FAQs

Directive #3 and MLTC COVID-19 Guidance Document for LTCHs

June 3, 2021

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UPDATES TO THE VISITOR POLICY

1. What is changing?

On May 22, 2021, the Chief Medical Officer of Health and the Ministry of Long-Term Care updated requirements and policies to permit families and friends (i.e., "general visitors") to visit long-term care home residents outdoors.

Specifically, each resident may have up to two general visitors at a time for outdoor visits. Essential caregiver(s) can also be present during these visits.

Recognizing that outdoor visits may not be possible for all residents, effective June 9, 2021, residents with mobility limitations or health conditions (i.e. factors unrelated to weather) that make an outdoor visit highly unlikely or impossible, may have one general visitor visit indoors at a time. One essential caregiver may also be present during these visits.

Physical distance of two metres must be maintained between general visitors and residents. Effective June 9th, 2021, brief hugs are permitted between all residents and visitors regardless of immunization status. Where both the resident and the visitor are fully immunized, close physical contact, including hand holding is permitted.

All visitors must wear a mask or face covering that covers their mouth, nose and chin at all times. Residents should also be masked, where tolerated. General visitors do not need to wear eye protection.

Please note that children under the age of two do not count toward the total number of general visitors regardless of whether the visit is indoors or outdoors and are not required to wear masks/face coverings.

General visitors are not permitted to visit residents who are symptomatic or isolating under Droplet and Contact precautions.

2. The province is allowing outdoor gatherings of up to five people. Why are long-term care home residents limited to only two general visitors?

This is a next cautious step to further ease restrictions put in place to protect long-term care home residents and expand opportunities to improve residents' quality of life. Outdoor visits still need to allow for physical distancing among and between groups. Starting with a limit of two general visitors per resident will help homes maximize available outdoor space and schedule as many visits as possible for multiple residents at any given time.

The ability of essential caregivers to also be present for these outdoor visits when they choose is not being restricted as they may join over and above the two general visitors.

Also, the limit of two general visitors at a time does not restrict the resident from having multiple different visitors arranged as separate outdoor visits.

3. What are the screening and surveillance testing requirements for general visitors?

General visitors must undergo active screening upon arrival at the home. Homes may use tools and practices to make this screening as efficient as possible (e.g., phone apps).

General visitors arriving for outdoor visits are not allowed beyond entry points / areas in homes. General visitors do not need to undergo rapid antigen tests as their visit will be outdoors.

For indoor visits, general visitors are subject to antigen testing and must test negative for COVID-19 prior to being granted entry to the home, in accordance with the Minister's Directive: *COVID-19 Surveillance Testing and Access to Homes*.

4. Who determines if a resident can participate in an outdoor/indoor visit or not?

Homes know their residents, including their health status and mobility limitations. This exception is only for in instances where outdoor visits are extremely challenging or not possible.

This may include the resident's level of physical functioning, the type and level of assistance that is required to support the resident in participating in an outdoor visit, including any disease diagnoses, health conditions and their overall wellbeing.

5. My home does not have any / enough outdoor space. Can general visitors visit indoors?

Outdoor visits may also take place in the general vicinity of the home. Homes should leverage nearby amenities such as local parks or parkettes to enable family and friends to visit their loved ones.

As of June 9th, general visitors are only allowed indoors for residents whose mobility limitations or health condition makes outdoor visits highly unlikely or impossible.

6. If both essential caregivers come for an outdoor visit, how many are allowed inside the home?

There is no change to this policy. A maximum of one caregiver per resident may visit inside the home at a time.

7. Can general visitors visit indoors during inclement weather?

No. As of June 9th, a maximum of 1 general visitor per resident at a time may visit indoors where a resident's mobility limitations or health condition makes outdoor visits a highly unlikely or impossible.

Homes have discretion in facilitating outdoor visits during inclement weather (e.g. rain) which may depend on the physical characteristics/infrastructure of the home's outdoor space.

8. Can general visitors have close contact with a fully immunized resident?

Where either the resident or general visitors are not fully immunized the general visitor must maintain two metres physical distance from residents.

