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COVID-19 Policy

Introduction:
All Delmanor 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 the Ministry for Seniors and Accessibility's COVID-19 Guidance Document for Retirement Homes in Ontario (June 24, 2022) and MOH's COVID-19 Guidance: LTCH/RH for PHUs. Recommended public health measures, as noted throughout this policy, as well as all applicable laws, will be practiced at all times.

Where noted in this policy, "**up to date**", as it relates to COVID-19 vaccination, means a person has received all recommended COVID-19 vaccine doses, including any booster dose(s) when eligible. Refer to Ministry of Health's Staying Up to Date with COVID-19 Vaccines: Recommended Doses.

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 must have a COVID-19 Outbreak Preparedness Plan, according to requirements outlined in the MOH's COVID-19 Guidance: LTCH/RH for PHUs. This plan is recommended to be developed in consultation with the Joint Health and Safety Committees (or Health and Safety Representatives if any), ensure measures are taken to prepare for and respond to a COVID-19 outbreak, including:

- Identifying members of the Outbreak Management Team (OMT),
- Identifying the community'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,
- Ensuring non-expired testing kits are available and stored appropriately, and plans are in place for taking specimens,
- Ensuring sufficient PPE is available and that all team members and volunteers are trained on IPAC protocols, including how to perform a personal risk assessment and the appropriate use of PPE,
- Developing policies to manage team members who may have been exposed to COVID-19,
- Developing and implementing a communication plan to keep team members, residents, and families informed about the status of COVID-19 in the communities, including frequent and ongoing communication during outbreaks.

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IPAC Program and Audits

As outlined in the Ministry for Seniors and Accessibility's COVID-19 Guidance Document for Retirement Homes in Ontario, the community will have an IPAC program and will ensure team members have received IPAC training.

The community should conduct self-audits every two weeks when the community is not in an outbreak and at every week when the community is in an outbreak and include in their audit PHO's COVID-19 Self-Assessment Audit Tool for Long-Term Care Homes and Retirement Homes; keeping the results for 30 days to be shared with inspectors (e.g., PHU, RHRA) upon request).

The community should have an established process for active and Passive Screening.

To implement active screening protocols, a sign at entrances will be posted that follows advice, guidance or recommendations by the Chief Medical Officer of Health 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 be completed in the following way(s):
    - 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.
        - **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.
        - 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.
- All individuals will be actively screened to be permitted entry, including for outdoor visits. Minimum requirements for active screening outlined in the MOH's COVID-19 Screening Tool for Long-Term Care Homes and Retirement Homes will be followed.
    - Team members and visitors will be actively screened once per day at the beginning of their shift or visit.

Any team member or visitor who fails active screening must not be allowed to enter the community and must be advised to follow public health guidance and must be encouraged to be tested, and must follow current case and contact recommendations and must be encouraged to be tested. Exceptions to this include:

- **First responders** are to be permitted entry without screening in emergency situations.
- Team members and essential visitors who are up to date on their COVID-19 vaccinations as per the Guidance for Employers Managing Workers with Symptoms within 48 Hours of COVID-19 or Influenza Immunization document.
- A resident returning to the community, who must be admitted on entry but isolated on Droplet and Contact Precautions and tested for COVID-19 as per the COVID-19 Guidance: Long-Term Care Homes and Retirement Homes for Public Health Units.
- Visitors for residents receiving end-of-life care, who must be screened prior to entry. If they fail screening, they must be permitted entry, but the resident must ensure that they wear a

medical (surgical/procedural) mask, maintain physical distance from other residents and team members and be restricted to the resident's room. This exception does not apply to visitors for residents receiving end-of-life care who failed screening due to federal quarantine requirements.
    - Team members who are on Test to Work, must follow the protocols and requirements for Test to Work per the Ministry of Health's as set out in Appendix A of Management of Cases and Contacts of COVID-19 in Ontario.

  The community will document the entry of all persons to the community and their screening results, retained for a minimum of 30 days and readily available to local public health for outbreak management purposes.

- If team members 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 the above will be advised to 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.
- Managers should monitor team members 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 should be posted throughout the building, including employee 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 should also be posted.

