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

These changes are effective as of July 16, 2021:

- activities involving singing and dancing may resume
- buffet and family style dining may resume
- rules/requirements contingent upon homes' immunization coverage rates have been removed
- all residents may go on all types of absences regardless of immunization status
- off-site excursions (for example, group trips to shopping malls, attractions, etc.) may resume
- sector-specific limits on the number of visitors who may visit a non-isolating resident (indoors and outdoors) have been removed
- clarification that people attending the home, for the purposes of touring the home, are considered general visitors
- addition of resources to help inform the use of portable fans/air conditioning units and portable air cleaners

The following have been moved out of Directive #3 and incorporated into this document:

  - requirements and definitions related to absences and visitors
  - some requirements and exceptions regarding masking and physical distancing requirements
  - requirements around testing and isolation of new admissions and transfers have been largely removed from Directive #3 and moved to the Ministry of Health's COVID-19 Guidance: Long-Term Care Homes and Retirement Homes for Public Health Units

Purpose

The purpose of this document is to provide licensees of long-term care homes, as defined in the *Long-Term Care Homes Act, 2007* (the Act), with general information on requirements set out by the Province of Ontario with respect to the COVID-19 pandemic, including those set out in Directive #3, issued by the Chief Medical Officer of Health (CMOH), and to help homes in

developing approaches for operating safely while providing the greatest possible opportunities for maximizing resident quality of life.

It also outlines MLTC visitor policies and is provided to support homes in implementing the requirements to safely receive visitors while protecting residents, staff, and visitors from the risk of COVID-19.

This document is to be followed in conjunction with any applicable legislation, directives, or 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 or as ordered by the local Public Health Unit. In the event of any conflict between this document and any 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.

In this document, as defined in Directive #3, with respect to COVID-19 immunization, an individual is **"fully immunized"** if:

- they have received the full series of a COVID-19 vaccine or combination of COVID-19 vaccines approved by Health Canada (for example, two doses of a two-dose vaccine series, or one dose of a single-dose vaccine series)
- they received their final dose of the COVID-19 vaccine at least 14 days ago

Moving forward on the path to recovery

As the province progresses through the Roadmap to Reopen, a cautious lifting of controls and precautions is underway.

As we collectively move forward on the path to recovery, all homes are asked to continuously review and update their policies and procedures to align with evolving direction from the government and public health experts and to do so in consultation with their residents, residents' councils, family councils, and team members while continuing to maintain a steady focus on residents' overall health and well-being and quality of life.

Vaccination

The goal of the provincial COVID-19 immunization program is to protect Ontarians from COVID-19. Vaccines minimize the risk of severe outcomes, including hospitalizations and death, due to COVID-19, and may help reduce the number of new cases.

All vaccines provided as part of Ontario's vaccine rollout provide high levels of effectiveness against hospitalization and death from COVID-19 and its variants.

Maximizing the number of persons who are vaccinated in homes is critically important. Homes should continue to actively encourage all residents, staff, caregivers, and persons attending or conducting activities in homes to be vaccinated as soon as possible.

To further increase local vaccine uptake, the province is continuing to work closely with public health units, community organizations, and other key stakeholders to ensure priority populations from Phase One and Phase Two of the vaccine rollout are able to access their first and second dose appointments and to address other barriers to vaccination.

Eligible groups can use Ontario's vaccine booking system to find out how to schedule an appointment, or can call the Provincial Vaccine Booking Line number at 1-833-943-3900. For general inquiries, individuals can call the Provincial Vaccine Information Line number at 1-888-999-6488 or TTY service is also available by calling 1-866-797-0007. Appointments can also be scheduled directly through public health units that use their own booking system, and through participating pharmacies.

To facilitate accurate data collection in the provincial data base for the administration of the COVID-19 vaccine, those who work in a long-term care home should identify themselves as long-term care home workers and provide the name of the home they work in at the time of their vaccination (for first and second doses).

Note: Onsite vaccination clinics in homes, regardless of who is administering the vaccine, **must abide by provincial vaccine-eligibility requirements** as set out in Ontario's COVID-19 Vaccination Plan.

For questions regarding the vaccination of residents, long-term care homes must contact their local public health unit as each has a plan for the vaccination of residents.

Homes should be aware that vaccines can cause mild side effects and reactions. These can last a few hours or a couple of days after vaccination. Accordingly, staff may need to be away from work after vaccination where appropriate.

Note: On April 29, 2021, the government introduced and passed *Bill 284, COVID-19 Putting Workers First Act, 2021*, which amends the *Employment Standards Act, 2000* to require employers to provide employees with up to three days of paid leave, at their regular wage, up to $200 per day, for reasons related to COVID-19. The three paid infectious disease emergency days are retroactive to April 19, 2021 and available until September 25, 2021. The three days of paid leave would only be available to employees who:

- are covered by the *Employment Standards Act, 2000* (ESA) (independent contractors or federally regulated employees would not qualify for these days) Learn more about who is an employee under the Employment Standards Act guide.
- do not already receive paid sick time through their employer

Employers are reimbursed up to $200 per day for each employee.

Paid leave is available for certain reasons related to COVID-19, including going to get vaccinated and experiencing a side effect from a COVID-19 vaccination.