As of June 9th, where both the resident and the general visitor are both fully immunized close physical contact is permitted. Brief hugs will also be permitted regardless of immunization status.

Close physical contact between a fully immunized resident and a fully immunized caregiver is permitted.

9. How are homes supposed to determine if a general visitor is fully immunized?

Homes can establish their own policies and/or requirements to determine if a general visitor is fully immunized. They should remind all visitors at entry of the requirements.

10. Are general visitors permitted when the home is in outbreak?

General visitors are not permitted to visit residents indoors if the entire home is in outbreak or the resident is symptomatic or isolating under Droplet and Contact precautions. If only a portion of the home is in outbreak, residents who are unable to participate in an outdoor visit and who are unaffected by that outbreak may receive a maximum of 1 general visitor, in addition to 1 caregiver.

General visitors are permitted to visit residents outdoors provided the resident is not symptomatic or isolating under Droplet and Contact precautions. This means that where a portion of the home is in outbreak, residents unaffected by that outbreak may still have outdoor visits.

11. Do homes have a choice to continue the restriction on general visitors?

Per the Residents' Bill of Rights under the *Long-Term Care Homes Act, 2007*, homes must fully respect and promote a resident's right to receive visitors. It is expected that homes will provide for residents to see visitors in accordance with Directive #3 and ministry policy and guidance and will not place unreasonable restrictions on residents' ability to do so. Where homes believe there is a valid health and safety reason for imposing additional restrictions on general visitors beyond what is set out in Directive #3 and ministry policy and guidance, they should consult with the local public health unit.

12. Do general visitors need to be fully immunized before entering the home?

General visitors may enter the homes regardless of their immunization status provided they have passed symptom screening and have tested negative for COVID-19 per home's testing program.

UPDATES TO ABSENCES

13. Are social absences permitted?

Yes, as of June 9, 2021, residents who are fully immunized can leave the home for social absences, which includes absences for all reasons not listed under medical, compassionate/palliative, and/or essential absences that do not include an overnight stay.

14. Do residents have to request approval from the home to go out for a short term (day) absence.

No. Residents DO NOT need to seek approval from the home to go out on a short-term absence.

15. Are temporary absences permitted?

Yes, as of June 9, 2021, residents who are fully immunized may leave the home for temporary absences, which includes absences that involve two or more days **and** one or more nights for non-medical reasons.

As per Directive 3, residents who leave the home for on an overnight absence are required to have a laboratory-based PCR COVID-19 test upon return and remain in isolation on Droplet and Contact precautions while their test result is pending.

16. Do residents have to request approval from the home to go out for a temporary absence?

Residents who are fully immunized will need to seek approval from the home to go out on temporary absences. Homes are asked to accommodate these requests wherever operationally feasible.

17. Why are you only allowing fully immunized residents to go on short term and temporary absences?

The ministry has not mandated immunization for any residents, staff or caregivers and aims to provide all individuals, regardless of immunization status, the ability to socialize with loved ones. We are taking a cautious approach to modifying restrictions in homes

based on an assessment of risk factors, including immunization status. As the pandemic continues to evolve public health conditions improve, we anticipate making additional changes to further ease restrictions including for both vaccinated and unvaccinated residents.

18. Can residents participate in physical activity such as walks in the immediate area?

It is important for residents to be able to engage in physical activity and take part in activities that bring them joy, comfort, and dignity while still remaining safe. Residents who are not under isolation requirements or symptomatic can leave the home to take a walk in the immediate area to support overall physical and mental well-being, including during the stay-at-home order and even if the home is in outbreak.

19. What protocols should continue to be followed by homes when residents are leaving to go out for an absence?

Homes must provide residents with a surgical/procedure mask and remind residents to comply with routine public health measures, including masking (as tolerated), physical distancing, frequent hand hygiene, and respiratory etiquette. Residents should maintain their distance from others (unless they require assistance/direct care) while they are out.

20. Do residents need to be screened upon return from an absence?

Yes. Returning residents must be actively screened for symptoms and exposure history for COVID-19 before they are allowed to enter the LTCH. Any resident returning to the LTCH following an absence who fails active screening must be permitted entry but isolated under Droplet and Contact Precautions and tested for COVID-19 as per the COVID-19: Provincial Testing Requirements Update.

