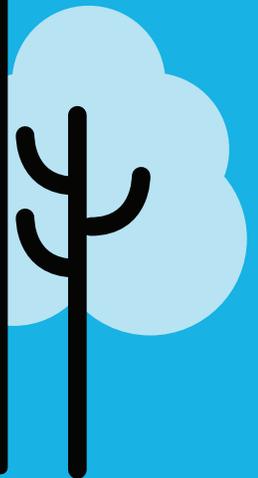
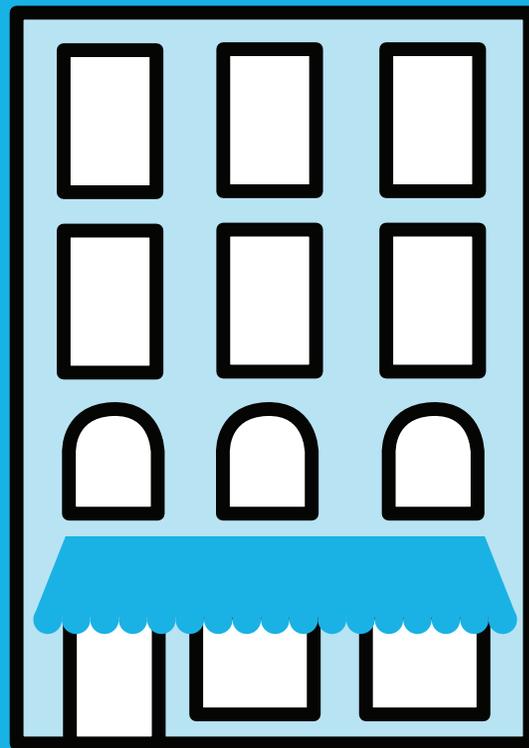
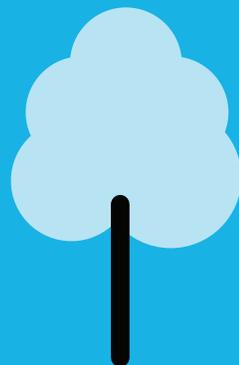


Reopening Retirement Homes

Released: September 8, 2020
Effective: September 15, 2020



1.0 Introduction

COVID-19 [Directive #3 for Long-Term Care Homes](#) issued by the Chief Medical Officer of Health (Directive #3) establishes procedures and precautions for visits to long-term care homes that also apply to retirement homes. This policy is provided to support retirement homes in implementing the requirements in Directive #3 to safely receive visitors while protecting residents, staff and visitors from the risk of COVID-19.

This policy is intended to supplement Directive #3. To the extent that anything in this policy conflicts with the Directive #3, the Directive prevails, and homes must take all reasonable steps to follow the Directive #3.

As the COVID-19 outbreak evolves, direction on retirement home visits will be adjusted as necessary, keeping the safety and well-being of residents and staff at the forefront.

2.0 Guiding Principles

There is an ongoing need to protect retirement home residents and staff from the risk of COVID-19, particularly as some retirement home residents are more susceptible to more severe effects of COVID-19 than the general population.

Guidance for retirement home visits continues to be in place to protect the health and safety of residents, staff and visitors, while supporting residents in receiving the care they need and maintaining their emotional well-being.

These rules are in addition to the requirements established in the *Retirement Homes Act, 2010* and its regulation (O. Reg 166/11).

This visiting policy is guided by 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 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 take into account when setting home-specific policies.
- **Autonomy:** Residents have the right to choose their visitors. In addition, residents and/or their substitute decision-makers have the right to designate caregivers.

3.0 Requirements for Visits

Retirement homes are responsible for ensuring residents receive visitors safely to help protect against the risk of COVID-19. Homes are also responsible for establishing and implementing visiting practices that comply with Directive #3 and align with the guidance in this policy.

Retirement homes co-located with a long-term care home will adopt the long-term care home's visitation policies if those policies are more restrictive, unless the retirement home and long-term care home are both physically and operationally independent.¹

Retirement homes co-located with facilities other than long-term care homes should, in the event of conflicting visitation policies, engage their local Public Health Unit (PHU) to determine the best path forward.

If a home has relaxed visitor restrictions and enters into an outbreak, all non-essential visits must be discontinued. Homes must follow all CMOH directives for homes in outbreak and directions from their local PHU.

