening

All visitors must be actively screened on entry, according to the requirements outlined under Directive #3. The Ministry of Health's COVID-19 Guidance: Long-Term Care Homes and Retirement Homes for PHUs provides a summary chart of screening practices.

Visitors are not permitted access if they do not pass screening; however, 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 include first responders, visitors for imminently palliative residents and staff with post-vaccination symptoms, who are not required pass screening as outlined in Directive #3.

Homes should document entry of all persons to the home and their screening results. Documentation must be retained for at least 30 days to support contact tracing. This should include screening results based on the requirements under Directive #3 and the safety review outlined below in Sections 3.3.3 and 3.3.4.

3.3.3 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. Alternatively, 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.

3.3.4 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 Personal Care Service Providers 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.

3.4 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.

3.4.1 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. This should include providing access to medical masks (surgical/procedure), face shields or eye goggles and any additional PPE required to maintain Contact and Droplet Precautions when providing care to residents who are isolating on Droplet and Contact Precautions.

Directive #3 sets out that Essential Visitors:

- Must use a medical mask (surgical/procedure) while in the home, including while visiting a resident who does not have, or is not suspected to have COVID-19 in their room (the resident should also wear a mask, if tolerated).
- Must wear appropriate eye protection (e.g., goggles or face shield) when they are within 2 metres of a resident as part of the provision of direct care and/or their interaction with the resident in an indoor area.
- Who are health care workers providing direct care or in contact with a resident who is suspected or confirmed with COVID-19 must wear appropriate PPE in accordance with Directive #5. For a summary of requirements, please see Public Health Ontario's IPAC Recommendations for Use of PPE for Care of Individuals with Suspect or Confirmed COVID-19.

Homes should reinforce appropriate use of PPE for Essential Visitors as outlined in Directive #5. Essential Visitors must attest to having received training on proper use of PPE, as noted above. 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.

3.4.2 General Visitors and Personal Care Service Providers

General Visitors and Personal Care Service Providers are responsible for bringing their own mask for visits as outlined in Directive #3.

Visitors must wear either a medical or a non-medical mask for outdoor visits.

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.

4.0 REQUIREMENTS FOR ABSENCES

For all types of absences, residents must be provided with a medical mask free 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** – are absences to seek medical and/or health care.

2. **Compassionate/palliative absences** – are 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:
   - **Essential outings** – absences for reasons of groceries, pharmacies, and outdoor physical activity; and

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

4. **Temporary (overnight) absences** refer to absences that involve 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, homes cannot restrict or deny outings for medical or compassionate/palliative reasons or Essential Outings, solely due to the residents' immunization status.

Absences for medical or compassionate/palliative reasons are the only absences permitted when the resident wishing to take the absence 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.

Residents are permitted to go on Essential Outings, including walks either on or off the premises, at all times except when that resident is self-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 absences if the resident is in an area of the home that is in outbreak, or when advised by public health.

The table below outlines requirements for short term (day) absences and temporary (overnight) absences.

Absences	Requirements
Short term (day) absence Essential outing and Social outing	- Permitted unless the resident is self-isolating - Residents must follow public health measures during the absence - Active screening on return - Testing or self-isolation not required upon return
Temporary (overnight) absence	- Permitted unless the resident is self-isolating - Residents must follow public health measures during the absence - Must follow “Section 5.0 Admissions and Transfers” for testing and self-isolation requirements upon return

5.0 REQUIREMENTS FOR ADMISSIONS AND TRANSFERS

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, in a way that balances the dignity of the resident against the overall health and safety to the home’s staff and residents.

- For **fully immunized residents:** a lab-based PCR test is required at time of admission/transfer. The individual must be placed in isolation on Droplet and Contact Precautions if their test result is pending due to an unavoidable delay. If their test result is negative, isolation on Droplet and Contact Precautions can be discontinued.

- For **partially immunized or unimmunized residents:** a lab-based PCR test is required at time of admission/transfer, and the resident must be placed in isolation on Droplet and Contact Precautions for a minimum of 10 days. A second negative lab-based PCR test result collected on day 8 is required to discontinue isolation on Droplet and Contact Precautions on day 10. If this second test is not obtained, isolation on Droplet and Contact Precautions must be maintained until day 14.

- Exception for **recently recovered residents**: individuals who are within 90 days (from the date the test was taken) from a prior lab-confirmed COVID-19

infection and have recently recovered are not required to be tested or placed in isolation on Droplet and Contact precautions on admission/transfer.

For more details on requirements for admissions and transfers, please refer to Directive #3.

