

## COVID-19 Policy

### Introduction:

All retirement communities should refer to the Ministry of Health (MOH), Ministry for Seniors and Accessibility (MSAA), Public Health Unit (PHU) and the Retirement Homes Regulatory Authority (RHRA) for direction on management and prevention of COVID-19.

### Policy:

All Delmanor communities will take all necessary steps and control measures to assist in the prevention and monitoring of COVID-19. Additionally, all team members, students, visitors and residents must agree to abide by the health and safety practices contained in Directive #3 and the Retirement Homes Policy to Implement Directive #3 as outlined in this policy as a condition of entry into the community. Recommended public health measures, as noted throughout this policy, as well as all applicable laws, must be practiced at all times regardless of whether or not an individual has received a COVID-19 vaccine.

Where noted in this policy “**fully vaccinated**” refers to an individual having received:

- The full series of a COVID-19 vaccine authorized by Health Canada, or any combination of such vaccines,
- One or two doses of a COVID-19 vaccine not authorized by Health Canada, followed by one dose of a COVID-19 mRNA vaccine authorized by Health Canada, or
- Three doses of a COVID-19 vaccine not authorized by Health Canada; and
- They received their final dose of the COVID-19 vaccine at least 14 days ago

The above definition is based on the Ministry of Health’s [COVID-19 Fully Vaccinated Status in Ontario](#).

### Prevention and Monitoring

- The residence will establish a Team or Designate to lead and coordinate the implementation of directives issued by local, provincial or federal regulation and other regulatory bodies. This team or designate would be called upon to be part of the Outbreak Management Team (OMT) once a home goes into an outbreak.
- The community will take steps to assess their preparedness for responding to COVID-19.

### Organizational Risk Assessment

The community’s Organizational Risk Assessment must be continuously updated to ensure that it assesses the appropriate health and safety control measures to mitigate the transmission of infections, including engineering (e.g., ventilation, cleaning & disinfecting), administrative (e.g., physical distancing, vaccination program) and PPE measures. This will be communicated to the Joint Health and Safety Committee including the review of the environment when a material change occurs.

### Ensuring Preparedness (COVID-19 Outbreak Preparedness Plan)

The residence, in consultation with the Joint Health and Safety Committees (or Health and Safety Representatives if any), will ensure measures are taken to prepare for and respond to a COVID-19 outbreak, including developing and implementing a COVID-19 Outbreak Preparedness Plan which will include:

- Identifying members of the Outbreak Management Team (OMT),
- Identifying the home’s local IPAC hub and their contact information,

- Enforcing an IPAC program in accordance with the RHA and O. Reg. 166/11 both for non-outbreak and outbreak situations, in collaboration with IPAC hubs, public health units, local hospitals, Home and Community Care Support Services, and/or regional Ontario Health,
- Conducting regular IPAC self-audits, at minimum every two weeks when the home is not in an outbreak and at minimum once a week when the home is in an outbreak. This is to identify and address gaps in IPAC practices. The home will follow the MOH's COVID-19 [Guidance: Long-Term Care Homes and Retirement Homes for Public Health Units](#) for detailed requirements and information regarding IPAC audits (PHO's [COVID-19 Self-Assessment Audit Tool for Long-Term Care Homes and Retirement Homes](#) will be completed and kept for 30 days to be shared with inspectors (e.g., PHU, RHRA) upon request).
- Ensuring testing kits are available and plans are in place for taking specimens,
- Ensuring sufficient PPE is available,
- Ensuring that all team members and volunteers, including temporary staff, are trained on IPAC protocols including the use of PPE,
- Developing policies to manage team members who may have been exposed to COVID-19,
- Permitting an organization completing an IPAC assessment to do so and share any report or findings produced by the organization with any or all of the following: public health units, local public hospitals, Home and Community Care Support Services and the RHRA, as may be required to respond to COVID-19 at the home, and
- Keeping team members, residents, and families informed about the status of COVID-19 in the homes, including frequent and ongoing communication during outbreaks.

#### **Active Screening of All Persons (including Team Members, Visitors, and Residents Returning to the Community)**

- To implement active screening protocols, a sign at entrances will be posted that follows directives and states that visitors must delay their visit if they have symptoms, as applicable. Signage will also be posted, directing individuals to enter via the front entrance.
- Active screening will take place at the screening station at the entrance. A screener will conduct active screening during business hours and change of shift. Outside of those times, the process for screening those entering the community and logging visits will be conducted by the nursing team.
  - Screening will take place 24 hours a day, 7 days a week.
  - Screeners will wear appropriate PPE if unable to maintain physical distancing from the individual being screened and/or plexiglass barriers are not available.
- All individuals, regardless of their vaccination status, will be actively screened and must demonstrate a negative antigen POCT result to be permitted entry, according to Delmanor's internal policy will be followed.
  - Team members and visitors will be actively screened **once** per day at the beginning of their shift or visit.
  - Antigen testing frequency:
    - A team member, contractor, student, volunteer or Essential Caregiver must submit to regular antigen POCT for COVID-19 and demonstrate a negative result prior to entry. Results are valid for a calendar day.
    - An External Care Provider subject to the vaccination policies required under Chief Medical Officer of Health's Directive #6 must submit to regular antigen POCT for COVID-19 **regardless of their vaccination status** and demonstrate a negative result prior to entry. Results are valid for a calendar day.