Daily Symptom Screening of All Residents

- The community must ensure that all residents are assessed at least ***once*** daily, including temperature checks, to identify if any resident has symptoms of COVID-19. The community is strongly encouraged to conduct symptom assessments more frequently (e.g., at every shift change), especially during an outbreak to facilitate early identification and management of ill residents.
- Any resident who presents with signs or symptoms of COVID-19 must be immediately isolated, placed on additional precautions, and tested for COVID-19 as per the Management of Cases and Contacts of COVID-19 in Ontario.
- 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 employee (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

Test to Work

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

- They have been diagnosed with COVID-19 or have had a close* 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 is defined as an individual who has an exposure to a confirmed positive COVID-19 case, an individual with COVID-19 symptoms, or an individual with a positive rapid antigen test result. Close contacts have been in contact with the case/symptomatic person within the 48 hours prior to the case's symptom onset if symptomatic or 48 hours prior to the specimen collection date (whichever is earlier/applicable) and until they have completed their self-isolation period and were in close proximity (less than 2 meters) for at least 15 minutes or for multiple short periods of time without measures such as masking, distancing and/or use of personal protective equipment.

Routine Operations for Staffing Options:

- When available, use of testing options is preferred to other options.
- Close contacts should be prioritized for return to work over positive COVID-19 cases.
- If staffing shortages are impacting care, routine return to work options listed below should be exhausted prior to progressing to options for critical staff shortages, which have more risk of COVID-19 transmission within the setting.
- The use of options with more risk of COVID-19 transmission should be commensurate to the risk of insufficient staffing to residents to provide adequate care.

	Asymptomatic Close Contact with Testing available	**Asymptomatic Close Contact with Testing not available**	**Positive COVID-19 Cases With or Without Testing Available**
Routine Operations Staffing Options	**I.** Return to work after a negative molecular test (e.g., PCR, rapid molecular) collected on/after day 5 from last exposure. ***OR*** **II.** Return to work following a negative molecular test (e.g., PCR, rapid molecular) collected before day 5 after last exposure **AND** perform daily rapid antigen testing for 10 days after last exposure **or** until a second negative molecular test is collected on/after day 5 after last exposure.	Return to work after 10 days from last exposure to the case.	**I.** Return to work after 10 days from symptom onset or date of specimen collection (whichever is earliest). ***OR*** **II.** Return to work after a single negative molecular test (e.g., PCR, rapid molecular) anytime prior to 10 days from the date of specimen collection or symptom onset (whichever is earlier) OR After two negative RATs collected 24 hours apart any time prior to 10 days from the date of specimen collection or symptom onset (whichever is earlier)

	Asymptomatic close contacts who are returning after a negative molecular test collected before day 5 after last exposure are recommended to follow the Workplace Measures below for reducing risk of exposure.		**AND** *No fever and symptoms must be improving for 24 hours (48 hours if vomiting/diarrhea).
Moderate Risk Staffing Options (For Critical Staffing Shortages)	Return to work after two negative RATs collected 24 hours apart. **AND** Continue daily RATs for 10 days after last exposure **OR** until a negative molecular test (e.g., PCR, rapid molecular) is collected on/after day 5 from last exposure.	Return to work on day 7 from last exposure, with workplace measures for reducing risk of exposure until day 10.	Return to work on day 7 from symptom onset or date of specimen collection (whichever is earlier/applicable) without testing **AND** if ONLY caring for COVID-19 positive residents or residents who have recently recovered from COVID-19 infection. **AND** No fever and symptoms must be improving for 24 hours (48 hours if vomiting/diarrhea).
Highest Risk Staffing Options (For Critical Staffing Shortages)	Return to work after a single negative RAT prior to shift. **AND** Continue daily RATs for 10 days after last exposure **OR** until a negative molecular (e.g., PCR, rapid molecular) test is collected on/after day 5 from last exposure.	Return to work before day 5 after last exposure and continue workplace measures for reducing risk of exposure until day 10.	10 days after symptom onset or date of specimen collection OR after a single negative molecular test any time prior to 10 days from the date of specimen collection or symptom onset **AND** No fever and symptoms must be improving for 24 hours (48 hours if vomiting/diarrhea).