Employers and their workers can call a dedicated COVID-19 Sick Days Information Centre hotline at 1-888-999-2248 or visit Ontario.ca/COVIDworkerbenefit to get more information.

For more information about COVID-19 vaccine safety, homes can also refer to the province's COVID-19 Vaccine Safety website. It is important to note that all individuals must continue to practice recommended public health measures for the prevention and control of COVID-19 infection and transmission, regardless of whether they have been vaccinated.

Note: Local public health units are responsible for the COVID-19 vaccine rollout in their jurisdiction. Homes should work with their local public health units to arrange for onsite vaccine administration wherever possible and maintenance of vaccination for residents and staff, and to arrange plans for offsite clinics where necessary and communicate actively to staff to promote

such opportunities. Any questions from the home regarding vaccination should be directed to the local public health unit.

Minister's directive – Long-term care COVID-19 immunization policy

As part of ongoing efforts to encourage vaccination uptake in long-term care homes, the Minister of Long-Term Care issued a Minister's Directive requiring homes to have a COVID-19 immunization policy. At a minimum, the home's policy must require staff, student placements, and volunteers to do one of three things:

1. provide proof of vaccination against COVID-19
2. provide a documented medical reason for not being vaccinated against COVID-19
3. participate in an educational program approved by the licensee about the benefits of vaccination and risks of not being vaccinated if not providing proof of vaccination or a medical reason for not being vaccinated

The Minister's Directive came into effect on July 1, 2021.

Further details are available in the Minister's Directive: Long-term care home COVID-19 immunization policy.

Long-term care COVID-19 vaccine promotion toolkit

The Ministry of Long-Term Care's Long-term care COVID-19 vaccine promotion toolkit is available in 12 languages. Licensees and home administrators are encouraged to use the toolkit to support vaccine education and raise awareness by distributing widely with their home community.

All long-term care home licensees and home leadership are asked to continually amplify messages about the benefits of vaccination and to take all actions that might help with uptake, such as:

- having one-to-one conversations about vaccination with every team member
- tailoring messages regarding the benefits of vaccination so they resonate with the unique staff characteristics and needs within a home

- working with local public health units to find onsite vaccination opportunities wherever possible to vaccinate current and new staff, new residents who have not been vaccinated pre-admission and residents who need a second dose
- giving staff the opportunity to go to an offsite vaccination clinic during paid work time and covering the transportation costs (where onsite options are not feasible)
- assisting staff with booking vaccine appointments
- identifying vaccine champions including primary care physicians, seasoned staff, and faith or cultural leaders to talk to staff directly (for example, through a virtual event) and share their personal stories

Note: If workers in long-term care homes are seeking to be immunized against COVID-19, they may visit the Ontario vaccine booking site or their local public health unit website to identify opportunities for vaccination, including pop-up vaccine clinics. To facilitate accurate data collection in the provincial data base for the administration of the COVID-19 vaccine, workers should identify themselves as long-term care home workers employees and provide the name of the home they work in at the time of their vaccination (for first and second doses).

Infection prevention and control (IPAC)

There is an ongoing need to protect long-term care home residents and staff from COVID-19, particularly as residents are more susceptible to infection and are at an increased risk of severe illness and death from COVID-19 due to their age and underlying health conditions.

Section 86 of the *Long-Term Care Homes Act, 2007* requires that every home must have an IPAC program. Section 229 of Ontario Regulation 79/10 under the Act contains additional requirements, including that homes follow an interdisciplinary team approach in the coordination and implementation of the IPAC program. The importance of ongoing adherence to strong IPAC processes and practices cannot be overstated.

Specific requirements for long-term care homes in the context of the COVID-19 pandemic are set out in the Required Infection and Prevention Control (IPAC) Practices section of Directive #3.

Everyone in a long-term care home, whether it is a staff, student placement, 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 materials required on a day-to-day basis regardless of outbreak status, including but not limited to:

- personal protective equipment (PPE)
- hand hygiene products (for example, alcohol-based hand rub, liquid soap, hand towels)
- diagnostic materials (for example, swabs)
- bed linens and soak pads
- cleaning supplies (including disinfectant products)

It is critical that homes strive to prevent and limit the spread of COVID-19 by ensuring that strong IPAC practices are in place. Appropriate and effective IPAC practices should 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.

Funding has been provided to homes for the hiring of new staff and for the training and education of new and existing personnel. In addition, IPAC hubs continue to be a resource to all homes. The hubs in coordination with public health partners support the provision of IPAC knowledge, training, and expertise to congregate living settings, including long-term care homes.

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

- 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
- Recommendations for Control of Respiratory Infection Outbreaks in Long-Term Care Homes

McMaster University offers a free online IPAC learning course for caregivers and families.

Homes must follow the direction of their local public health unit on any matters related to IPAC. If there is a conflict between anything set out in this document and the direction from the local public health unit, long-term care homes must follow the direction from their public health unit.