- If the community has made reasonable efforts but has an inadequate supply of antigen point of care tests to comply with the above frequencies, all required individuals are to submit to regular antigen point of care testing for COVID-19 and demonstrate a negative result at minimum once every seven days.
- Anyone who does not pass screening will be informed of the result and should not be permitted to enter the community. Team members, students, contractors, volunteers, and visitors who receive a positive test result in the retirement community must follow public health guidance and must be encouraged to be tested if applicable, as per Directive #3. (Staff exception may apply per Test to Work – see below). Exemptions to active screening apply to:
  - **First responders** are to be permitted entry without screening in emergency situations.
  - A **resident** returning to the home following an absence, who must be permitted entry but isolated on additional precautions and tested for COVID-19 per the [COVID-19 Integrated Testing & Case, Contact and Outbreak Management Interim Guidance](#).
  - **Visitors for palliative end-of-life residents**. This exception does not apply to visitors for imminently palliative residents who failed screening due to federal quarantine requirements
    - Also refer to the residence’s Visitor policy on process when visitors do not pass screening.
  - **Fully vaccinated staff and essential visitors** as per the [Guidance for Employers Managing Workers with Symptoms within 48 Hours of COVID-19 or Influenza Immunization](#) document; **Note:** The above groups must remain masked (medical (surgical/procedural) mask) and maintain physician distance from other residents and staff; and  
Staff who are on **Test to Work** must follow the protocols and requirements for Test to Work in RHRA’s Retirement Homes Policy to Implement Directive #3.
- The community will document entry of all persons to the home and their screening results, retained for a minimum of 30 days to support contact tracing (including screening results and safety review as applicable)
- If team member are unsure, based on their symptoms, whether they should come to work, they should consult their Occupational Health department (if available) or a healthcare professional or call Telehealth Ontario (1-866-797-0000)
- Those who do not pass screening, and are not exempt per above, will not be allowed to enter the home and will be advised to go or stay at home to self-isolate immediately and contact their health care provider or Telehealth Ontario (1-866-797-0000) to get medical advice or an assessment, including if they need a COVID-19 test.
  - Team members and students must inform their manager/immediate supervisor of the failed screening result. The designate will report to the GM, and GM will report to the Regional Manager of Health and Wellness/ Vice President of Operation.
  - Team members responsible for occupational health must follow up on all staff (i.e., phone calls, further screening, etc.) who have been advised to self-isolate based on exposure risk or symptoms.
  - The home will notify the PHU
- Managers will monitor staff on vacation and inquire as to whether they have travelled outside of Canada in the last 14 days, and if so, whether they are exempt from federal quarantine requirements.
- Signage will be posted throughout the building, including team member entrances and in break rooms indicating signs and symptoms of COVID-19, reminding individuals to monitor themselves for COVID-19 symptoms and steps that must be taken if COVID-19 is suspected or confirmed.

- Signage on physical distancing, performing hand hygiene and following respiratory etiquette will also be posted.

### Daily Symptom Screening of All Residents

- All residents will be assessed at least **once** daily for signs and symptoms of COVID-19, including temperature checks.
  - **All residents being admitted or transferred to the community must undergo twice daily screening for 10 days following arrival.**
- Any resident who presents with signs or symptoms of COVID-19 will be immediately isolated, placed on additional precautions, and tested for COVID-19 as per the [COVID-19 Integrated Testing & Case, Contact and Outbreak Management Interim Guidance](#).
- When the screening is completed, the nurse will note the screening in the progress notes.
- **If a resident fails screening:**
  - The resident should wear a protective mask and be placed in a separate room near the entrance to be further assessed by the appropriate staff (avoiding contact with anyone in the process)
  - Team members will use additional precautions, and maintain a 2-metre distance from the resident, but should NOT conduct a physical examination
  - Team members will report to the GM, who will advise the Regional Manager of Health and Wellness/ Vice President of Operations.
  - The community will contact PHU to discuss the most appropriate setting for the resident to be medically assessed and will follow testing requirements per the Ministry of Health (see section: *Testing*)

### Test to Work

Team members must notify the GM/Supervisor/Designate employer when:

- They have had a close-risk contact with a person who has tested positive for COVID-19.
- When they are in ongoing close contact with and are not able to effectively isolate away from a COVID-19 case (e.g., providing care to a COVID-19 positive household member).
- When they have received a positive COVID-19 test result or have symptoms of COVID-19 (i.e., are a confirmed or suspect COVID-19 case).

**\*Close contact** means you were in close proximity (less than 2 metres) to a COVID-19 positive person for at least 15 minutes or for multiple short periods of time without appropriate measures such as masking and use of PPE and in the period of time 48 hours prior to that individual's symptom onset (or positive test result if they were asymptomatic) and until they started isolating.

- Based on the Ministry of Health's [COVID-19 Integrated Testing & Case, Contacts and Outbreak Management Interim Guidance: Omicron Surge](#), team members who have had COVID ("cases" whether confirmed by testing or assumed on the basis of symptoms) or who have had close contacts with an individual who tested positive for COVID-19 ("close contacts") must not attend work for 10 days from symptom onset/positive test or last exposure to a case if a close contact.
- "Test to Work" may be implemented to permit **fully vaccinated** staff the opportunity to return to work before the preferred isolation period of 10 days due to a **critical staffing shortage which would result in a risk to residents from insufficient staffing**. A critical staffing shortage will be determined at the home's discretion unless otherwise advised by the local PHU. If the home is not in a critical staffing shortage, early return to work (e.g., before 10 days) for staff should not be applied.
- If the community is experiencing a critical staffing shortage, early return to work for staff should not be employed *unless* the following steps are completed:

- Fully utilized staffing contingency plans and continuity of operations planning;
- Taken all steps to avoid and mitigate situations of staffing shortages;
- Taken all appropriate steps to secure testing resources on site. Rapid antigen POCTs have been prioritized to highest risk settings to support Test to Work measures; and
- Consulted with the workplace joint health and safety committee about the measures and procedures that are being taken for workplace safety.
- If the community has completed these above steps, proceed with implementing early return to work (not required to notify local PHU before proceeding).
- The home will consider the risks of early return to work and balance these with the risks to resident and team member safety due to COVID-19 related staffing shortages. In selecting and prioritizing fully vaccinated team members for early return to work, the following considerations may be applied:
  - Team members who have the shortest remaining time in their isolation period are returned first;
  - Team members who have received third doses are returned before staff with only two doses (Note: individuals who are not fully vaccinated are not eligible for Test to Work);
  - Team members that have lower risk exposures (e.g., non-household contact) are returned before staff with ongoing close contact (e.g., household) exposure;
  - The fewest number of high-risk exposed team members are returned to work to allow for business continuity and safe operations.
- If the community has determined Test to Work options are appropriate for the setting, to reduce the risk of COVID-19 exposure from team members who are returning early to work, the following steps should be completed:
  - All possible steps have been taken to avoid assigning team members on early return to work to vulnerable residents (e.g., immunocompromised, unvaccinated, other underlying risks for severe disease);
  - PPE and IPAC practices have been reviewed through audits and a plan is in place to ensure team members on early return to work follow the prescribed measures;
  - A cohorting plan is in place to ensure team members who are returning early are assigned to work with COVID-19 positive residents only; and
  - A plan is in place to support additional precautions for individuals on early return to work including:
    - Active screening ahead of each shift and taking temperature **twice** a day to monitor for fever.
    - A separate space is provided for eating meals to reduce the risk of exposure to COVID-19 negative co-workers (e.g., separate conference rooms or lunchrooms).
    - Working in only one facility/worksites.
    - Well-fitting source control masking (e.g., well-fitting medical mask, fit or non-fit tested N95 respirator, or KN95) is provided and the individual is trained on its appropriate use.
- In selecting the early return to work options, the home should consider:
  - The risk profile of residents and the potential impacts to resident safety from critical staffing shortages;
  - The community's ability to effectively implement workplace safety and IPAC measures to limit the risk of transmission from team members who return to work early, based on recent feedback from their local PHU, OH&S inspections, RHRA inspections, IPAC audits, and other sources; and
  - The community's physical layout and the opportunity to limit risk of exposure to residents, team members and caregivers from team members who return to work early.

- Three progressive levels of options for early return to work, according to the associated risk for further COVID-19 transmission, are outlined in the chart below. The community will consider the progressive levels of risk when determining what staffing option to use under the current staffing shortage circumstances and use the lowest risk option whenever possible:

	<b>Close Contacts – Rapid Antigen Testing (RAT) available</b>	<b>Close Contacts – Contingency when RAT is not available</b>	<b>Cases – With or Without Testing Available</b>
<b>Lowest Risk Staffing Options</b>	<p>I. Return to work after a single negative PCR test collected on/after day 7 from last exposure.</p> <p><b>OR</b></p> <p>II. Return to work on day 7 after negative RATs on day 6 and day 7 after last exposure, collected 24 hours apart.</p>	Return to work after 10 days from last exposure to the case.	<p>I. Return to work after 10 days from symptom onset or initial positive test (whichever is earliest).</p> <p><b>OR</b></p> <p>II. Return to work after single negative PCR test or two negative RATs collected 24 hours apart any time prior 10 days.</p> <p>Symptoms must be improving for 24 hours (48 hours if vomiting/diarrhea).</p>
<b>Moderate Risk Staffing Options</b>	<p>I. Return to work after a single negative initial PCR test after exposure.</p> <p><b>OR</b></p> <p>II. Return to work after two negative RATs collected 24 hours apart after last exposure.</p> <p>Continue daily RATs for 10 days based on last exposure OR until meet negative PCR or RAT criteria for lowest risk option.</p>	Return to work on day 7 from last exposure, with workplace measures for reducing risk of exposure until day 10.	<p>Return to work on day 7 from symptom onset or initial positive test (whichever is earliest) without testing AND if ONLY caring for COVID-19 positive residents.</p> <p>Symptoms must be improving for 24 hours (48 hours if vomiting/diarrhea).</p>
<b>Higher Risk Staffing Options</b>	<p>Return to work after a single negative RAT.</p> <p>Continue daily RATs for 10 days based on last exposure OR until meet negative PCR or RAT criteria for lowest risk option.</p>	Return to work on day 5 after last exposure and continue workplace measures for reducing risk of exposure until day 10.	<p><i>This option is only to be used in dire staffing situations after all other options have been exhausted and with appropriate IPAC in place.</i></p> <p>Return to work earlier than day 7 (e.g., day 5 or 6) without testing AND if working ONLY with COVID-19 positive residents.</p>

			Symptoms must be improving for 24 hours (48 hours if vomiting/diarrhea).
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Also see the Ministry of Health’s [COVID-19 Interim Guidance: Omicron Surge Management of Critical Staffing Shortages in Highest Risk Settings.](#)

**Food and Product Deliveries:** Food and product deliveries should be dropped in an identified area and active screening of delivery personnel done prior to entering the home. Signs will be posted at all delivery areas for delivery personnel to report to reception for screening if they must enter the building. To minimize unnecessary entry into the home, the home will encourage food or package delivery to the foyer for resident pick up or staff delivery where applicable.