Workplace Measures for Reducing Risk of Exposure

- Where possible, avoid assigning team members on early return to work to vulnerable residents (e.g., immunocompromised, unvaccinated)
- PPE and IPAC practices should be reviewed (including audits) to ensure meticulous attention to measures for team member on early return to work
- Prioritize cohorting of team members who are early returned cases to working with COVID-19 positive residents only, due to their residual risk of transmission
- Additional workplace measures for individuals on early return to work may include:
  - Active screening ahead of each shift

- Individuals on early return to work should not remove their mask when in the presence of other team members to reduce exposure to co-workers (i.e., not eating meals/drinking in a shared space such as conference room or lunchroom)
- Working in only one facility, where possible.
- Ensuring well-fitting source control masking for the team members on early return to work to reduce the risk of transmission (e.g., a well-fitting medical mask or fit or non-fit tested N95 respirator, or KN95)

Administrative Considerations for Selecting Team Members for Return to Work under Critical Staffing Shortages

- The fewest number of team members who are close contacts or who are COVID-19 cases should return to work early to allow for business continuity and safe operations
- Team members who are nearest to completion of their isolation period should be returned first
- Where possible, preferential return to work for those who have received all recommended doses of the COVID-19 vaccine (including booster doses) should be considered due to decreased risk of developing symptomatic infection with Omicron infection compared to those with two doses or those who have not completed a primary series.
- Those who have an exposure to a COVID-19 case that does not live with them should be prioritized to return before those who have ongoing exposure to a household member with COVID-19, because the risk of transmission is higher among those with ongoing exposures (e.g., providing direct, ongoing care to a COVID-19 positive household member).

Masking

- Per the Ministry for Seniors and Accessibility COVID-19 Guidance for RHs, the community must ensure that all team members, students, volunteers, and visitors wear a medical mask for the duration of their shift or visit indoors.
- Masks are required outdoors for team members, residents, students, volunteers, or visitors..
- While there is no requirement for residents to wear a mask inside of the community, policies must set out that residents must be encouraged to wear or be assisted to wear a medical mask when receiving direct care from team members, when in common areas (including social gatherings, organized events, and recreational activities) with other residents (with the exception of mealtimes), and when receiving a visitor, as tolerated.
- The community must also have policies for individuals (team members, students, volunteers, visitors, or residents) who have a medical condition that inhibits their ability to wear a mask.

Eye Protection: If an area in the community is in outbreak, eye protection is required when providing direct care to residents. From an occupational health and safety perspective, regardless of their 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).

Note: Where eye protection is used, the residence should establish appropriate procedures for cleaning and disinfecting of re-useable eye protection.

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Information and Training (PPE):

- The HWM will provide all team members and any visitors who are required to wear PPE with information and training on the care, safe use, maintenance and limitations of that PPE, including training on proper donning and doffing. Additionally, the employer must train workers on how to perform a personal risk assessment for the selection of PPE. 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 follow COVID-19 guidance and measures 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)
- The community will designate team members to help ensure the appropriate use of PPE by residents, visitors, and team members
- The community must ensure they take the following precautions:
    - A **point-of-care risk assessment (PCRA)** should be performed by every health care worker before every resident interaction and task to determine whether there is a risk to the worker or other individuals of being exposed to an infection, including COVID-19 (in some circumstances, this may be achieved by room signage indicating the level of precautions needed as determined by the IPAC designate)
    - **All health care workers providing direct care to or interacting with** a suspect or confirmed case of COVID-19 should wear eye protection (goggles, face shield or safety glasses with side protection), gown, gloves and a fit-tested, seal-checked N95 respirator (or approved equivalent),
    - Health care workers who are not yet fit-tested for an N95 respirator (or approved equivalent) should wear a well-fitted surgical/procedure mask or a non-fit-tested N95 respirator (or approved equivalent), eye protection (goggles, face shield, or safety glasses with side protection), gown and gloves. Employers of health care workers should make reasonable efforts to ensure health care workers obtain fit testing at the earliest opportunity.
    - Fit-tested, seal-checked N95 respirators (or approved equivalent), should be worn by everyone in the room when aerosol-generating medical procedures (AGMPs) are planned or anticipated to be performed on residents with suspect or confirmed COVID-19, along with gowns, gloves and eye protection (goggles, face shield, or safety glasses with side protection).