Infection prevention and control guidance

For information about COVID-19 IPAC requirements in homes please refer to:

- Directive #3
- Public Health Ontario, Prevention and Management of COVID-19 in Long-Term Care Homes and Retirement Homes

Physical distancing

Homes should configure the physical space and the layout of the home (such as common areas and resident and staff-specific areas) to facilitate physical distancing of two metres per Directive #3. This may include:

- posting signage in common areas regarding maximum capacity
- moving furniture around or removing unnecessary furniture or equipment, including beds in rooms
- placing visual markers on the floor to guide physical distancing

Consistent with Directive #3, homes must ensure that physical distancing (a minimum of 2 metres or 6 feet) is practiced by all individuals at all times, except for the purposes of providing direct care to a resident or when the following additional exceptions apply:

- for residents to have brief physical contact with their essential caregiver(s) and/or general visitor(s) (for example, hugs)
- between fully immunized caregivers and/or fully immunized general visitors and an immunized resident
- for the purposes of a compassionate/palliative visit
- during the provision of personal care services (for example, haircutting)

Masking

Per Directive #3, homes must ensure that all staff comply with universal masking 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 and/or in designated resident areas.

The purpose of universal masking is to prevent possible spread from the potentially infectious respiratory droplets of the person wearing the mask to others.

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 and/or in designated resident areas.

Homes must ensure that all **essential visitors** wear a medical mask for the entire duration of their visit, both indoors and outdoors, regardless of their immunization status.

General visitors must wear a medical mask or a non-medical mask during their visit. If the visit is indoors, general visitors must wear a medical mask.

For **residents**, homes are required to have policies regarding masking for residents. While **there is no requirement for residents to wear a mask**, a home's policy must set out that residents must be encouraged to wear/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 meal times), and when receiving a visitor as tolerated. Homes are also required to follow any additional directions provided by the province, the local public health unit, and/or municipal bylaws.

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*
- any individual (staff, visitor, or resident) who is being reasonably accommodated in accordance with the Human Rights Code

Homes must have policies for individuals (staff, visitor, or resident) 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

See:

- Directive #3
- Directive #1
- Directive #5 issued by the CMOH for further requirements related to masking.

Note that the physical distancing requirements set out in Directive #3 apply even when people are masked.

Personal protective equipment (PPE)

Long-term care homes must follow the precautions outlined in the following directives issued by the Chief Medical Officer of Health:

- Directive #1 for health care providers and health care entities
- Directive #3 for Long-Term Care Homes
- Directive #5 for hospitals within the meaning of the *Public Hospitals Act* and long-term care homes within the meaning of the *Long-Term Care Homes Act, 2007*

Per Directive #5, if a regulated health professional determines, based on the point-of-care risk assessment (PCRA), and based on their professional and clinical judgement and proximity to the patient or resident, that an N95 respirator may be required in the delivery of care or services (including interactions), then the long-term care home must provide that regulated health professional and other health care workers present for that patient or resident interaction with a fit-tested N95 respirator or approved equivalent or better protection. The long-term care home cannot deny access to a fit-tested N95 respirator or approved equivalent or better protection if it is determined necessary by the PCRA.

Homes must provide training on PPE to all people regularly attending a home, including temporary staff or service providers coming to the home from a third party (for example, an agency).

For any questions regarding PPE supply and stock, speak with your local Ontario Health Team.

Eye protection

Appropriate eye protection requirements (for example, face shields or eye googles) are part of an individual's PPE to protect themselves against other people's potentially infectious respiratory droplets. As per Directive #3, eye protection is required for **all staff** and **all essential visitors** (including caregivers) when they are:

- providing care to residents who are self-isolating due to suspected/confirmed COVID-19 case
- providing direct care to residents within two metres in an outbreak area

In all other circumstances (for example, when providing care in non-outbreak settings and/or to residents in self-isolation), the use of eye protection based on the point-of-care risk assessment when within two metres of a resident(s).

Cohorting

Cohorting is an important IPAC measure. Cohorting helps limit the potential transmission of infection throughout the home in the event of an introduction of the virus.

Cohorting residents

Cohorting groups of residents is done based on their COVID-19 status or risk of COVID-19 (for example, due to close contact exposure), especially during an outbreak. To the maximum extent possible, residents should be grouped within a single floor or unit, and with the same cohort for dining and social activities as much as possible to limit transmission across groups in the event of a case of COVID-19. Cohorting should be in place even when a home is not in outbreak Different cohorts should not be mixing when indoors.

When outdoors, cohorting requirements amongst residents are able to be relaxed to enable for greater ability for socializing. When residents are not cohorted, it is important that masking (where tolerated) and physical distancing requirements are followed.

Cohorting staff

Staff cohorting means having each staff member provide service to only one cohort (group) of residents. Residents may or may not be physically in the same part of the facility.

Staffing assignments should ideally be organized for consistent cohorting in specific resident areas to limit staff interactions with different areas of the home.