The following baseline requirements must be met prior to the home being able to accept any visitors:

1. The retirement home must **NOT** be currently in outbreak.
 - In the event that a home has relaxed visitor restrictions and enters into an outbreak, all non-essential visits must be discontinued. Homes must follow all CMOH directives for homes in outbreak and directions from their local PHU.

¹ Operationally and physically independent being that there are separate entrances and no mixing of residents or staff between the retirement home and the long-term care home.

2. The home has developed:

- Procedures for the resumption of visits and a process for communicating these procedures with residents, families and staff, including but not limited to infection prevention and control (IPAC), scheduling and any setting-specific policies.
 - i. This process must include sharing an information package with visitors on IPAC, face covering/masking, physical distancing and other operational procedures such as limiting movement around the home, if applicable, and ensuring visitors' agreement to comply. Home materials must include an approach to dealing with non-adherence to home policies and procedures, including the discontinuation of visits.
- Dedicated areas for both indoor and outdoor visits to support physical distancing between residents and visitors.
- Protocols to maintain the highest of IPAC standards prior to, during and after visits.
- A list of visitors available for relevant staff to access.

Please note: Residents who are self-isolating for 14 days under Droplet and Contact Precautions may not receive visitors. However, homes may allow residents who are not self-isolating to receive visitors, provided the home is not in an outbreak.

Additional factors that will inform decisions about visits in retirement homes include:

- **Adequate staffing:** The home currently does not have staffing shortages that would affect resident or staff safety and is not under a contingency staffing plan. There must be sufficient staff to implement the protocols related to visitors. Additionally, staffing levels are sufficient to ensure safe visiting as determined by the home's leadership.

- **Access to adequate testing:** The home has a testing plan in place, based on contingencies and informed by local and provincial health officials, for testing in the event of a suspected outbreak.
- **Access to adequate PPE:** The home has adequate supplies of relevant PPE.
- **IPAC standards:** The home has appropriate cleaning and disinfection supplies and adheres to IPAC standards, including enhanced cleaning.
- **Physical Distancing:** The home is able to facilitate visits in a manner aligned with physical distancing protocols.

Types of Visitors

All visitors are responsible for adhering to applicable directives including Directive #3, this policy and the home's visitor policy. Visitors should consider their personal health and susceptibility to the virus in determining whether visiting a retirement home is appropriate.

3.01 Not Considered Visitors

Retirement home staff and volunteers are not considered visitors as their access to the home is determined by the licensee.

3.02 Essential Visitors

Under Directive #3, a home's visitor policy must specify that essential visitors be defined as including a person performing essential support services (e.g., food delivery, inspector, maintenance, or health care services (e.g., phlebotomy) or a person visiting a very ill or palliative resident.

This policy provides for two categories of essential visitors: support workers and caregivers.

a) Support Worker

A support worker is a type of essential visitor who is brought into the home when there are gaps in services to perform essential services for the home or for a resident in the home.

Examples of support workers include:

- Regulated health care professionals under the *Regulated Health Professions Act, 1991* (e.g., physicians, nurse practitioners);
- Contract workers hired by the home or LHIN care services, including home care providers (e.g., nursing care, physiotherapy, occupational therapy, social workers);
- Maintenance workers;
- Private housekeepers; and
- Food delivery.

Support workers do not include retirement home staff.

b) Caregiver

A caregiver is a type of essential visitor who is designated by the resident and/or their substitute decision-maker and visits to provide direct care to the resident (e.g., supporting feeding, mobility, personal hygiene, cognitive stimulation, communication, meaningful connection, relational continuity and assistance in decision-making).

A maximum of 2 caregivers may be designated per resident. The designation should be made in writing to the home. Homes should have a procedure for documenting caregiver designations.

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

- A change in the resident's care needs that is reflected in the plan of care; and/or
- A change in the availability of a designated caregiver, either temporary (e.g., illness) or permanent.

Examples of caregivers include family members who provide direct care, a privately hired caregiver, paid companions and translators.

3.03 General Visitor

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

- To provide non-essential services (may or may not be hired by the home or the resident and/or their substitute decision-maker);
- For social reasons (e.g., family members or friends); and/or
- A prospective resident taking a tour of the home.