Supplies and Personal Protective Equipment

- The community will endeavor to provide a minimum of a 60-day supply of the identified supplies below to be maintained in the residence in preparation for a pandemic.
- The community 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 and Ministry of Health COVID-19 Guidance: Personal Protective Equipment (PPE) for Health Care Workers and Health Care Entities

Physical Distancing

- The community must ensure that physical distancing (a minimum of 2 metres or 6 feet) is practiced by all individuals at all times with the following exceptions:
    - Between residents and their visitors
    - Between residents in one-on-one or in small group settings
    - For the purposes of compassionate or end-of-life visits
    - While providing personal care services
- 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.
- Participants of social gatherings and organized events in the residence are subject to the physical distancing and masking requirements set out in the Ministry for Seniors and Accessibility COVID-19 Guidance for RHs

Environmental Cleaning

- The community will maintain regular (i.e. at least once a day) environmental cleaning of the building; cleaners and disinfectants with a DIN number will be used
- Enhanced environmental cleaning and disinfection will be done for high-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.
- All shared equipment (e.g., shower chairs, vital machines, lifts) are to be cleaned and disinfected between each resident/use.
- 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, 3rd Edition for more details.

Hand Hygiene

All residents, visitors, team members and volunteers should be reminded through training and signage to:

- Clean hands by washing with liquid soap and water or using ABHR (70%- 90% alcohol).
- Wash hands with soap and water if hands are visibly dirty.
- If gloves are being used, perform hand hygiene prior to putting on gloves.
- After use, gloves should be placed in the garbage. After removing them, clean hands again.
- The community will ensure adequate supplies are maintained and available throughout the building including entrance, common areas, dining room, care areas, reception area/screening stations.

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

- The community will review staffing schedules, availability of alternate staff, and emergency contact numbers for team members
- 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

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Move-Ins and Transfers

- All residents who are being admitted or transferred to the community must undergo screening.
- A resident being admitted or transferred, regardless of their COVID-19 vaccination status, who is identified as having symptoms, exposure, and/or diagnosis of COVID-19 must be isolated and placed on Additional Precautions and managed as per Management of Cases and Contacts of COVID-19 in Ontario.
- Move-ins and transfers are permitted when the community is not in an outbreak and the resident is not on Additional Precautions due to symptoms, exposure, or diagnosis of COVID-19 to minimize the risk of infection transmission.
- Move-ins and transfers to a community in an outbreak and/or involving a resident who is on Additional Precautions may be considered in partnership with the local PHU and with respect to patient/resident safety, quality of care, and system capacity. There should be concurrence between the community, local PHU, and hospital.
- Move-ins and transfers to an **outbreak floor/unit** should be avoided in the following circumstances, recognizing this may not always be possible:
  - Newly declared outbreak where there is an ongoing investigation
  - Outbreaks where new cases are occurring beyond those known contacts who have already been isolating (i.e., uncontrolled/uncontained)
- Move-ins or transfer to floors/units where many residents are unable to follow public health measures due to health or other reasons. If necessary, residents who were **NOT exposed to COVID-19 at their home in outbreak prior to move-in or transfer to the acute care facility or during their stay may be admitted or transferred to a floor/unit with an (uncontrolled/uncontained outbreak, providing the following measures are met:**
  - The resident is up to date on their COVID-19 vaccinations;
  - The resident (or SDM) is aware of the risks and consents to the admission or transfer;
  - The resident is admitted/transferred to a private suite;
  - The resident is asymptomatic on discharge from the acute care facility; AND
  - The resident can remain isolated until the outbreak is contained, and the PHU has determined that isolation may be safely discontinued.

If the resident is coming from another LTCH, RC, or a health care facility that is NOT experiencing a COVID-19 outbreak at the time of transfer: A COVID-19 molecular test will be required on day 5. The resident is not required to isolate if they pass screening and are asymptomatic.

If the resident is coming from the community: A COVID-19 molecular test is required prior to admission (i.e. within 24 hours of admission) or on arrival (i.e. day 0) and a second COVID-19 molecular test is required on or after day 5. The resident is required to isolate until a negative day 0 result is obtained.

