

COVID-19 Frequently Asked Questions for ORCA Members

Last Update: **April 26, 2020 – 11:00 AM**

DISCLAIMER: This document reflects some of the member questions staff have been fielding on COVID-19 and is informed by the Association's active engagement with the Ministry of Health Emergency Operations Centre, the COVID-19 Collaboration table, the Ministry for Seniors and Accessibility and the Retirement Homes Regulatory Authority. This document is updated regularly, please check back often.

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NOTE: *All retirement communities should refer to the Ministry of Health and their local public health unit for direction on management and prevention of COVID-19.*

Further resources can be found at: <https://learningcentreforseniorliving.ca/CDU>

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Active Screening and Visitors

1. The Retirement Homes Regulatory Authority and the Ministry of Health has advised retirement communities to actively screen residents, staff and visitors for COVID-19. What does “active screening” mean?

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On April 24, 2020, the Ministry of Health released a new [COVID-19 Screening Tool for Long-Term Care Homes and Retirement Homes](#). At a minimum, the questions in the Tool should be used to screen individuals for COVID-19 and can be adapted based on need and the specific setting. Please refer to the Tool for active screening protocols.

2. If a resident is returning from hospital during the COVID-19 pandemic, can the community refuse their re-admission?

Last updated: April 26, 2020 – 11:00 AM

Readmission to the retirement community may only be refused under certain circumstances. Transfers from hospital to retirement communities should only occur if the receiving retirement community is not in a COVID-19 outbreak, the patient has been tested for COVID-19 at the point of discharge and is determined to have a negative result, the patients being transferred must complete 14-days of self-isolation upon arriving at the retirement community and the home has plans to ensure this occurs.

If an outbreak is declared in the home, new resident admissions and re-admissions are not allowed until the outbreak is over. Additionally, if residents are taken by family out of the home, they may not be readmitted until the outbreak is over.

3. Are retirement communities allowed to turn away visitors?

Last Updated: April 16, 2020 – 2:00 PM

The Ministry of Health and the Retirement Homes Regulatory Authority are [requiring](#) that retirement communities only allow essential visitors until further notice. The Ministry and the RHRA are identifying essential visitors as those visiting a very ill or palliative resident. Essential visitors would also include a person performing essential support services (e.g. food delivery, phlebotomy testing, maintenance, family or volunteers providing care services and other health care services required to maintain good health). These essential visitors must continue to be actively screened and if they fail any part of the screening process shall not be allowed into the community.

4. What if a resident’s family or other visitor pushes back on the visitor restrictions in place?

Last Updated: March 27, 2020 – 6:00 PM

The Ministry for Seniors and Accessibility has advised ORCA that the local public health units have the authority to assist with reinforcing restrictions in the event a resident’s family or other visitor(s) are pushing back on the visitor restrictions and it cannot be resolved by the retirement community. You can also provide the [message from the RHRA](#) and this [memo](#) from Ontario’s Chief Medical Officer of Health. Accommodating interactions between residents and family through phone calls or video technology is encouraged.

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Additionally, the RHRA takes seriously any contraventions of the public health directives, and RHRA will support retirement homes in complying with these directives.

5. Can retirement community residents leave the building to visit family and friends during the COVID-19 pandemic?

Last Updated: March 31, 2020 – 9:00 PM

Per the Chief Medical Officer of Health's March 30, 2020 [directive](#), homes must not permit residents to leave the home for short-stay absences to visit family and friends. Instead, residents who wish to go outside of the home must be told to remain on the home's property and maintain safe physical distancing.

6. Are external care providers considered essential visitors?

Last Updated: March 31, 2020 – 9:00 PM

The Retirement Homes Regulatory Authority has provided the clarification that if a resident has an external care provider, they should be screened as per the home's staff protocol and would not be considered a visitor. The [Ministry of Health](#) has also identified that essential visitors would include a person performing essential support services (e.g. health care).

If an essential visitor is admitted to the home, they must:

- Be screened on entry for symptoms of COVID-19, including temperature checks and not admitted if they show any symptoms of COVID-19.
- Only visit the one resident they are intending to visit, and no other resident.
- Wear a mask while visiting a resident that does not have COVID-19.
- If in contact with a resident who has COVID-19, wear appropriate PPE per [Directive #1 for Health Care Providers and Health Care Entities](#).

Note that Ontario's list of essential businesses does not impact the Chief Medical of Health's guidance that non-essential visitors are not permitted into retirement homes. A business that has been deemed "essential" is not considered an "essential visitor". Additionally, service providers, such as entertainers or hairdressers who do not provide care, should be treated as visitors. If they do not meet the definition of an essential visitor they should not be permitted into the home.