3.04 Personal Care Service Providers

A personal care service provider is a person who is not an essential visitor and visits to provide personal services to residents such as hair dressing and nail care.

3.1 Access to Homes

Under Directive #3, homes must have a visitor policy that specifies that essential visitors are the only type of visitors allowed when a resident is self-isolating or symptomatic, or the home is in an outbreak.

The home's visitor policy should specify how the frequency and duration of visits will be limited for essential visitors while homes are in outbreak.

During an outbreak, the local public health unit may advise further restrictions on visitors in part or all of the home, depending on the specific situation.

3.11 Essential Visitors

Visits for essential visitors are permitted as follows:

- Any number of support workers may visit a resident in a home.
- Where the home is NOT in an outbreak:
 - If the resident is NOT self-isolating or symptomatic, a maximum of 2 caregivers per resident at a time may visit that resident.

- If the resident IS self-isolating or symptomatic, a maximum of 1 caregiver per resident at a time may visit that resident.
- Where the home IS in an outbreak, a maximum of 1 caregiver per resident at a time may visit that resident.

3.12 General Visitors

A maximum of 2 general visitors per resident at a time may visit that resident provided:

- The resident is NOT self-isolating or symptomatic; and
- The home is NOT in an outbreak.

3.13 Personal Care Service Providers

A maximum of 1 personal care service provider per resident at a time may visit that resident provided:

- The resident is NOT self-isolating or symptomatic; and
- The home is NOT in an outbreak.

3.2 Screening

Under Directive #3, homes must have a visitor policy that includes requirements for all visitors to:

- Be actively screened on entry for symptoms and exposures for COVID-19, including temperature checks, and not be admitted if they do not pass the screening; and
- Attest to not be experiencing any of the typical and atypical symptoms of COVID-19.

A home's visitor policy should also include the screening requirements below:

3.21 COVID-19 Testing

All home care and personal care service providers should follow any testing guidance for retirement home staff as outlined in the [COVID-19 Testing for Retirement Homes](#).

Homes are not required to provide the testing.

3.22 Safety Review – Caregiver

Prior to visiting any resident in a home declared in outbreak for the first time after this policy is released, 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.

For homes not in outbreak, prior to visiting any resident for the first time after this policy is released, and at least once every month thereafter, homes should ask caregivers to verbally attest to the home that they have:

- Read/Re-Read the following documents:
 - The home's visitor policy; and
 - Public Health Ontario's document entitled [Recommended Steps: Putting on Personal Protective Equipment \(PPE\)](#).
- Watched/Re-watched the following Public Health Ontario videos:
 - [Putting on Full Personal Protective Equipment](#);
 - [Taking off Full Personal Protective Equipment](#); and
 - [How to Hand Wash](#).

3.23 Safety Review – General Visitor and Personal Care Service Provider

Prior to visiting any resident for the first time after this policy is released, and at least once every month thereafter, homes should ask general visitors and personal care service providers to verbally attest to the home that they have:

- Read/Re-Read the following documents:
 - The home's visitor policy; and
 - Public Health Ontario's document entitled [Recommended Steps: Putting on Personal Protective Equipment \(PPE\)](#).

- Watched/Re-watched the following Public Health Ontario videos:
 - [Putting on Full Personal Protective Equipment](#);
 - [Taking off Full Personal Protective Equipment](#); and
 - [How to Hand Wash](#).

3.3 PPE

Visitors must wear PPE as required in Directive #3.

3.31 Essential Visitors

Support workers and caregivers are responsible for bringing their own PPE to comply with requirements for essential visitors as outlined in Directive #3. They are encouraged to work with homes to source the appropriate PPE to comply with these requirements, if needed.

If essential visitors are unable to obtain the appropriate PPE, they may be refused entry.

Directive #3 notes that essential visitors who are:

- Providing direct care to a resident must use a surgical/procedure mask while in the home, including while visiting the resident that does not have COVID-19 in their room; and
- In contact with a resident who is suspected or confirmed with COVID-19, must wear appropriate PPE in accordance with [Directive #5](#) and [Directive #1](#).

3.32 General Visitors and Personal Care Service Providers

General visitors and personal care service providers are responsible for bringing their own face covering/mask for visits as outlined in Directive #3.