If it is necessary for residents to be admitted or transferred to a community with a COVID-19 outbreak in order to provide optimal care for residents or due to capacity issues, etc.

o Residents with conditions that present an increased risk to themselves or others if they become infected should not be admitted to the outbreak unit/floor without appropriate public health measures to prevent transmission. For example, residents:

- Who are severely immunocompromised;
- With a history of wandering/confused behaviour;
- Who are not up-to date on their COVID-19 vaccines;

- With conditions requiring extensive care provisions unless there is adequate staffing to manage resident care needs; OR
- With other concerns which may result in decreased compliance with public health measures.

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 contact); 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);
- A well or COVID-19 negative resident from a hospital to a community with an active (uncontrolled/uncontained) outbreak;
- Resident who is unable to access a private suite; or
- Resident who is not up to date on their COVID-19 vaccinations.

PHU to advise on isolation and testing

Residents in Isolation:

- Residents requiring isolation will be placed in a single suite on additional precautions. Where this is not possible, individuals may be placed in a suite with no more than one (1) other resident who must also be placed in self-isolation on Additional Precautions.

If the resident is referred to hospital:

- The community 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 suite.

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 community for non-medical purposes.

- For all types of absences, residents will be provided with a medical mask and reminded to practice public health measures, such as physical distancing (2 metres 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.
- 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. The community should consult their local PHU for their advice.
- 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 may 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.
- Any resident who has been in close contact with an individual who is positive for COVID-19 or symptomatic following a short-term or temporary absence should be managed as a close contact as per the MOH's COVID-19 Guidance: LTCH/RH for PHUs.

	Requirements
Short term (day) absence Essential outing and Social outing	• Communities must allow short term absences regardless of reason. Public health units may direct restrictions on absences for residents in isolation and on Droplet and Contact Precautions. • Residents must follow public health measures during the absence. • Active screening is required on return. • Testing is not required for residents upon return from a short term (day) absence unless they have been in close contact to a known COVID-19 case.
Temporary (overnight) absence	• Communities must allow overnight absences regardless of reason. Public health units may direct restrictions on absences for residents in isolation and on Droplet and Contact Precautions. • Residents must follow public health measures during the absence. • Active screening is required on return. • All residents, regardless of vaccination status, are required to perform a molecular test on day 5 of return. No isolation is required unless the resident receives a positive test result or is symptomatic. If a timely PCR test is not available, 2 RATs 24 hours apart may be used as an alternative (i.e., on day 5 and day 6 of return). • Communities must not deny entry to residents into their home while awaiting testing results and must not impose isolation of residents.

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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, 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 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

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:
    - Participants of social gatherings and organized events in the community are subject to the physical distancing and masking requirements set out in the Ministry for Seniors and Accessibility COVID-19 Guidance for Retirement communities in Ontario.
    - 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 must not engage in social gatherings or organized events until they have tested negative for COVID-19, are no longer experiencing symptoms and have been cleared from isolation.
- The residence must offer residents in isolation 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.

Other Recreational Services

- The residence may operate libraries, saunas, steam rooms, indoor pools, and indoor sport and recreational fitness facilities, including gyms at **full** capacity.

- The residence may operate outdoor pools, sport and recreational fitness facilities at **full** capacity.
- All recreational service participants are subject to the masking and physical distancing requirement.

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.
- 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 team members 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).
- 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 Management of Cases and Contacts of COVID-19 in Ontario.
- **In the Event of a Symptomatic Team Member or Visitor**: Symptomatic team members or visitors must not be permitted entry into the residence. If they become symptomatic during their shift or visit, they should self-isolate until they can safely leave the home's property and/or be asked to leave immediately. They must be instructed to self-isolate, seek medical assessment as required, and be encouraged to get tested for 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 team members 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 investigating (e.g., determining when cases are epidemiologically linked), declaring, and managing outbreaks under the HPPA. As such, the local PHU directs and coordinates the outbreak response. The community adhere to any guidance provided by the local PHU with respect to implementation of any additional measures to reduce the risk of COVID-19 transmission in the setting.
- The local PHU is responsible for defining the outbreak area (e.g., a single affected unit vs. the whole community), directing outbreak testing, and leading all other aspects of outbreak management including isolation of residents and team members, as well as declaring the end of an outbreak
- 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 and include: Name of community; License number; # of positive resident cases; # of positive team members 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 or support 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.

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