7. Are retirement communities allowed to continue tours with prospective residents and their families?

Last Updated: March 17, 2020 – 7:00 PM

In line with the RHRA's special advisory on March 15, 2020, only essential visitors are permitted into retirement communities. As such, all in-person tours of prospective residents must halt. Operators are encouraged to conduct virtual tours until this requirement has been lifted.

8. Are retirement community staff permitted to work in more than one location?

Last Updated: April 22, 2020 – 2:00 PM

Effective April 22, 2020, an employee of a retirement community who performs work in a retirement community shall not also perform work in another retirement community or as an

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employee of a health service provider. Please note, this does not apply to essential visitors, external care providers or emergency maintenance.



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Personal Protective Equipment

1. What steps do retirement communities need to take to ensure they have enough PPE and medication supplies in the event they need to be isolated/quarantined due to a COVID-19 outbreak?

Last Updated: April 4, 2020 – 10:30 AM

Refer to your local public health for direction on calculating necessary stock of PPE and other supplies, such as non-perishable food, and potable water. The PPE calculation would take into consideration the number of staff encounters per resident per day. Essential supplies should be securely stored in the building.

On March 27, 2020, ORCA shared a PPE Survey bulletin, noting that Ontario Health launched a Provincial PPE Survey to all retirement communities in Ontario to identify the current status and anticipated demand of PPE across the province. On March 30, 2020, ORCA shared [communication](#) confirming that, to assist with ongoing provincial planning, communities in Ontario are asked to update this information on a daily basis.

An updated [How to Guide](#) has been published by Ontario Health for the PPE survey. or technical support questions specific to the PPE online survey, please call the Help Desk (416-687-8445) or email them at ca_ppesurveysupport@pwc.com.

Effective April 3, 2020, retirement communities are required to indicate what LHIN you are in as part of the survey.

Retirement communities are asked to complete the survey to the best of their ability. If you are unable to complete the survey on a given day, please complete the survey the following day and do not submit retroactively. The survey will open at 8 AM every morning and close at 5 PM. This process will occur every day, Monday to Sunday.

If you are currently struggling with immediate access to PPE, please contact your [Regional Leads – PPE and Critical Supplies](#). If you have a critical need for PPE and have not heard back from the Regional Lead(s), email the ministry at EOCLogistics.MOH@ontario.ca.

2. Where can I find a list of suppliers that are able to supply essential COVID-19 supplies?

Last Updated: April 4, 2020 – 10:30 AM

ORCA has created a [COVID-19 Essential Supplies](#) webpage for retirement community operators to connect with suppliers who have essential supplies available during the COVID-19 pandemic.

3. Can retirement communities re-use personal protective equipment?

Last Updated: April 6, 2020 – 5:00 PM

The Public Health Agency of Canada has asked Canadians not to dispose of their used PPE but save it for potential re-use. In a [communication](#) from Ontario's Deputy Minister of Health, Ontario Health is asking hospitals to store used PPE securely. This preparatory work is being done pre-emptively to ensure that healthcare providers are ready for all possible scenarios.

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This request has not been sent to retirement communities at this time. However, if possible and if completed in a safe manner, should not be disposed of and stored in a safe manner in the event it can be re-processed and used again. Until guidance and evidence is redistributed, PPE should not be re-worn.

Ontario Health will communicate further updates.

4. Are staff required to wear PPE at all times?

Last Updated: April 10, 2020 – 9:00 AM

Under [Directive #3](#), updated on April 8, 2020, all retirement communities should immediately implement that all staff and essential visitors wear surgical/procedural masks at all times for the duration of full shifts or visits in the retirement community. For further clarity, this is required regardless of whether the home is in outbreak or not. During breaks, staff may remove their surgical/procedural masks but must remain two meters away from other staff to prevent staff to staff transmission of COVID-19.

5. Are retirement communities required to provide N95 masks to staff?

Last Updated: April 13, 2020 – 5:00 PM

A point-of-care risk assessment (PCRA) must be performed by every health care worker before every resident interaction in the retirement community. If a health care workers determines, based on the PCRA, and based on their professional and clinical judgment, that health and safety measures may be required in the delivery of care to the resident, then the retirement community must provide that health care worker with access to appropriate health and safety measures, including an N95 respirator. A retirement community will not reasonably deny access to the appropriate PPE.