- To the extent possible, staff should be cohorted to work on consistent floors or units even when the home is not in an outbreak.
- Where possible, change rooms and break rooms should be on the floor to limit mixing of staff between floors or units.
- Where full cohorting is not possible, partner specific floors or units to share change rooms and break rooms and cross-cover consistently when necessary, rather than staff mixing across the entire home.
- Consideration can be given to assigning fully immunized staff to cover multiple units where required; however, assignments should remain as consistent as possible.
- With respect to employees who meet the exception for fully immunized employees in Ontario Regulation 146/20 made under the *Reopening Ontario (A Flexible Response to COVID-19) Act, 2020*, it is recommended that such fully immunized employees work in a single, consistent cohort in each of the homes where they work. Long-term care homes should have policies regarding staff cohorting and maintain a current list of staff who are:
    - fully immunized (as described in *Ontario Regulation 146/20*)
    - working in multiple homes

Environmental cleaning and disinfection

All common areas (including bathrooms) and surfaces that are frequently touched and used should be cleaned and disinfected. These include:

- door handles
- light switches
- elevator buttons
- trolleys
- other common equipment in the home

Contact surfaces (such as areas within two metres) of a person who has screened positive should be disinfected as soon as possible.

For more information on environmental cleaning, refer to the Public Health Ontario resources:

- 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

Activities

New: there are no longer any rules/requirements contingent upon homes' immunization coverage rates.

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
- residents are to be within their cohort and seating arrangements be kept consistent
- fully immunized staff and fully immunized visitors may accompany a resident for meals including for the purposes of either having a meal themselves or to assist a resident with feeding
- limiting room capacity to allow physical distancing between tables
- **New**: buffet and family style dining are permitted both indoors and outdoors
- frequent hand hygiene of residents and staff or caregivers or volunteers assisting with feeding should be undertaken

What happens in an outbreak

If an area of long-term care home has a confirmed outbreak, as declared by the local public health unit, all communal dining must be suspended or modified based on direction from the local public health unit.

What happens when a resident is isolating or fails screening

Residents in isolation are not to join communal dining. However, homes should attempt to have isolated residents join-in virtually where possible to provide the isolated resident with an

alternative to in-person social interaction. No resident who fails symptom screening is to join in communal dining.

Organized events and social gatherings

Homes need to provide safe opportunities for residents to gather in small cohorts for group activities.

All long-term care homes can have organized events and social gathering with the following precautions:

- cohorting (when indoors)
- masking, including for residents where possible or tolerated
- activities such as those involving singing, dancing, etc. are permitted both indoors and outdoors
- limiting room capacity to allow physical distancing
- cleaning and disinfection of high touch surfaces between activities and room use
- natural ventilation wherever possible (for example, open windows)

Fully immunized caregivers who are in a home per the home's visitor policy and who have passed screening may join residents during activities in all homes, both indoors and outdoors, unless otherwise directed by the local public health unit.

What happens in an outbreak

If a long-term care home has a confirmed outbreak, as declared by the local public health unit, all non-essential group activities must be suspended or modified based on direction from the local public health unit.

What happens when a resident is isolating or fails screening

Residents in isolation are not to join in group organized events/activities or social gatherings. However, homes should attempt to have isolated residents join-in virtually where possible to provide the isolated resident with an alternative to in-person social interaction. No resident who fails symptom screening is to join in organized events/activities or social gatherings.

Note: the indoor and outdoor "gathering limits" set out under regulations governing the province's Roadmap to Reopen made under the *Reopening Ontario (A Flexible Response to*

COVID-19) Act, 2020 do not apply with respect to activities taking place on the premises of a long-term care home including activities such as social gatherings, religious services/ceremonies, communal dining, entertainment and physical activity or exercise.

While homes no longer need to calculate or monitor immunization coverage rates at the level of the home, they are required to provide statistical information on immunization as per the Minister's Directive – Long-term Care Home COVID-19 Immunization Policy.

Personal care services

Personal care services such as hairdressing and barber services are permitted in long-term care homes in accordance with all applicable laws including regulations under the *Reopening Ontario (A Flexible Response to COVID-19) Act, 2020*.

Residents should be encouraged to wear masks where possible or tolerated.

Rules in respect of masking, eye protection, physical distancing, screening, etc. that apply to staff, caregivers, or general visitors set out in Directive #3 and this document apply to persons providing personal care services. Which rules apply depend on whether an individual personal care service provider is staff of the licensee or a caregiver. If the individual providing the personal care service is not staff or a caregiver, the person is a general visitor.

Additionally, service providers of personal care services are subject to industry-specific occupational health and safety standards and laws, as applicable.

Residents who are symptomatic or isolating must not take part in personal care services.

Personal care services must be discontinued in areas of the home where an outbreak has been declared by the local public health unit or when otherwise directed by the local public health unit.

Screening

Passive symptom screening

Signage must be visible and posted throughout the home to remind everyone in the home to self-monitor for COVID-19 symptoms. A list of COVID-19 symptoms, including atypical symptoms, can be found in the COVID-19 Reference Document for Symptoms.

Active symptom screening

Homes are required to have an active screening program for entry. Anyone who enters the home, with the exception of emergency first responders, are to be actively screened by a screener for signs and symptoms as they enter the building. Homes may establish their own screening process based on needs and the characteristics of the home but must include, at a minimum, the questions set out in the current version of the Ministry of Health's COVID-19 Screening Tool for Long-Term Care Homes and Retirement Homes.

See Directive #3 for more information.

Admissions and transfers

Isolation and testing requirements upon admission or transfer

All long-term care 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.

Long-term care homes must follow the current version (as amended from time to time) of the Ministry of Health's COVID-19 Guidance: Long-Term Care Homes and Retirement Homes for Public Health Units, which provides information on testing and isolation of new admissions and transfers into the home.