As per Directive 3, residents who leave the home for on an overnight absence are required to have a laboratory-based PCR COVID-19 test upon return and remain in isolation on Droplet and Contact precautions while their test result is pending

DEFINITIONS

21. What is meant by "fully immunized" in Directive #3 and also referenced in the MLTC guidance document?

A person is **fully immunized** against COVID-19 if:

- they have received the total required number of doses of a COVID-19 vaccine approved by Health Canada (e.g., both doses of a two-dose vaccine series, or one dose of a single-dose vaccine series); and
- they received their final dose of the COVID-19 vaccine at least 14 days ago.

Currently, the required number of doses for the Pfizer, Moderna, and AstraZeneca vaccines to complete the vaccine series is two.

22. What are "immunization coverage rates/thresholds"?

For the purposes of interpreting the new MLTC guidance document, immunization coverage rates refer to the percentage of residents who are fully immunized and the percentage employees of the long-term care licensee who are fully immunized. The level of precautions homes must implement for communal dining and social activities depends on whether they have immunization coverage rates of 85% of residents and 70% of employees fully immunized.

23. What does "cohorting" refer to?

Cohorting is an important IPAC measure to limit the potential transmission/spread of infection throughout the home in the event COVID-19 has been introduced into the home. Cohorting is a way of grouping residents and staff to prevent the spread of infection within a facility, especially during an outbreak. Public Health Ontario resources on cohorting during an outbreak of COVID-19 in long-term care homes are available here.

Residents:

Residents should be cohorted to the maximum extent possible even when the home is not in outbreak.

- Residents are to be cohorted into small groups which are together consistently for the purposes of dining, activities, etc.
- Cohorts can consist of fully immunized, partially immunized, and/or unimmunized residents.
    - However, in homes which have not met the 85%/70% immunization coverage threshold, physical distancing should be maintained during group activities (i.e. communal dining and indoor activities/social gatherings).
- To the extent possible, residents should be cohorted within a single floor/unit
- Resident cohort sizes should be as small as possible.

- Each cohort should stay physically distant from other cohorts to the maximum extent possible and mixing of cohorts is to be avoided
- Scheduling of dining, indoor activities, etc. should be staggered to prevent cohorts from mixing together
- Cohort sizes should balance the psychosocial needs of the resident, the home's staffing needs, and take into consideration capacity limits for common areas and inclusion of essential caregivers as required.

Staff:

Staff cohorting means having each staff member provide service to only one cohort (group) of residents. To the maximum extent possible, staffing assignments should be organized for consistent cohorting in specific resident areas (e.g., within a single floor or a unit) to limit interactions with other staff and residents in different areas of the home.

ACTIVITIES

24. Can homes resume communal dining?

Yes. All long-term care homes can now resume communal dining with the following precautions:

- when not eating/drinking, residents should be encouraged to wear a mask where possible/tolerated
- residents are to be cohorted and seating arrangements consistent
- no buffet style service, no shared use of serving spoons, no shared utensils, etc.
- frequent hand hygiene of residents and staff/essential caregivers/volunteers assisted with feeding should be undertaken
- two-metre physical distancing between all diners is to be maintained and capacity limits of the dining room/area are to be reduced.
    - **Additional flexibility should be introduced where homes have met a 85% resident and 70% employee immunization coverage rate**. Specifically, physical distancing can be suspended in cohorted groups for the duration of the dining period.

Fully immunized staff and essential caregivers may accompany a fully immunized resident for meals by joining the resident's cohort, regardless of the immunization coverage rate in the home. Essential caregivers must continue to mask and practice physical distancing from other residents and staff.

For all indoor activities, regardless of the immunization coverage rate in the home, workers, caregivers, and volunteers in the home are to adhere to all required IPAC measures, including universal masking/eye protection requirements, maintaining at least two metres from residents at all times (other than in the circumstances that are set out as exceptions to the physical distancing requirement in Directive #3 such as

hugging between a fully immunized essential caregiver and fully immunized resident), and engaging in frequent hand hygiene.