6. Do N95 masks need to be provided to all staff?

Last Updated: April 13, 2020 – 5:00 PM

No. Under [Directive #5](#), only registered staff (e.g., RN/RPN) may request an N95 mask.

7. What happens if a retirement community runs out of PPE?

Last Updated: April 13, 2020 – 5:00 PM

Under [Directive #5](#), in the event that the supply of PPE reaches a point where utilization rates indicate that a shortage will occur, the government and employers, as appropriate, will be responsible for developing contingency plans, in consultation with affected labour unions, to ensure the safety of health care workers and other employees.

Retirement communities are encouraged to reach out to their [Regional PPE Leads](#) or the [Ministry's Emergency Operations Centre](#).

8. If a retirement community does not have access to surgical/procedural masks, can cloth masks be substituted?

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Under [Directive #3](#), surgical/procedural masks must be used. The provincial government has indicated that cloth masks may not be used as substitutes for surgical/procedural masks.

9. Are external care providers required to use PPE when working in a retirement community?

Last Updated: April 16, 2020 – 2:00 PM

Under [Directive #5](#), all essential visitors (i.e., external care providers) must wear surgical/procedural masks at all times for the duration of full shifts or visits in the retirement community. For further clarity, this is required regardless of whether the home is in outbreak or not.

Under the [Guidance for Mask Use in Long-Term Care Homes and Retirement Homes](#), external medical service providers and essential visitors entering the home are expected to provide their own surgical/procedure masks and/or PPE as required (unless there are existing arrangements with the home).

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Staff & Labour Relations

1. Are collective agreements suspended during the COVID-19 pandemic?

Last Updated: April 4, 2020 – 10:30 AM

On April 3, 2020, the provincial government filed [O. Reg. 118/20: Order Under Subsection 7.0.2 \(4\) of the Act – Work Deployment Measures in Retirement Homes](#) under the [Emergency Management and Civil Protection Act](#).

The order authorizes retirement communities to do the following:

- Identify staffing priorities and develop, modify and implement redeployment plans, including the following:
 - Changing the assignment of work, including assigning non-bargaining unit employees or contractors to perform bargaining unit work.
 - Changing the scheduling of work or shift assignments.
 - Deferring or cancelling vacations, absences or other leaves, regardless of whether such vacations, absences or leaves are established by statute, regulation, agreement or otherwise.
 - Employing extra part-time or temporary staff or contractors, including for the purposes of performing bargaining unit work.
 - Using volunteers to perform work, including to perform bargaining unit work.
 - Suspending, for the duration of the emergency, the requirement to conduct screening measures required by section 64 of the *Retirement Homes Act, 2010* including the requirement to conduct a police record check, if other screening measures that ensure the care and safety of residents are conducted before hiring staff and accepting volunteers to work in the retirement home. All screening measures related to COVID-19 shall continue to be conducted.
 - Providing appropriate training or education as needed to staff and volunteers to achieve the purposes of a redeployment plan and to ensure the care and safety of residents.

2. Can retirement communities reassign staff to different roles to meet demand?

Last Updated: April 4, 2020 – 10:30 AM

On April 3, 2020, the provincial government filed [O. Reg. 118/20: Order Under Subsection 7.0.2 \(4\) of the Act – Work Deployment Measures in Retirement Homes](#) under the [Emergency Management and Civil Protection Act](#).

This order allows retirement communities to conduct any skills and experience inventories of staff to identify possible alternative roles in priority areas.

3. Are retirement communities required to keep track of staff availability?

Last Updated: April 4, 2020 – 10:30 AM

On April 3, 2020, the provincial government filed [O. Reg. 118/20: Order Under Subsection 7.0.2 \(4\) of the Act – Work Deployment Measures in Retirement Homes](#) under the [Emergency Management and Civil Protection Act](#).

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This order requires retirement communities to collect information from staff, contractors or volunteers about their availability to provide services for the retirement community.

4. Are retirement communities required to track staff exposure to COVID-19?

Last Updated: April 4, 2020 – 10:30 AM

On April 3, 2020, the provincial government filed [O. Reg. 118/20: Order Under Subsection 7.0.2 \(4\) of the Act – Work Deployment Measures in Retirement Homes](#) under the [Emergency Management and Civil Protection Act](#).

This order requires retirement communities to collect information from staff, contractors or volunteers about their likely or actual exposure to COVID-19, or any other health conditions that may affect their ability to provide services.

5. If a new staff hire has not received their vulnerable sector check (VSC), can they begin working during this critical time while waiting to receive it?