6.0 REQUIREMENTS FOR SOCIAL GATHERINGS, DINING AND RECREATIONAL SERVICES

For this section, different requirements apply depending on the immunization rate of a home. The immunization rate refers to the percentage of residents who are fully immunized and the percentage of staff (for this section, staff means any person who performs work as an employee of the retirement home) who are fully immunized.

For a home to meet the immunization threshold, this requires a home to have:

- A minimum of 85% of all residents fully immunized; AND
- A minimum of 70% of the overall home (residents and staff) fully immunized.

This reflects the importance of herd immunity, or the home's overall immunization status, to facilitate the measures described below, given the nature of the activity.

Calculating Immunization Rates

Homes must have a process for determining their resident and staff immunization rates, as well as the number and percentage of residents and staff who are fully immunized and partially immunized (as defined under Section 4.0). If this information is not available, the home may determine immunization rates by surveying residents and staff in accordance with existing laws (e.g., Personal Health Information Protection Act). Residents and staff must consent to participating in the home's data collection process for determining immunization rates. Any residents and staff that do not voluntarily disclose this information should be considered unimmunized for the purpose of calculating immunization rates. Residents and staff are encouraged to disclose immunization status.

See the Appendix for additional guidance on Immunization Thresholds.

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. The home's immunization coverage will determine the level of public health measures required (as described below).

Residents, staff, and Essential Visitors may attend. In addition, General Visitors who are required to facilitate programs, events, or religious services may attend (e.g., event facilitators, performers, or religious leaders who are visiting to provide the program, event, or service) and must follow screening and public health measures for General Visitors.

All **indoor** social gatherings and organized events must not exceed 50% of the total capacity of the room, regardless of the home's immunization coverage level. This includes staff, Essential Visitors, and General Visitors in attendance.

All **outdoor** social gatherings and organized events must not exceed applicable provincial requirements, regardless of the home's immunization coverage level. This includes staff, Essential Visitors, and General Visitors in attendance.

Social gatherings and organized events must maintain the following public health measures based on the immunization threshold of the home:

	Home is Above Immunization Threshold	**Home is Below Immunization Threshold**
Resident Precautions	- Masking and physical distancing (2 metres separation) recommended - Continue to avoid high risk activities (e.g., singing, karaoke) - Maintain same activity groups as much as possible	ENHANCED PRECAUTIONS REQUIRED - Continue to avoid high risk activities (e.g., singing, karaoke) - Limit capacity in a room by ability to physically distance in the room o Consider having maximum capacity limits to ensure physical distancing between participants can be maintained - Participants (residents and staff) should physically distance from one another - Masking strongly recommended - Cleaning and disinfection of high touch surfaces between activities/room use - Maintain same activity groups

	Home is Above Immunization Threshold	Home is Below Immunization Threshold
		as much as possible
Staff Precautions	- Universal masking/eye protection for workers - Frequent hand hygiene - Maintain physical distancing (2 metres separation) from residents and other staff	

Residents who are experiencing signs and symptoms of COVID-19 must not engage in social gatherings or organized events unless they have tested negative for COVID-19 since the onset of the signs and symptoms. Homes must offer residents in isolation individualized activities and stimulation.

Staff brought into the home for these activities must follow all requirements for retirement home staff as outlined in Directive #3.

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 based on the immunization threshold of the home:

	Home is Above Immunization Threshold	Home is Below Immunization Threshold
Resident Precautions	- Resume communal dining and suspend physical distancing - Consistent seating of residents at the same table strongly recommended - Masking when not eating/drinking strongly recommended - Fully immunized essential caregivers may join a fully immunized resident during mealtime	ENHANCED PRECAUTIONS REQUIRED - Communal dining permitted only with physical distancing (2 metres separation) between diners during meals - Decreased dining room capacity - Consistent seating of residents at the same table strongly recommended - Masking when not eating/drinking required
Staff Precautions	- Universal masking/eye protection for workers required - No buffet style service - Frequent hand hygiene - Maintain physical distancing (2 metres separation) from residents (when not serving) and other staff	

Retirement homes must ensure residents who are experiencing signs and symptoms of COVID-19 do not participate in communal dining, unless the resident has tested negative for COVID-19 since the onset of the signs and symptoms. This must not interfere with providing a meal during the scheduled mealtime to the resident.

6.3 Other Recreational Services

Services provided by the home for residents such as gyms, pools, and spas, must follow provincial requirements for that activity, if applicable. This includes following public health measures (e.g., maintaining physical distancing (2 metres separation), masking, and cleaning/disinfection between use). Homes must document all residents served and maintain this list for at least 30 days to support contact tracing.