25. Can homes resume indoor activities/social gatherings?

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

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

- Cohorting
- Masking, including for residents where possible/tolerated
- Avoiding high risk activities (e.g., singing)
- Limited capacity in a room to allow physical distancing
- All participants should physically distance from one another unless staff are providing direct support
- Cleaning and disinfection of high touch surfaces between activities/room use
- Natural ventilation wherever possible (e.g., open windows)

Where homes have met the 85% resident and 70% employee immunization coverage rate, physical distancing can be suspended for the duration of the activity/social gathering.

For all indoor activities, regardless of the immunization coverage rate in the home, workers, caregivers, and volunteers in the home are to adhere to all required IPAC measures, including universal masking/eye protection requirements, maintaining at least two metres from residents at all times (other than in the circumstances that are set out as exceptions to the physical distancing requirement in Directive #3 such as hugging between a fully immunized essential caregiver and fully immunized resident), and engaging in frequent hand hygiene.

26. How do homes know what their immunization coverage rates are?

Residents: Homes must establish and implement a process to collect information on resident's vaccine status, using a consent-based model and adhering to existing laws. The overall resident immunization coverage rate should be updated as occupancy in the *home changes over time.*

Employees: Homes must also establish and implement a process to collect information on employee's vaccine status. All long-term care home employees are asked to voluntarily show a copy of their COVID-19 vaccine receipt(s) to the home. Any employee who does not share these receipt(s) cannot be considered fully immunized. Homes must handle this information in accordance with existing laws. As employees

are retained or leave, ongoing updating of the overall employee immunization coverage rate is required, at a monthly frequency at a minimum.

How can homes calculate their immunization coverage rate?

$$\text{TOTAL RESIDENT COVERAGE RATE} = \frac{\text{\# fully immunized residents}}{\text{total \# residents in home}} \times 100$$

$$\text{TOTAL EMPLOYEE COVERAGE RATE} = \frac{\text{\# fully immunized employees}}{\text{total \# employees in home}} \times 100$$

27. What can homes do to encourage staff and essential caregivers to be vaccinated?

Licensees and home leadership should work to continually amplify messages about the benefits of vaccination and to find opportunities for additional actions such as:

- Having one-to-one conversations with team members
- Tailoring messages to the unique staff characteristics and needs within homes
- Working with local public health units to find onsite vaccine opportunities wherever possible to vaccinate new residents who have not been vaccinated pre-admission and remaining staff
- 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, and
- Identifying vaccine champions in homes' communities including primary care physicians, seasoned staff, and faith/cultural leaders to talk to staff directly (e.g., through a virtual event) and share their personal stories.

Homes are also encouraged to promote and share widely the ministry's COVID-19 Vaccine Promotion Toolkit which contains a welcome letter, posters, fact sheets, tips for holding effective conversations, an FAQ, and sample Facebook and Twitter posts that users can share in social networks. The kit is available in English, French, and ten other languages.

SCREENING REQUIREMENTS

28. What are the active screening requirements? Has anything changed compared to previous requirements?

All individuals (staff, visitors, and residents returning from an absence) must be actively screened for symptoms and exposure history for COVID-19 before they are allowed to enter the home. All staff and visitors should self-monitor for symptoms while in the home, but do not need to be actively screened again during their shift/visit or at exit. LTC homes can use a 'Screening App' if they wish but results must be checked and validated at the entrance prior to entrance.

There are no changes to the third party screening requirements:

- LTC homes may use a vendor of their own choosing or may use a dedicated hire of their own.
- Vendor arrangements and dedicated hires are acceptable regardless of how long these have been in place.
- Individuals performing the oversight function can be coupled with existing staff who have been trained to assist with confirming PCR testing and active screening.
- Individuals do not need to be security personnel and/or uniformed personnel.

There is an exception to screening requirements for first responders: they must be permitted entry without screening in emergency situations.

All residents must be assessed at least twice daily (once during the day and one during the evening) for signs and symptoms of COVID-19, including temperature checks.