Last Updated: March 15, 2020 – 1:00 PM

On March 15, 2020, the Retirement Homes Regulatory Authority issued a [temporary exemption](#) regarding the requirement under s. 64 of the Retirement Homes Act, stating that new hires would be allowed to begin work, provided that they have signed an Offense Declaration and that the VSCs request be made immediately; VSCs must then be completed within six weeks following the return to normal operations per the Chief Medical Officer of Health (may be extended based on backlogs).

6. If a new staff member has not completed all of their mandatory training, can they begin working in the retirement home during this critical time?

Last Updated: March 15, 2020 – 1:00 PM

On March 15, 2020, the Retirement Homes Regulatory Authority issued a [temporary exemption](#) regarding the requirements under s. 65 of the Retirement Homes Act and s. 14 of the regulation, stating that new staff will be required to complete the following with the first two weeks of employment:

- ACT 65(2)(b); Zero tolerance of abuse and neglect policy
- ACT 65(2)(g); Emergency evacuation plan
- ACT 65(2)(h); Emergency plan and infection prevention and control program

Additionally, new staff will be required to complete the following with the first four weeks of hire:

- ACT 65(5) para. 3; Behaviour management

The remaining required training must be completed within six weeks of hire.

Annual retraining that expires during this COVID-19 situation will have a grace period of one month following the return to normal operations per the Chief Medical Officer of Health.

7. If a retirement community enters into a surge capacity agreement, what are the labour protections afforded to retirement communities?

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The provincial government has issued O. Reg. 120/40 (Agreements Between Health Service Providers and Retirement Homes) that offer certain labour protections. In the context of surge capacity agreements, the agreement shall not impact whether the health service provider or retirement community are:

- considered to be a hospital for the purpose of the [Hospital Labour Disputes Arbitration Act](#); or
- treated as constituting one employer for the purposes of [subsection 1 \(4\)](#) of the *Labour Relations Act, 1995*.

Resident Assessments

1. Are retirement communities required by the RHRA to complete six-month resident reassessments during the COVID-19 pandemic?

Last Updated: March 15, 2020 – 1:00 PM

On March 15, 2020, the Retirement Homes Regulatory Authority issued a [temporary exemption](#) regarding the requirement under s. 62 of the Retirement Homes Act, noting that six-month reassessments will not be required. Homes will be given four weeks to complete these following the return to normal operations per Chief Medical Officer of Health and discretion may be used depending on progress.

The requirements that remain unchanged include that reassessment be completed if a goal in the plan is met, the resident's care needs change or the care services set out in the plan are no longer necessary or the care services set out in the plan have not been effective.

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Emergency Plan Testing and Analysis and Evaluation Requirements

1. What is the RHRA's expectation regarding the requirement for testing of emergency plans during the COVID-19 pandemic?

Last Updated: March 15, 2020 – 1:00 PM

On March 15, 2020, the Retirement Homes Regulatory Authority issued a [temporary exemption](#) regarding the requirement under s. 24-26 of the regulation. For testing requirements and annual evaluation that were planned during this period, homes would have an additional eight weeks to complete this following the return to normal operations per Chief Medical Officer of Health.

2. What is the RHRA's expectation regarding completing an annual evaluation of a retirement community's abuse policy during the COVID-19 pandemic?

Last Updated: March 15, 2020 – 1:00 PM

On March 15, 2020, the Retirement Homes Regulatory Authority issued a [temporary exemption](#) regarding the requirement under s. 15 of the regulation. Homes would have an additional 4 weeks to complete evaluation of their policy following the return to normal operations per Chief Medical Officer of Health.

3. What is the RHRA's expectation regarding the requirement to record outcomes of complaints and evaluation?

Last Updated: March 15, 2020 – 1:00 PM

On March 15, 2020, the Retirement Homes Regulatory Authority issued a [temporary exemption](#) regarding the requirement under s. 59 of the regulation, stating that homes would have an additional two weeks to complete records for individual complaints and four weeks to complete quarterly evaluations following the return to normal operations per Chief Medical Officer of Health.

Outbreaks & RHRA Inspections and Reporting

1. Will the RHRA be conducting inspections during the COVID-19 pandemic?

Last Updated: March 15, 2020 – 1:00 PM

On March 15, 2020, the Retirement Homes Regulatory Authority [communicated](#) that they will be deferring routine inspections on a temporary basis, however, will continue to focus on complaint, mandatory report and compliance inspections. The RHRA will make every effort to limit the need to enter retirement communities for those inspections they must conduct and when it cannot be avoided. The RHRA will take every precaution in line with the recommendations of Public Health. The RHRA is also taking significant precautions with inspection staff recognizing that they may visit multiple locations.