What happens in an outbreak

Admissions and transfers may take place during an outbreak where approved by the local public health unit and there is concurrence between the long-term care home, local public health unit, and hospital.

Identifying beds for use for isolation

Each long-term care home has unique characteristics that need to be considered when identifying the necessary number of beds that should be set aside for the purpose of isolating residents where required. Long-term care homes should consider the following when identifying the number of beds that are to be set aside for isolating residents:

- the total bed capacity of the home
- the layout of the home, layout and size of rooms, and whether there is a dedicated area of the long-term care home used for isolation purposes
- number of residents per washroom or showering facility
- the frequency of beds in rooms shared by two residents becoming available for admission
- the frequency of temporary and medical absences of residents who are partially immunized or unimmunized
- need to have beds for those who are going to be admitted/transferred after recently recovering from COVID-19 and who are beyond 90 days from a laboratory-confirmed infection or who are not fully immunized
- need to have beds to isolate new admissions and residents who have returned from hospital stay
- need to have beds including single rooms if possible, to isolate symptomatic residents

Homes are encouraged to work with their local public health unit when determining the appropriate number of beds for isolation. Public health units may provide advice or direction about the appropriate number of beds.

Absences

Per Directive #3, 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/conditions described below.

There are four types of absences:

1. **medical absences** are absences to seek medical and/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/palliative, and/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

Short term and temporary absences

All residents, regardless of immunization status, may go on short term (essential and social) and temporary absences unless the resident:

- is in isolation on droplet and contact precautions
- resides in an area of the home that is in an outbreak
- is otherwise directed by the local public health unit

Residents do not need to seek approval to go on short-term absences however prior approval is required from the home for a temporary absence. Request for approval **does not** need to be in writing.

For all absences, residents must be:

- provided with a medical mask when they are leaving the home
- reminded to practice public health measures such as physical distancing and hand hygiene when outside of the home
- actively screened upon their return to the home

As per Directive #3, homes cannot restrict or deny absences for medical or palliative or compassionate reasons at any time. This includes when a resident is in isolation or when a home is in an outbreak. In these situations, homes must contact their local public health to obtain further direction.

Residents who leave the home for an overnight absence (including temporary absences) are required to follow the isolation and testing requirements as set out in the Admissions and

Transfers section of the COVID-19 Guidance: Long-Term Care Homes and Retirement Homes for Public Health Units).

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/theatre venues, etc.

Where an off-site excursion involves transporting residents in a vehicle, cohorting of residents and physical distancing should be maintained to the maximum extent possible during travel in the vehicle including during the use of public transportation.

Where possible residents going on an off-site excursion should be organized in the same cohorts used during communal dining and indoor group activities.

Homes should also encourage consistent seating in vehicles and maintain seating records.

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 physical distancing and hand hygiene when outside of the home
- actively screened per Directive #3 upon their return to the home

Visitors

Required visitor policy

All homes are required to establish and implement a visitor policy that complies with this document and Directive #3 (as amended from time to time).

Guiding principles

Rules for long-term care home visits continue to be in place to protect the health and safety of residents, staff, and visitors and are being updated as appropriate to support residents in receiving the care they need and maintaining their mental and emotional well-being.

These rules are in addition to the requirements established in the Act and *Ontario Regulation 79/10*.

The visiting policy is guided by long-term care homes responsibility for supporting residents in receiving visitors while mitigating the risk of exposure to COVID-19.

Homes' visitor policies are to be developed in accordance with the following 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** – allowing 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/infrastructure characteristics of the home, its staffing 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 and/or their substitute decision-makers have the right to designate caregivers

Minimum requirements for a home's visitor policy

Every home must have a visitor policy that includes, at a minimum, the parameters and requirements set out in this document with respect to visitors.

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

- 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

Homes must ensure that all visitors have access to the home's visitor policy and understand the rules regarding physical distancing and masking at the outset of their visit.

Homes' visitor policy must include provisions around the home's ability to support and implement all required public health measures as well as infection prevention and control practices. All visitors must follow all applicable public health measures that are in place at the home (for example, active screening, physical distancing, hand hygiene and masking) for the duration of their visit.

Per Directive #3, any visitor who fails active screening (for example, having symptoms of COVID-19 or having had contact with someone who has COVID-19) must not be allowed to enter the home, be advised to go home immediately to self-isolate, and encouraged to be tested. An exception is in place for visitors of imminently palliative residents. Visitors for imminently palliative 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.

There are no sector-specific limitations on the number of visitors who can visit a resident indoors or outdoors at a long-term care home. Homes' policies should ensure there is the ability for adequate physical distancing between groups and persons (as required) and that public health measures are being followed.

Homes are reminded that residents have a right under the *Long-Term Care Homes Act, 2007*, to receive visitors and homes should not develop policies that unreasonably restrict this right. It is expected that, at a minimum, residents would be permitted two general visitors and two caregivers at a time.

Note: The indoor and outdoor "gathering limits" set out under regulations governing the province's Roadmap to Reopen made under the Reopening Ontario (A Flexible Response to COVID-19) Act, 2020 do not apply with respect to visitors coming to a long-term care home.