**Universal Masking and Appropriate Use of Personal Protective Equipment (PPE)**

- The residence will follow COVID-19 Directive #5 to ensure appropriate PPE, including: engaging in the conservation and stewardship of PPE, assessing the available supply of PPE on an ongoing basis, exploring all available avenues to obtain and maintain a sufficient supply of PPE, and if a shortage will occur, communicating PPE supply levels and developing contingency plans (in consultation with affected labour unions as applicable)
- **Universal Masking:** The residence will ensure that all **team members** and **essential visitors** wear a well-fitted medical mask for the entire duration of their shift/visit, both indoors and outdoors, regardless of their COVID-19 vaccination status. General visitors must wear a medical mask for the duration of their visit for both indoors and outdoors. These requirements apply regardless of whether the community is in an outbreak or not.
  - **Team members** - The residence will 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, team members 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 in contact with residents and/or in designated resident areas.
  - **Residents** – Resident are strongly recommended to wear medical masks in common areas or communal spaces with others (e.g., when within 2 metres of others) and any additional circumstances as outlined in this policy. Exceptions will be made when a resident is unable to wear a mask (e.g., AODA or Human Rights Code). As much as possible, residents who are on additional precautions due to COVID-19 should wear a medical mask during direct care provision, where masking is tolerated.
  - Exceptions to the masking requirements are:
    - Children who are younger than 2 years of age;
    - Any individual (team member, visitor, or resident) who is being accommodated in accordance with the AODA, 2005; and/or
    - Any individual (team member, visitor, or resident) who is being reasonably accommodated in accordance with the Human Rights Code.
- In addition to the masking requirements and exceptions described above, the community will follow RHRA’s Retirement Homes Policy to Implement Directive #3, as noted elsewhere in this policy where applicable. Additional PPE requirements may apply based on the individual’s vaccination status.

**Eye Protection:** Regardless of COVID-19 vaccination status, appropriate eye protection (e.g., goggles or face shield) is required for all team members and essential visitors when providing care to residents with

suspect/confirmed COVID-19 and in the provision of direct care within 2 metres of residents in an outbreak area. In all other circumstances, the use of eye protection is based on the point-of-care risk assessment when within 2 metres of a resident(s). Children 2 years and under are exempt from wearing eye protection.

**Information and Training (PPE):** The Health and Wellness Manager (HWM) will provide all team members and essential visitors who are required to wear PPE with information and training on the care, safe use, and limitations of that PPE, including training on proper donning and doffing. The HWM will provide team members with re-education on how to don and doff PPE, and team members must be able to demonstrate.

- The community will designate team members to help ensure the appropriate use of PPE by residents, visitors, and team members as outlined in Directive #5.
- Per Directive #5, the community must ensure they take the following precautions:
  - A **point-of-care risk assessment (PCRA)** must be performed by every **regulated health professional** before every resident interaction.
  - At a minimum, droplet and contact precautions must be used by **regulated health professionals and other health care workers** for all interactions with suspected, probable or confirmed COVID-19 residents. Droplet and contact precautions includes gloves, face shields or goggles, gowns, and a well-fitted surgical/procedure mask.
  - As an interim precaution in light of the uncertainty around the mechanisms of transmission of the COVID-19 Omicron variant of concern (B.1.1.529), required precautions for **all health care workers providing direct care to or interacting with** a suspected, probable (i.e. placed in precautions as high risk contact, in an outbreak zone of the facility or recently transferred from a facility in outbreak) or confirmed cases of COVID-19 are a fit-tested, seal-checked N95 respirator (or approved equivalent), eye protection (goggles or face shield), gown and gloves.
  - All **regulated health professionals** and **health care workers** providing direct care to or interacting with suspected, probable or confirmed COVID-19 residents must have access to appropriate PPE, including surgical/procedure masks, fit-tested, seal checked N95 respirators (or approved equivalent), gloves, face shields with side protection (or goggles) and appropriate isolation gowns.
  - The community will not deny access to a fit-tested, seal-checked N95 respiratory (or approved equivalent).
  - Fit-tested, seal-checked N95 respirators (or approved equivalent), must be used by all **regulated health professionals and health care workers** in the room where AGMPs are being performed, are frequent or probable - for a list of AGMPs, see MOH Directive #5

#### **Supplies and Personal Protective Equipment**

- The community will endeavor to provide a minimum of a 14-day supply of the identified supplies below to be maintained in the residence in preparation for a pandemic.
- The residence will ensure test kits are available and plans are in place for taking specimens.
- The residence will assess available supply of PPE on an ongoing basis, and explore all available avenues to obtain and maintain a sufficient supply
  - Each department manager will be responsible for maintaining contact with their suppliers to identify their ability to meet community needs and re-ordering of supplies to maintain adequate inventories. The community will also utilize local food and hardware supplies as needed.



- The GM and HWM will monitor the inventory of personal protective equipment (gloves, masks, gowns) and ensure they are in a secure location to prevent any theft or unnecessary use. The residence should maintain an inventory of supplies.
- The community will ensure N95 fit testing is up to date as per policy on N95 respirators
- The community will refer to the latest [IPAC Recommendations](#) for PPE when caring for residents with suspect or confirmed COVID-19.

### **Physical Distancing**

- Physical distancing (a minimum of 2 metres or 6 feet) must be practiced at all times by all individuals at all times, except for the purposes of providing direct care to a resident.
  - Exceptions may apply per the Retirement Homes Policy to Implement Directive #3 such as for contact visits.
- The physical space and layout may be reconfigured where appropriate to facilitate physical distancing (e.g. moving furniture, visual markers on ground, posting maximum capacity)
- For clarity: Residents are not required to physically distance from other residents when participating in social gatherings, organized events, recreational services, or communal dining.