2. When would an outbreak be declared?

Last Updated: April 10, 2020 – 9:00 AM

Per the Chief Medical Officer of Health, retirement communities must consider a single, laboratory confirmed case of COVID-19 in a resident or staff member as a confirmed respiratory outbreak in the home, and take actions as indicated for influenza. To identify potential cases of COVID-19, retirement communities must test individuals who have symptoms compatible with COVID-19 and must not wait for additional cases of respiratory infection before testing takes place. The outbreak must be documented once an outbreak is declared.

Testing must be conducted for COVID-19 on every symptomatic resident and staff in the retirement community, including residents who are linked to a COVID-19 outbreak, and including recently deceased residents who were part of the outbreak but who were not previously tested.

Additionally, in the event of an outbreak of COVID-19 in a retirement community asymptomatic contacts of a confirmed case, determined in consultation with the local public health unit, should be tested including:

- All residents living in adjacent rooms
- All staff working on the unit/care hub
- All essential visitors that attended the unit/care hub
- Any other contacts deemed appropriate for testing based on a risk assessment by local public health

3. Do retirement communities have to report a COVID-19 outbreak to the RHRA?

Last Updated: April 4, 2020 – 10:30 AM

On April 3, 2020, the provincial government filed [O. Reg. 118/20: Order Under Subsection 7.0.2 \(4\) of the Act – Work Deployment Measures in Retirement Homes](#) under the [Emergency Management and Civil Protection Act](#).

Retirement communities must report an outbreak of COVID-19 to the RHRA on the same day that the outbreak is reported to the local medical officer of health or designate.

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The report must include the name of the home, license number, number of positive resident cases, number of positive staff cases and identification of public health contact. Retirement communities must send the report to info@rhra.ca.



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Activities in the Community

1. Do retirement communities need to stop programs and activities for residents and/or those that the public may attend due to the COVID-19 pandemic?

Last Updated: April 1, 2020 – 9:00 PM

On March 28, 2020, the Ontario government issued an [emergency order](#) to prohibit organized *public* events and social gatherings of more than five people with limited exceptions. ORCA received clarification on April 1, 2020 that this prohibition does not apply to retirement homes. Additionally, The Ministry of Health and the Retirement Homes Regulatory Authority are [requiring](#) that retirement communities only allow essential visitors until further notice, therefore members of the public would not be able to attend programs or activities in retirement communities at this time.

2. Do retirement communities need to stop communal dining?

Last Updated: March 27, 2020 – 6:00 PM

Retirement homes are required to follow the recommendations and directives from the Chief Medical Officer of Health. As of March 27, there have been no specific recommendations or directives regarding communal dining arrangements within retirement homes. Retirement homes are encouraged to maintain appropriate social distancing wherever possible. Retirement homes are required to follow their infection prevention and control policies which may require changes to communal activities in the event of an outbreak of an infectious disease. In the event of a confirmed COVID-19 case, homes are required to contact public health for additional instructions.

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Prevention Resources

1. What are some COVID-19 prevention activities that retirement communities can do?

Last Updated: March 13, 2020 – 2:00 PM

Per the Ministry of Long-Term Care's [March 11, 2020 directive](#), emerging information on COVID-19 suggests elderly individuals and those with underlying health conditions are at increased risk of severe outcomes. In addition to active screening, retirement homes are advised to follow the guidance for respiratory outbreak and COVID-19 prevention from the Ministry of Health. This includes prevention activities such as:

- Posting signage and advising all essential visitors who are ill to postpone their visit.
- Ensuring resident and visitor signage on hand hygiene and cough etiquette is posted and that there is availability and accessibility of hand hygiene throughout the home.
- Keeping staff and residents informed on COVID-19.
- Reminding staff to be [monitoring themselves](#) for illness and to stay at home when they are sick.
- Developing policies for managing staff who may have been exposed to a case of COVID-19 and developing staff coverage plans.
- Assessing incoming residents for respiratory symptoms and potential exposures to COVID-19.
- Monitoring residents for new respiratory symptoms or fever.
- Quickly identifying and isolating any resident with acute respiratory illness or fever.
- Ensuring signage is clear and that personal protective equipment (gowns, gloves, masks and eye protection) for health care workers are available and accessible for care of patients with acute respiratory illness.
- Reporting any suspected COVID-19 illness in residents or staff to the local public health unit.

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