7.0 REQUIREMENTS FOR RETIREMENT HOME TOURS

Virtual tours should be implemented as much as possible.

Prospective residents may be offered in-person, targeted tours of empty suites. These tours must adhere to public health measures and the following precautions:

- The tour group should be limited to the prospective resident or couple plus one other individual (e.g., accompanying family member or close friend).
- All tour participants are subject to the General Visitor screening and PPE requirements outlined in this document (e.g., active screening, wearing a mask, IPAC, maintaining social distance).
- The tour route must be restricted in a manner that avoids contact with residents.
- Homes should keep the number and duration of tours in the home to a minimum.

All in-person tours should be paused if a home goes into outbreak.

8.0 ACCESSIBILITY CONSIDERATIONS

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

Appendix – Guidance on Immunization Thresholds

1. IMMUNIZATION THRESHOLDS

The following thresholds must be met for a retirement home to be able to implement the additional flexibilities described in this document:

- A minimum of 85% of all residents fully immunized; AND
- A minimum of 70% of the overall home (residents and staff) fully immunized*.

*This includes residents and staff of the licenced retirement home as defined by the *Retirement Homes Act, 2010* (RHA). It does not include Essential Visitors, including Support Workers who are third party staff providing services such as Home and Community Care providers, or volunteers. While residents and staff are not required to disclose immunization status, if not disclosed, homes must assume the individual is "unimmunized".

"Fully immunized" means a person has received the total number of required doses of a vaccine approved by Health Canada and it has been at least 14 days since they received their final dose.

2. CALCULATING IMMUNIZATION RATES

Each retirement home must calculate immunization rates for the following groups:

A. Residents
B. Staff
C. Residents + Staff

A record of these rates, including the date they were calculated, must be maintained by the home. Immunization rates must be kept for a period of 30 days. The Retirement Homes Regulatory Authority (RHRA) can request to see these records at any time (on a de-identified basis), including when they are onsite performing inspections.

Employers must ensure that all information relating to employees' personal information and immunization status is kept confidential and in a secure location.

A. How to calculate the resident immunization rate

$$\textbf{Total Resident Immunization Rate} = \frac{\text{\# fully immunized residents}}{\text{total \# residents in home}} \times 100$$

- All residents of the home must be counted (this includes those currently in the home, on a short-term absence (presumed short stay in a hospital, etc.) as well

as prospective residents that will be moving into the home within the next two weeks.

- Some discretion by the home is required to consider not including residents that will be absent for longer periods of time and including them when they return. Rates can be recalculated at any point in time but should be updated every three weeks as per the direction in Section 3 below.

B. How to calculate the staff immunization rate

$$\textbf{Total Staff Immunization Rate} = \frac{\text{\# fully immunized staff}}{\text{total \# staff in home}} \times 100$$

- Staff includes all part-time and full-time individuals, and any staff that are not on extended leave (e.g., maternity leave). Staff on extended leave should be included in the updated calculations when they return to work.

C. How to calculate the retirement home immunization rate

$$\textbf{Total Home Immunization Rate} = \frac{\text{(\# of fully immunized residents)} + \text{(\# of fully immunized staff)}}{\text{Total \# of residents and staff in the home}} \times 100$$

- For the purposes of calculating the retirement home immunization rate, only the number of residents and the number of staff[3] of the retirement home should be used.

3. PROOF OF VACCINATION

Residents and staff may provide written attestation that they have been fully immunized and the date of their second immunization dose. Residents or staff who are uncertain of the date of their second immunization dose should consult their immunization record (e.g., receipt from immunization) to verify that date.

Residents and staff may also produce their immunization record in place of a written attestation. Any resident or staff that does not provide a written attestation or their immunization record, or has only partial immunization, must be identified as "unimmunized" for the purpose of the threshold.

[3]Staff does not include essential visitors (including essential caregivers), third party staff providing services such as Home and Community Care providers, or volunteers.

4. FREQUENCY OF UPDATING RATES

It is recommended that immunization rates for residents, staff, and the home be reviewed and updated **every three weeks**, or sooner if there is a significant influx of new residents or staff turnover. Retirement homes can use discretion for determining what constitutes a significant change.

NOTE: If retirement home staff are seeking to be immunized, they may visit the Ontario vaccine booking site or their local Public Health Unit website to identify opportunities, including pop-up vaccine clinics. Additionally, to facilitate accurate data collection in COVax, staff should identify themselves as retirement home staff and provide the name of the home they work in at the time of their vaccination (for first and second doses).