### **Accommodations**

- **Isolation Rooms:** The community will identify and set aside suites for isolation purposes. Residents requiring isolation must be placed in a single suite on additional precautions. If not possible, residents may be placed in a suite with no more than one other resident who must also be placed in isolation under Droplet and Contact Precautions.
- **General accommodations:** After completing all testing and isolation requirements per Admissions and Transfers protocol, all new residents will be placed in a single suite.

### **Environmental Cleaning**

- The community will maintain regular environmental cleaning of the building; cleaners and disinfectants with a DIN number will be used
- Enhanced environmental cleaning and disinfection will be done for frequently touched surfaces (e.g., doorknobs, elevator buttons, light switches, etc.) and all common areas (including bathrooms) should be cleaned and disinfected at least twice a day and when visibly dirty.
- Where available, dedicated equipment will be used in a suite where a confirmed or suspect resident is being cared for, and thoroughly cleaned/disinfected prior to being used elsewhere.
- Contact surfaces (i.e., areas within 2 metres) of a person who has screened positive should be disinfected as soon as possible.

See PIDAC's [Best Practices for Environmental Cleaning for Prevention and Control of Infections in All Health Care Settings, 3<sup>rd</sup> Edition](#) for more details.

### **Hand Hygiene**

All residents, visitors, team members and volunteers will be reminded about the importance of hand hygiene/ washing (*See the ORCA COVID-19 Response Guide*)

- Hand sanitizer (70-90% alcohol) will be available throughout the building including entrance, common areas, dining room, care areas, reception area/screening stations
- Adequate supplies will be maintained for hand washing and access to handwashing stations

**Staffing and Operations** (Also see section *Test to Work*)

- **Per O. Reg. 158/20 (Limiting Work to a Single Retirement Home):** Unless **fully vaccinated** against COVID-19 (or otherwise directed by a local medical officer of health), team members must not perform work in another home operated by the same licensee, for another licensee, or for a health service provider (as defined by the Connecting Care Act, 2019); employees must comply with the regulation even if doing so is contrary to the provisions of a collective agreement and they shall not be terminated as a result of complying with the Order. **\*Anticipated expiry March 28, 2022\***
  - A copy of the order will be posted in a conspicuous, easily accessible location in the residence
  - The residence will maintain a list of team members who are fully vaccinated and working at multiple sites
- The community will review staffing schedules, availability of alternate team members, and emergency contact numbers for team members
- Per [O. Reg. 118/20](#), the community may take any reasonably necessary steps related to work deployment and staffing required to respond to, prevent, and alleviate the outbreak of COVID-19 in the community. These may include changes to work and shift assignments, cancellation of vacation or leave of absence, hiring additional part-time/temporary or contract staff, and using volunteers to perform work, noting all grievance processes are suspended for the duration of the order. **\*Anticipated expiry March 28, 2022\***
- The community will collect information from team members, contractors or volunteers about their availability to provide services, their likely or actual exposure to COVID-19 or about any other health conditions that may affect their ability to provide services
- The residence may organize staffing assignments for consistent grouping of team members to specific resident areas or different areas of the community. To the extent possible, team members may be grouped to work on consistent floors/units even when the residence is not in an outbreak.

**Move-Ins and Transfers**

- In light of greater risk of COVID-19 re-infections with the Omicron variant, all residents who are being admitted or transferred to a community must undergo a PCR test and be isolated on additional precautions, regardless of their COVID-19 vaccination status.
- All move-ins and transfers must be actively screened upon entry to the community and **twice** daily for 10 days following the move-in/transfer.
- Move-ins and transfers to an **outbreak floor/unit** of the receiving community should be avoided if:
  - There is a newly declared outbreak where there is an ongoing investigation;
  - There are new cases beyond known contact (i.e., uncontrolled/uncontained); or
  - The floor/unit has residents who are unable to follow public health measures.
- If necessary, residents who were **NOT exposed to COVID-19 at a community in an active outbreak from which they are transferring (uncontrolled/uncontained) may be transferred to the community if:**
  - The resident is fully vaccinated AND boosted (3<sup>rd</sup> or 4<sup>th</sup> dose);
  - The resident (or SDM) is aware of the risks;
  - The resident is admitted/transferred to a private suite;
  - The resident is asymptomatic on discharge from the acute care facility; or
  - The resident has been isolated until the outbreak in the community from which they are transferring is contained and the PHU has determined that isolation may be safely discontinued.

The community will ensure that:

- A) For move-in and transfers **from a healthcare facility** (e.g., LTC home, another retirement community) **that is NOT in outbreak, regardless of the vaccination status of the individual:**
- A PCR test is required prior to moving-in or on arrival. The resident must be placed in isolation on additional precautions until a negative test result is received. If timely PCR tests are unavailable, perform 2 RATs separated by 24-48 hours, the first of which will be administered within 24 hours of the planned transfer or arrival at the home. 2 negative RATs are required to discontinue isolation.
- B) For move-in and transfers from a **healthcare facility that is IN outbreak:**
- i. **Consultation with PHU is NOT required if the resident has:**
- Recovered from COVID-19 in the last 90 days (isolation not required, monitor for symptoms);
  - Been exposed to COVID-19 in their home prior to admission to the hospital and are still within their isolation period following exposure (treat as high-risk); or
  - Not been exposed to COVID-19 in their home prior to hospital admission or during their hospital admission.
- ii. **Consultation with PHU IS required if a:**
- COVID-19 positive resident is returning to a community NOT in outbreak;
  - Symptomatic resident is returning to a community NOT in outbreak (without negative PCR result);
  - Non-COVID-19 resident from a hospital is returning to a community with an active (uncontrolled/uncontained) outbreak;
  - Resident who is unable to access a private room; or
  - Resident who is not vaccinated AND boosted (3rd or 4th dose).
- PHU to advise on isolation and testing.
- C) For move-ins from the **community:**
- i. **If the resident is vaccinated AND boosted (3<sup>rd</sup> or 4<sup>th</sup> dose), the resident must:**
- Screen and isolate on arrival until a negative PCR or rapid molecular test result obtained from day 5 testing
  - A PCR or rapid molecular test required on or after day 5:
    - If positive: manage as a case
    - If negative: isolation may be discontinued. Continue to monitor for symptoms.
  - If timely PCR results are unavailable: perform 2 RATs separated by 24 hours (i.e., day 5 and day 6)
- ii. **If the resident is NOT vaccinated AND boosted (3<sup>rd</sup> or 4<sup>th</sup> dose), the resident must:**
- Screen and isolate on arrival for 10 days.
  - Take a PCR or rapid molecular test on or after day 5.
    - If positive: manage as a case.
  - Perform 2 RATs separated by 24 hours (i.e., day 5 and day 6) if timely PCR results are unavailable.
- If approved by the local PHU and the community is in concurrence, any resident being admitted or transferred, regardless of their vaccination status, who is identified as having symptoms, exposure and/or diagnosis of COVID-19 must be isolated and placed on additional precautions at the community in addition to the requirements above.

### **Residents in Isolation:**

- Residents requiring isolation will be placed in a single suite on Droplet and Contact Precautions.
- When a resident is isolating, the community will provide supports for their physical and mental well-being to mitigate any potential negative effects of isolation, including individualized mental and physical stimulation that meet the abilities of the individual. The community will endeavour to use sector best practices whenever possible.
- Per Directive #3: The community will ensure that:
  - Individuals who may have challenges with isolation due to a medical condition (e.g., dementia) will not be denied admission or transfer on this basis alone. The community will take all precautions to ensure the completion of the required isolation period for new or transferred residents to the best of the community's ability.
- In exceptional circumstances, residents may complete their isolation requirements upon move-in/transfer at alternative facilities designated for this purpose. This requires the consent of the resident and/or their SDM, as well as an agreement between the community, local PHU, regional Ontario Health, and Home and Community Care Support Services, as well as IPAC hubs and other health care facilities as relevant.

### **If the resident is referred to hospital:**

- The residence should coordinate with the hospital, local PHU, paramedic services and the resident to make safe arrangement for travel to the hospital that maintains isolation of the resident. Resident transfer services should not be used to transfer a resident who screens positive from the residence.
- For all residents on any type of additional precautions, ensure that PPE is available at the point of care (including disposable gowns, gloves, procedure masks and eye protection) and a garbage bin and hand sanitizer are available immediately outside the room

### **Visitors**

***Refer to the residence's COVID-19 Visitor Policy for details of visitor definitions, access, etc.***

### **Requirements for Absences**

- There are four types of absences:
  1. **Medical absences** – absences to seek medical and/or health care.
  2. **Compassionate/palliative absences** – absences that include, but are not limited to, absences for the purposes of visiting a dying loved one.
  3. **Short term (day) absences** – split into:
    - A. **Essential outings** – absences for reasons of groceries, pharmacies, and outdoor physical activity;
    - B. **Social outings** – absences other than for medical, compassionate/palliative or essential outings.
  4. **Temporary (overnight) absences** refer to absences for two or more days and one or more nights away from the home for non-medical purposes.
- For all types of absences, residents will be provided with at minimum a medical mask free of charge if they are unable to source one
- Residents will be reminded to practice public health measures, such as physical distancing (2 meters separation) and hand hygiene, while they are away from the community. Additionally, all residents on an absence, regardless of type or duration of the absence, must be actively screened upon their return to the community.

- The community will not restrict or deny any absences for medical or compassionate/palliative reasons at any time. This includes when a resident is in isolation on additional precautions and/or when a community is in an outbreak; in these situations, communities must consult their local public health unit for further advice. In alignment with Directive #3, absences for medical or compassionate/palliative reasons are the only absences permitted when the resident is in isolation on Droplet and Contact Precautions (due to symptoms, exposure, and/or diagnosis of COVID-19) or when the community is in outbreak.
- Residents who are in isolation on additional precautions cannot participate in essential, social, or temporary absences.
- Residents are permitted to go on Essential Outings, including walks either on or off the premises, at all times except when that resident is isolating and on Droplet and Contact Precautions, or as directed by the local PHU.
- Residents will not be permitted to start Short Term (Day) Absences and Temporary (Overnight) Absences if the resident is isolating on additional precautions, or when advised by public health.