Visitor logs

Per Directive #3, 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, 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.

Further detailed information with respect of minimum requirements for homes' visitor policies are outlined below:

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. Government inspectors are essential visitors; however, they are not subject the requirements in this document with respect to homes' visitor policies. Children under the age of two are not considered visitors.

Essential visitors

A home's visitor policy must specify that essential visitors are persons performing essential support services, such as:

- food delivery
- inspector
- maintenance
- health services (for example, phlebotomy)
- a person visiting a very ill or palliative resident

Essential visitors include, but are not limited to the following:

A **support worker** is a type of essential visitor who is visiting to perform essential support services for the home or for a resident at the home. Examples of support workers include:

- physicians
- nurse practitioners
- maintenance workers
- a person delivering food, provided they are not employees of the long-term care home as defined in the Act

A **caregiver** is a type of essential visitor who is at least 18 years of age and is designated by the resident or their substitute decision-maker and is visiting to provide direct care to the resident including:

- supporting feeding
- mobility
- personal hygiene
- cognitive stimulation
- communication
- meaningful connection
- relational continuity assistance in decision-making

Examples of caregivers include:

- family members who provide meaningful connection
- a privately hired caregiver
- paid companions
- translator

An essential visitor does not need to be a support worker or caregiver, as long as they meet the definition of an essential visitor.

Designating a caregiver

There is no limit to the number of persons who can be designated as a caregiver for a resident.

The designation of a caregiver should be made in writing to the home. Homes should have a procedure for documenting caregiver designations. The decision to designate an individual as a caregiver is entirely the remit of the resident and/or their substitute decision-maker and not the home.

A resident or their substitute decision-maker may change a designation in response to a change in the:

- resident's care needs that is reflected in the plan of care
- availability of a designated caregiver, either temporary (for example, illness) or permanent

Caregivers – verbal attestation

Prior to allowing entrance to the home, homes must ask caregivers to verbally attest to the home that, in the last 14 days, they have not visited another:

- resident who is self-isolating or symptomatic
- home in an outbreak where the caregiver was in a portion of the home affected by the outbreak

Caregivers – education and training

Prior to visiting any resident for the first time, the home must provide training to caregivers that addresses how to safely provide direct care, including putting on and taking off required PPE, and hand hygiene, and confirm the caregiver has read the home's visitor policy. The home must also provide retraining to caregivers, with the frequency of retraining indicated in the home's visitor policy.

Caregivers – scheduling and length and frequency of visits

Homes may not require scheduling or restrict the length or frequency, of visits by caregivers.

Essential visitors – masking

Essential visitors must wear a medical mask for the entire duration of their shift or visit, both indoors and outdoors, regardless of their immunization status, per Directive #3 unless exceptions in the directive or this document apply.

General visitors

A general visitor is a person who is not an essential visitor and is visiting:

- to provide non-essential services, who may or may not be hired by the home or the resident or their substitute decision maker for social reasons (for example, family members or friends) that the resident or their substitute decision-maker assess as different from direct care, including care related to cognitive stimulation, meaningful connection, and relational continuity

In addition, general visitors may include persons attending the home for other purposes which may include but are not limited to:

- personal care service providers (for example, hairdressers, barbers, manicurists, etc.)
- entertainers
- recreational service providers
- animal handlers (for example, as part of therapy animal program)
- individuals who are touring the home to inform decisions regarding application for admission

General visitors younger than 14 years of age must be accompanied by an adult.

General visitors – masking

The home's visitor policy must specify that general visitors must wear a mask or face covering that covers their mouth, nose, and chin for the duration of their visit. If the visit takes place indoors, the general visitor must wear a medical mask.

General visitors – physical distancing

No general visitors are permitted if the resident is symptomatic or isolating under droplet and contact precautions or resides in an area of the home that is in an outbreak. This applies to both indoor and outdoor visits.

General visitors younger than 14 years of age must be accompanied by an adult and must follow all applicable public health measures that are in place at the home (for example, active screening, physical distancing, hand hygiene, masking for source control).

Screening of visitors

The screening requirements in Directive #3 apply to all types of visitors. Homes must have a visitor policy that includes:

- active screening of all visitors, specifically that visitors be actively screened for symptoms and exposure history for COVID-19 prior to being allowed to visit the resident, regardless of whether the visit is indoors or outdoors
- any staff or visitor who fails active screening (in other words, is showing symptoms of COVID-19 or had contact with someone who has COVID-19) must not be allowed to enter the home or visit outdoors with the resident and must be advised to go home immediately to self-isolate and be encouraged to be tested

A home's visitor policy should also include the screening requirements in this section for support workers, caregivers and general visitors.

Homes should ask caregivers to verbally attest to the home that, in the last 14 days, they have not visited another:

- resident who is self-isolating or symptomatic
- home in an outbreak where the caregiver was in a portion of the home affected by the outbreak

Prior to visiting any resident for the first time, the home should provide training to caregivers that addresses how to safely provide direct care, including putting on and taking off required PPE, and hand hygiene, and confirm the caregiver has read the home's visitor policy. The home should also provide retraining to caregivers, with the frequency of retraining indicated in the home's visitor policy.