Directive #3 notes that visitors should use a face covering/mask if the visit is outdoors. If the visit is indoors, a surgical/procedure mask must be worn at all times.

4.0 Requirements for Absences

Retirement home residents are permitted to leave the home (e.g., absences with friends or family, shopping, medical appointments, etc.) if they meet the following requirements:

- The retirement home must NOT be currently in an outbreak.
 - In the event that a home allows absences but enters into an outbreak, there should be a hold on starting new absences until the home is no longer in outbreak. Homes must establish compliance with all CMOH Directives for homes in outbreak and follow directions from the local PHU.
- Upon return to the home, residents must be actively screened but are not required to be tested or self-isolate.
- Residents must wear a mask at all times when outside of the home (if tolerated) and reminded about the importance of public health measures including physical distancing. The resident is responsible for supplying a face covering/mask while they are on absences. The home may, at its discretion, opt to supply face covering/masks for absences.
- Education on all required protocols for short absences will be provided by the home.
- A resident returning from an absence that includes an overnight stay must, upon return to the home, follow 14 days of enhanced precautions, including:
 - Pass active screening;
 - Not receive indoor visitors during the 14 days;
 - Monitor for symptoms;
 - Avoid using common areas; however, if a common area cannot be avoided, the resident must use a face covering/mask;
 - Limit contact with other residents;
 - Not participate in group activities;

- Wash their hands often (soap and water, or use alcohol-based hand sanitizer);
 - Adhere to respiratory etiquette; and
 - Follow appropriate physical distancing guidelines.
- Residents who are following the 14-day period of enhanced precautions may leave the home for non-overnight absences (e.g., to buy groceries or other essentials). Doing so will NOT reset the 14-day time period. However, an overnight stay during the 14-day period will reset the 14-day time period.

5.0 Requirements for New and Re-admissions

Consistent with the requirements set out in Directive #3, new admissions from the community or from a hospital (including Alternate Level of Care patients) to a retirement home can occur if:

1. The receiving home is NOT in an outbreak. Under exceptional circumstances admissions may take place during an outbreak if:
 - It is approved by the local PHU; and
 - There is concurrence between the home, public health and hospital.
2. The resident has been:
 - Tested for COVID-19, has a negative result and is transferred to the home within 24 hours of receiving the result; or
 - Confirmed infected and cleared of COVID-19.
 - Residents being admitted who have been cleared of COVID-19 do not need to be re-tested or undergo 14-days of self-isolation.
3. The receiving home has:
 - Sufficient staffing;
 - A plan to ensure the resident being admitted (except for those who have cleared COVID-19) can complete 14-days of self-isolation, under Droplet and Contact Precautions, and is tested again at the

end of self-isolation, with a negative result. If the result is positive, the resident must complete another 14-days of self-isolation; and

- Other COVID-19 preparedness measures.

The number of new admissions may be limited to ensure there is sufficient staffing and additional capacity to attend to residents who are self-isolating.

These requirements apply to all new admissions from the community, including new residents coming from another retirement or long-term care home that is not currently in a COVID-19 outbreak.

6.0 Requirements for Group Activities

Residents may congregate in small groups, if the home is NOT currently in an outbreak and if the group activities are consistent with CMOH directives and provincial orders, including group size. Group activities should be organized in such a way as to maximize resident and staff safety. This includes:

- Maintaining physical distancing of at least 2 metres at all times;
- Adherence to IPAC measures; and
- Face covering/masking.

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

If there is a COVID-19 outbreak, homes should consult with their local PHU for further guidance on group activities.

7.0 Requirements for Retirement Home Tours

Virtual tours of the retirement home must be considered prior to or as an alternative to in-person tours. If required, in-person tours of the home's facilities to prospective residents can be permitted if the home is not in outbreak.

The tour group should be limited to the prospective resident or couple plus one other individual (e.g., accompanying family member or close friend).

For tours of retirement homes:

1. All tour participants are subject to the general visitor requirements outlined in this document (e.g., active screening, wearing a face covering/mask, IPAC).
2. To reduce exposure to residents, the retirement home should make reasonable efforts to ensure that the tour route is restricted in a manner that minimizes potential contact with residents as much as possible.

8.0 Accessibility Considerations

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