The residence will follow requirements based on absence type (short term (day) absences and temporary (overnight) absences) per below:

	Requirements
<p><b>Short term (day) absence</b>                      Essential outing                      and                      Social outing</p>	<ul style="list-style-type: none"> <li>• The residence will allow short term absences regardless of reason.</li> <li>• Residents must follow public health measures during the absence</li> <li>• Active screening is required on return</li> <li>• <u>If the resident has been exposed to a known COVID-19 case during their absence, they must be tested for COVID-19 with a PCR test on return to the home and isolate. If timely PCR tests are unavailable, the residence must perform 2 RATs separated by 24-48 hours, the first of which will be administered within 24 hours of returning to the home.</u> <ul style="list-style-type: none"> <li>○ <b>Residents who are fully vaccinated and boosted</b> (3rd or 4th dose) will be isolated until a PCR or RAT is taken on day 5 (if negative isolation may be discontinued).</li> <li>○ <b>Residents who are not fully vaccinated and/or have not been boosted</b> (3rd or 4th dose) are required to isolate for 10 days from last contact (regardless of test results).</li> </ul> </li> </ul>
<p><b>Temporary (overnight) absence</b></p>	<ul style="list-style-type: none"> <li>• The community will allow overnight absences regardless of reason.</li> <li>• Residents must follow public health measures during the absence.</li> <li>• Active screening on return.</li> <li>• All residents, <b>regardless of vaccination status</b>, are required to perform a RAT and a PCR test on day 5 of return. No isolation is required unless the resident receives a positive test result.</li> <li>• If a timely PCR test is not available, on day 5 of return 2 RATs 24 hours apart may be used as an alternative.</li> <li>• The community will not deny entry to residents into their homes while awaiting testing results and will not impose isolation of residents.</li> </ul>

### Asymptomatic Testing

- a. A team members must submit to regular antigen POCT for COVID-19 and demonstrate a negative result, prior to entry. Results are valid for a calendar day.
- b. A contractor, student, volunteer or Essential Caregiver, Support Worker, Personal Care Service Provider or a General Visitor, **regardless of vaccination status** must submit to regular antigen POCT for COVID-19, and demonstrate a negative result, prior to entry. Results are valid for a calendar day.
- c. An External Care Provider must submit to regular antigen POCT for COVID-19 **regardless of their vaccination status** and demonstrate a negative result prior to entry. Results are valid for a calendar day.

### Testing

The community will follow public health direction and refer to the MOH Integrated Testing & Case, Contact and Outbreak Management Interim Guidance. In the event of an outbreak, the local public health unit is responsible for managing the outbreak response (see [COVID-19 Guidance: LTC Homes and Retirement Homes for Public Health Units](#)).

For reference, the following groups are eligible for molecular testing (PCR or rapid molecular testing):

- Symptomatic team members, volunteers, residents, essential caregivers, and visitors
- Symptomatic/asymptomatic residents on move-in/transfer to the community
- Close contacts and asymptomatic/symptomatic people in the context of confirmed or suspected outbreaks as directed by the PHU
- For asymptomatic testing as per provincial guidance and/or Directives, or as directed by the PHU

### Requirements For Social Gatherings, Dining and Recreational Services

- To the extent possible:
  - Team members and residents may gather in groups of the same individuals for social gatherings, organized events, dining, and recreational services to limit interactions between residents and staff in the community and reduce the risk of COVID- 19 transmission.
- The community will keep attendance records for all social activities, organized events, gatherings, communal dining, and other recreational activities to help facilitate contact tracing should there be a positive case of COVID-19.

### Social Gatherings and Organized Events

- Social gatherings and organized events include activity classes, performances, religious services, movie nights, and other recreational and social activities (e.g., bingo, games).
- Social gatherings and organized events are permitted **at all times**, unless otherwise advised by the local PHU. The community will maintain activities which promote resident strength, mobility, and mental health to mitigate resident health from deteriorating, except for the following restrictions:
- All social gatherings and events will include the following measures:
  - Team members and Essential and General Visitors must wear a medical mask (e.g., respirators are allowed) must pass active screening and should physically distance (2 metres separation) from residents, other staff, and other visitors unless providing direct care or support to a resident.
  - It is strongly encouraged that residents wear at a minimum a medical mask, if tolerated, however, they **must** maintain physical distancing from other residents, staff, and visitors.
  - Classes and social activities should be limited to ventilated rooms (e.g., with open windows and HEPA air purifiers).

- The number of participants should be based on the capacity of the location where the activities will take place and should allow sufficient space for physical distancing between participants.
- Residents who are in isolation or experiencing signs and symptoms of COVID-19 will not be permitted to take part in social gatherings or organized events unless they have tested negative for COVID-19 and have been cleared from isolation. Residents in isolation will be offered individualized activities and social stimulation.

### **Communal Dining**

- Unless otherwise advised by the local PHU, communal dining is permitted at all times with the following public health measures in place:
  - **Resident Precautions:**
    - Residents may socialize with other residents with masks.
    - Consistent seating of resident groups is recommended.
    - Frequent hand hygiene is recommended.
    - Masking when not eating or drinking is strongly recommended.
  - **Team Member Precautions:**
    - Universal masking is required.
    - Frequent hand hygiene is required.
    - Maintain physical distancing (2 metres separation) from residents (when not serving) and other team members.
- Buffet and shared dish meal service are permitted.
- Essential Caregivers and Visitors **must present proof of vaccination** and must be masked when not eating or drinking and must maintain physical distancing from other residents and team members.
- Residents experiencing signs and symptoms of COVID-19 will not be permitted to participate in communal dining, unless the resident has tested negative for COVID-19 and has been cleared from isolation. This will not interfere with providing a meal during the scheduled mealtime to the resident.

### **Other Recreational Services**

- The community may operate libraries, indoor pools, and indoor sport and recreational fitness facilities, including gyms at **full** capacity.
- The community may operate outdoor pools, sport and recreational fitness facilities at **full** capacity.
- For indoor and outdoor recreational services, residents and staff are strongly encouraged to physically distance. Masking is still strongly encouraged for residents when indoors, if tolerated and is required where residents cannot physically distance. Staff must continue to wear a medical mask.