Visitor policy

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

- 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

General visitors' access to the visitor policy

In addition to screening, homes should ensure general visitors have access to the home's visitor policy and understand the rules regarding physical distancing and masking at the outset of their visit.

Personal protective equipment

The home's visitor policy must specify that visitors must wear personal protective equipment (PPE) as required in Directive #3.

General visitors must maintain physical distancing of two metres from residents. However, brief hugs are permitted. Fully immunized general visitors may have close contact (for example, holding hands) with residents. Homes must advise general visitors during screening that if they are not fully immunized, then they should maintain physical distance from the resident, except for brief hugs.

General visitors – scheduling and length and frequency of visits

Homes have the discretion to require general visitors to:

- schedule their visits in advance
- limit the length of the visit; however, each visit should be at least 60 minutes long
- limit the frequency of visits; however, homes should allow at least two visits per resident per week

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. When scheduling outdoor visits, consideration should be given to maximizing physical space and human resources to assist residents (where needed) to entry points to meet general visitors. In addition,

where homes do not have sufficient outdoor space to accommodate visits, outdoor visits can also take place in the general vicinity.

Physical contact

Homes should not restrict physical touch (for example, holding hands) between residents and caregivers or general visitors who are fully immunized, provided appropriate IPAC measures, like masking and hand hygiene are in place. Brief hugs are permitted regardless of immunization status.

Access to home areas

All homes need to create safe opportunities for caregivers to spend time with residents in areas outside the resident's room including lounges, walks in hallways (without going outdoors), and outdoor gardens and patios.

Supervising visits

Homes are not required to supervise visits. However, homes should have a reasonable approach to support health and safety during visits (for example, monitoring the flow of visitors to ensure sufficient physical distancing can be maintained, supporting residents during the visit, providing suggestions of nearby outdoor spaces that can be used, etc.).

Where a home needs to supervise visits, the supervision should be implemented in a manner that respects the resident's right to communicate in confidence, receive visitors of their choice and consult in private with any person without interference under paragraph 14 of subsection 3(1) of the LTCHA.

Non-compliance with homes' visitor policy by visitors

Non-compliance with the home's policies could result in a discontinuation of visits for the non-compliant visitor. The home's policy should align with the guidance below with respect to non-adherence.

Responding to non-compliance by visitors

The home's visitor policy should include procedures for responding to non-compliance by visitors in the home that:

- provide strategies for supporting visitors in understanding and adhering to the home's visitor policy
- recognize visits are critical to supporting a resident's care needs and emotional well-being
- consider the impact of discontinuing visits on the resident's clinical and emotional well-being
- reflect and are proportionate to the severity of the non-adherence.
- where the home has previously ended a visit by, or temporarily prohibited, a visitor, specify any education or training the visitor may need to complete before visiting the home again
- protect residents, staff and visitors in the home from the risk of COVID-19

Homes are encouraged to consult the Residents' Council and the Family Council in the home on procedures for addressing non-adherence by visitors.

Ending a visit

Homes have the discretion to end a visit by any visitor who repeatedly fails to adhere to the home's visitor policy, provided:

- the home has explained the applicable requirement(s) to the visitor
- the visitor has the resources to adhere to the requirement(s) (for example, there is sufficient space to physically distance, the home has supplied the PPE and demonstrated how to correctly put on PPE, etc.)
- the visitor has been given sufficient time to adhere to the requirement(s)

Homes should document where they have ended a visit due to non-compliance.

Temporarily prohibiting a visitor

Homes have the discretion to temporarily prohibit a visitor in response to repeated and flagrant non-compliance with the home's visitor policy. In exercising this discretion, homes should consider whether the non-compliance:

- can be resolved successfully by explaining and demonstrating how the visitor can adhere to the requirements
- is with requirements that align with instruction in Directive #3 and guidance in this policy
- negatively impacts the health and safety of residents, staff and other visitors in the home
- is demonstrated continuously by the visitor over multiple visits
- is by a visitor whose previous visits have been ended by the home.

Any decision to temporarily prohibit a visitor must:

- be made only after all other reasonable efforts to maintain safety during visits have been exhausted
- stipulate a reasonable length of the prohibition
- clearly identify what requirements the visitor should meet before visits may be resumed (for example, reviewing the home's visitor policy, reviewing specific Public Health Ontario resources, etc.)
- be documented by the home

Where the home has temporarily prohibited a caregiver, the resident or their substitute decision-maker may need to designate an alternate individual as caregiver to help meet the resident's care needs.

Restrictions during outbreaks or when resident is isolating

- In the case where a resident is symptomatic or isolating under droplet and contact precautions, only one caregiver may visit at a time and no general visitors are permitted.
- In the case where a resident resides in an area of a home that is in an outbreak, as declared by the local public health unit, no general visitors are permitted.
- In the case where a local public health unit directs a home in respect of the number of visitors allowed, the home is to follow the direction of the local public health unit.

Essential visitors are the only type of visitors allowed when a resident is isolating or resides in an outbreak area of the home. A caregiver may not visit any other resident or home for 14 days after visiting another:

- resident who is self-isolating, including those experiencing symptoms of COVID-19 and are being assessed
- home or area of a home affected by an outbreak

The local public health unit may provide direction or restrictions on visitors to the home, depending on the specific situation.