The chart below summarizes the active screening requirements in latest version of Directive #3:

	Staff, Visitors, and Anyone Entering the Home	Current Residents of the Home
Who does this include?	Staff working at the LTCH and all visitors, including essential visitors and anyone else entering the home. Exception is provided to first responders, who should, in emergency situations, be permitted entry to the home without screening.	Residents currently living in the home.
What are the screening practices?	• Conduct active screening (at the beginning of the day or shift). At a minimum, homes should ask the questions listed in the COVID-19 Screening Tool for Long-Term Care Home and Retirement Homes. • Temperature checks are not required. • All visitors coming into the home must adhere to the home's visitor policies.	• Conduct symptom assessment of all residents at least twice daily (at the beginning and end of the day) to identify if any resident has symptoms of COVID-19, including any atypical symptoms as listed in the COVID-19 Reference Document for Symptoms. • Twice daily symptom screening includes temperature checks. • All residents returning from any type of absence must be screened at entry upon their return.
What if someone does not pass screening (i.e., screens positive)?	Staff, visitors, and those attempting to enter the home who are showing symptoms of COVID-19 or had a potential exposure to COVID-19, and have screened positive must: • Not enter the home, • Instructed to immediately to self-isolate, and • Be encouraged to be tested for COVID-19 at an assessment centre.	Residents with symptoms of COVID-19 (including mild respiratory and/or atypical symptoms) must be isolated under Droplet and Contact Precautions and tested. For a list of typical and atypical symptoms, refer to the COVID-19 Reference Document for Symptoms.

29. Why is temperature checking during the screening process for staff, visitors, and returning residents no longer required?

Directive #3 provides minimum requirements with which all homes must comply. Removing temperate checking as a requirement when screening staff, visitors, and returning residents upon entry to the home aligns active screening advice for long-term care homes with other sectors in Ontario, including acute care. It is challenging to ensure temperature checks are done consistently, reliably, and accurately (e.g., using the device correctly, ensuring it is calibrated for use, etc.) Additionally, fever is only one among a number of other symptoms that may be suggestive of COVID-19.

WARD ROOMS:

30. Can a resident from a three (3) or four (4) bed ward room return to that room if they leave the home?

It depends on whether the resident has left to go on a temporary absence or whether the resident was discharged from the home:

- A bed in a ward room must be left vacant if a resident who occupied a bed in the ward room is discharged from the LTCH **and** there are two or more residents who continue to occupy a bed in the ward room.
- Residents who are currently occupying a bed in a ward room with two (2) or more residents must be permitted to return to their bed following a temporary absence, including medical absences requiring an admission or a transfer to another health care facility, after completing their testing and isolation (if required) per Directive #3.

OUTBREAK CASE DEFINITION

31. What is the definition of a COVID-19 outbreak in long-term care homes?

The definition of outbreak has been moved out of Directive #3 and is now found in both the new MLTC guidance document as well as the MOH COVID-19 Guidance: Long-Term Care Homes and Retirement Homes for Public Health Units. The definition has NOT changed from what was last set out in Directive #3:

- 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 and/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 public health unit can declare an outbreak, and declare that an outbreak is over.

Immunization Policy

32. What are the requirements for homes Immunization Policy under the Minister's Directive?

Under the new Minister's Directive, long-term care home licensees will be required to establish and implement a COVID-19 immunization policy for staff, student placements, and volunteers. At a minimum, each home's policy must require that staff, student placements, and volunteers do one of three things:
1. Provide proof of COVID-19 vaccine administration; OR
2. Provide a documented medical reason for not being vaccinated against COVID19; OR

3. Participate in an educational program about COVID-19 vaccination if not providing proof of vaccination or a medical reason.

33. When are these requirements going into effect?

To provide for a period of transition, the effective date of the Minister's Directive is July 1, 2021. A July 1st effective date balances the need for licensees to have some lead time to develop or adapt their policies and undertake implementation activities, with the need to have the policy in place as soon as possible to protect homes' populations.

34. Where can I find additional information on the requirements of the Minister's Directive Long-Term Care Home COVID-19 Immunization Policy?

Please see the Minister's Directive Long-Term Care Home COVID-19 Immunization Policy for further information. In addition, a guidance document has is available to aid homes in the creation of their Immunization Policy can be found here.