### **Requirements for Social Gatherings, Dining and Recreational Services When the Community is in Outbreak**

At the discretion of the PHU and where operationally feasible for the community:

- Group activities, dining, and other social gatherings may continue/resume in areas of the community (e.g., floors/units) not affected by the outbreak if residents are able to adhere to public health measures (e.g., masking, physical distancing).

- Group activities/gatherings within an outbreak area of the community (e.g., floors/units) may continue/resume for specific cohorts (e.g., previously infected with COVID-19). Considerations may include whether:
  - Appropriate staff cohorting can be maintained;
  - There have been no concerns raised on the IPAC audits of the communities that are unaddressed; and
  - Residents within the cohort are able to adhere to public health measures (e.g., masking).
- Activities for residents in isolation may continue or resume. For example:
  - 1:1 walks in an empty hallway with a high-risk contact or case and team members or Essential Caregiver, both with appropriate use of masking or PPE.
  - Team members or Essential Caregiver supported visits to a designated suite other than the residents' suite where others are not occupying or travelling through.

### **Requirements for Retirement Community Tours**

- Prospective residents may be offered in-person, targeted tours of suites **at any time**. These tours must adhere to the following precautions:
  - All tour participants are subject to the General Visitor screening, testing, and PPE requirements outlined in this policy (e.g., active screening, wearing a medical mask, IPAC, maintaining physical distancing).
  - The tour group should not exceed the number of permitted indoor visitors.
  - Prospective residents may join dining services however, they **must present proof of vaccination** and must be masked when not eating or drinking and maintain physical distancing.
- All in-person tours should be paused if the residence goes into outbreak, unless permitted by the local PHU.

**Managing a Symptomatic Individual:** Once at least one resident or team member has presented with new signs or symptoms compatible with COVID-19, the community will immediately take the following steps:

- **In the Event of a Symptomatic Resident:** The resident will be placed in isolation under appropriate additional precautions, in a single suite room if possible, medically assessed, and tested for COVID-19 using a laboratory-based PCR or a molecular point-of-care test as per the [COVID-19 Integrated Testing & Case, Contact and Outbreak Management Interim Guidance](#).
  - Roommates of the symptomatic resident must also be placed in isolation under appropriate additional precautions and tested for COVID-19 using a laboratory-based PCR or a molecular point-of-care test as a high-risk close contact.
- **In the Event of a Symptomatic Team Member or Visitor:** The team member or visitor will be advised to go home immediately to self-isolate and will be encouraged to get tested for COVID-19 using a lab-based PCR or molecular point-of-care test.
- The residence will enforce enhanced IPAC measures, including enhanced screening and cohorting among residents and team members to limit the potential spread of COVID-19.

### **Managing a COVID-19 Case in the Community**

- As COVID-19 is a designated disease of public health significance and thus all probable and confirmed cases of COVID-19 are reportable to the local public health unit under the Health Protection and Promotion Act, 1990 (HPPA):
  - The community will notify the local PHU of all probable and confirmed cases of COVID-19 as soon as possible.



- The community will ensure compliance with minimum IPAC requirements as outlined in Directive #3, including conducting IPAC self-audits, active screening, and cohorting among residents and team members to limit the potential spread of COVID-19.
- The local PHU is responsible for receiving and investigating all (reports of) cases and contacts of COVID-19 in accordance with the COVID-19 Guidance: Long-Term Care Homes and Retirement Homes for Public Health Units and the HPPA.
- The community will ensure any health system partners and/or external agencies that may be engaged to assist the community follow the directions of the local PHU when providing services at the community or otherwise on-site at the community.
- Team member who test positive for COVID-19 should report their illness to their manager or to the Occupational Health and Safety committee or representative per community practice. The manager or Occupational health designate must promptly inform the Infection Control designate of any cases or clusters of team members including contract staff who are absent from work. In accordance with the Occupational Health and Safety Act, the community must provide notice to the Ministry of Labour, Training and Skills Development within four days if a worker has an occupationally acquired illness.

### **Outbreak Management**

- The local PHU is responsible for managing the outbreak response and has the authority and discretion to coordinate outbreak investigation, declare an outbreak based on their investigation, and direct outbreak control measures.
- The local PHU is responsible for defining the outbreak area (e.g., a single affected unit vs. the whole home), directing outbreak testing, permitting work self-isolation for team members, and leading all other aspects of outbreak management including isolation of residents and team members, as well as declaring the end of an outbreak (*Also see [COVID-19 Guidance: LTC and Retirement Homes for PHUs](#)*)
- The community will follow any guidance provided by the local PHU with respect to any additional measures that must be implemented to reduce the risk of COVID-19 transmission in the setting.
- The community will ensure that any health system partners and/or external agencies that participate in any suspect or confirmed outbreak response informs the local PHU and the Outbreak Management Team of their involvement, following any directions provided by the local PHU pursuant to the HPPA.
- Once an outbreak is declared, the outbreak must be reported to the RHRA on the same day that it is reported to PH. The report must be sent to [info@rhra.ca](mailto:info@rhra.ca) and include: Name of community; License number; # of positive resident cases; # of positive team member cases; and Identification of PH contact. The community should advise the RHRA by email once the outbreak is declared over as well.

See [COVID-19 Guidance: LTC and Retirement Homes for PHUs](#) for suspect and confirmed outbreak definitions and management.

### **Communications**

Communicate with your GM/HWM or head office designate daily if your residence is experiencing:

- Any type of respiratory symptoms in your residence
- Any significant concerns with your PPE supply
- Concerns with staffing shortages

**Media**

- No team members will communicate with the press. See Crisis Communication Plan Policy

**Accessibility Considerations** - The community will follow all applicable laws such as the AODA, 2005.