Recognizing that not all homes have suitable outdoor space, outdoor visits may also take place in the general vicinity of the home.

Homes should ensure physical distancing (a minimum of two metres or six feet) is maintained between groups.

Accessibility considerations

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

Surveillance testing

Surveillance testing refers to routine COVID-19 testing of asymptomatic persons entering a long-term care home. This includes asymptomatic staff, student placements, volunteers, and visitors over age 2 years who have not been exposed to COVID-19. This is different from COVID-19 testing of individuals who are symptomatic, have had a high-risk exposure or in an outbreak setting as directed by the local public health unit.

Per the current Minister of Long-Term Care's Directive COVID-19: Long-term care home surveillance testing and access to homes, all staff, student placements, volunteers, and visitors at a long-term care home must be tested in accordance with the Minister's Directive, unless the person shows proof of being full immunization or another exception in the Minister's Directive applies. For detailed information on requirements, refer to the Minster's Directive.

General visitors who are coming to the home for an outdoor visit only are not subject to surveillance testing.

Signage

All homes should have signage posted throughout the home to remind everyone in the home to:

- physically distance
- wear masks
- perform hand hygiene
- follow respiratory etiquette as per routine measures for respiratory illness (flu) season

Homes should post signage in obvious places on the premises, including at entrances and in common areas regarding:

- symptom screening for visitors and residents
- how to physically distance in long-term care
- universal mask use in health care
- how to handwash and how to hand rub
- additional precautions

Local public health units may have additional signage on their websites that may be helpful or useful to homes.

Air conditioning and air flow

Below is a list of Public Health Ontario knowledge products that can help with information on the use of portable fans, air conditioning units and portable air cleaners. These summarize a number of considerations such as placement, cleaning and maintenance, and room size.

- 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 (question three outlines performance standards and question six talks about placement in general)

- Focus on: heating, ventilation and air conditioning (HVAC) systems in buildings and Covid-19

Staff education

Homes must familiarize themselves with all applicable pandemic-related policies, including directives and orders, and stay up to date on new and revised requirements.

Homes should develop and implement educational opportunities for staff, including through virtual means, regarding pandemic-specific policies issued by the province, as well as local public health units. Emphasis should be placed on newly-hired and retained staff but opportunities and learning should also be provided on a continuous basis to all staff (as refreshers and when new or different advice is being set out). In addition to keeping staff informed about policies, educational opportunities should focus on IPAC measures, environmental cleaning, masking, and how to put on and take off (don and doff) PPE.

All staff should also know the signs and symptoms of COVID-19 in order to identify and respond to and report these quickly. For signs and symptoms of COVID-19 please refer to the COVID-19 Reference Document for Symptoms.

Homes must also provide education about physical distancing, respiratory etiquette, hand hygiene, infection prevention and control practices and proper use of PPE for all visitors.

Communications

Long-term care homes must keep staff, residents and families informed about COVID-19, including frequent and ongoing communication during outbreaks. Homes must remind staff to:

- monitor themselves for COVID-19 symptoms at all times
- immediately self-isolate if they develop symptoms

Signage in the home must be clear about COVID-19, including signs and symptoms of COVID-19 and steps that must be taken if COVID-19 is suspected or confirmed in staff or a resident as per Directive #3.

Issuing a media release to the public is the responsibility of the institution but should be done in collaboration with the public health unit.

Outbreak definition and management

Please refer to:

- Directive #3
- COVID-19 Guidance: Long-Term Care Home Outbreak Management
- Management of Cases and Contacts of COVID-19 in Ontario
- COVID-19 Provincial Testing Guidance

Homes must follow direction from their local public health unit in the event of a suspect or confirmed outbreak.

Outbreak definition

A COVID-19 outbreak is defined as:

- a **suspect outbreak** in a long-term care home is defined as one single lab-confirmed COVID-19 case in a resident
- a **confirmed outbreak** in a long-term care home is defined as two or more lab-confirmed COVID-19 cases in residents or staff (or other visitors) in a home with an epidemiological link, within a 14-day period, where at least one case could have reasonably acquired their infection in the home

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 a link as part of their investigation, which will inform their decision as to whether they will declare an outbreak.

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* (HPPA).

Homes must follow the critical incident reporting requirements set out in section 107 of *Ontario Regulation 79/10* made under the *Long-Term Care Homes Act, 2007*. 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.

Post-mortem

Contact your local public health unit immediately following the death of any person from confirmed or suspected COVID-19 that occurred on the premises of the home.

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 surveillance testing can be sent to:
    - MLTCpandemicresponse@ontario.ca
    - covid19testing@ontariohealth.ca
    - your Ontario Health primary contact

Resources

- COVID-19 information for the long-term care sector https://www.health.gov.on.ca/en/pro/programs/ltc/covid19.aspx
- LTCHomes.net for long-term care home licensees and administrators
- Ministry of Health, COVID-19 Vaccine-Relevant Information and Planning Resources
- Public Health Ontario, COVID-19 long-term care resources for the sector:

- 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
- Prevention and Management of COVID-19 in Long-Term Care Homes and Retirement Homes