

## COVID-19

### **Directive #3 for Long-Term Care Homes under the *Long-Term Care Homes Act, 2007***

### **Issued under Section 77.7 of the *Health Protection and Promotion Act (HPPA), R.S.O. 1990, c. H.7***

**ALL PREVIOUS VERSIONS OF DIRECTIVE #3 FOR LONG-TERM CARE HOMES UNDER THE *LONG-TERM CARE HOMES ACT, 2007* ARE REVOKED AND REPLACED WITH THIS DIRECTIVE.**

**WHEREAS** under section 77.7(1) of the HPPA, if the Chief Medical Officer of Health (CMOH) is of the opinion that there exists or there may exist an immediate risk to the health of persons anywhere in Ontario, he or she may issue a directive to any health care provider or health care entity respecting precautions and procedures to be followed to protect the health of persons anywhere in Ontario;

**AND WHEREAS** pursuant to subsection 27(5) of O. Reg 166/11 made under the *Retirement Homes Act, 2010*, as part of the prescribed infection prevention and control program, all reasonable steps are required to be taken in a retirement home to follow any directive pertaining to COVID-19 that is issued to long-term care homes under section 77.7 of the HPPA;

**AND HAVING REGARD TO** the emerging evidence about the ways this virus transmits between people as well as the potential severity of illness it causes, in addition to the declaration by the World Health Organization (WHO) on March 11<sup>th</sup>, 2020 that COVID-19 is a pandemic virus and the spread of COVID-19 in Ontario, and the technical guidance provided on March 12<sup>th</sup>, 2020 by Public Health Ontario on scientific recommendations by the WHO regarding infection prevention and control measures for COVID-19;

**AND HAVING REGARD TO** the need to take interim steps to optimize protection and to take a precautionary approach for the emerging and more transmissible COVID-19 Omicron variant of concern (B.1.1.529) in light of the uncertainty around the mechanisms for increased transmissibility for this variant and of its rapid replacement of previous variants of the COVID-19 virus in Ontario;

**AND HAVING REGARD TO** residents in long-term care homes and retirement homes being older, and more medically complex than the general population, and therefore being more susceptible to infection from COVID-19;

**AND HAVING REGARD TO** the immediate risk to residents of COVID-19 in long-term care homes and retirement homes, the necessary, present, and urgent requirement to implement additional measures for the protection of staff and residents, including, but not limited to, the active screening of residents, staff and visitors, active and ongoing surveillance of all residents, screening for new admissions, managing visitors, changes to when an outbreak of COVID-19 is declared at a home, including when it is over, and specimen collection and testing for outbreak management;

**I AM THEREFORE OF THE OPINION** that there exists or may exist an immediate risk to the health of persons anywhere in Ontario from COVID-19;

**AND DIRECT** pursuant to the provisions of section 77.7 of the HPPA that:

## **Directive #3 for Long-Term Care Homes under the *Long-Term Care Homes Act, 2007***

**Date of Issuance:** December 24, 2021

**Effective Date of Implementation:** December 24, 2021

**Issued To:** Long-Term Care Homes under the *Long-Term Care Homes Act, 2007* referenced in section 77.7(6), paragraph 10 of the *Health Protection and Promotion Act*.

### **Introduction**

Coronaviruses (CoV) are a large family of viruses that cause illness ranging from the common cold to more severe diseases such as Middle East Respiratory Syndrome (MERS-CoV), Severe Acute Respiratory Syndrome (SARS-CoV), and COVID-19. A novel coronavirus is a new strain that has not been previously identified in humans.

On December 31<sup>st</sup>, 2019, the World Health Organization (WHO) [was informed](#) of cases of pneumonia of unknown etiology in Wuhan City, Hubei Province, in China. A novel coronavirus SARS-CoV-2 was identified as the causative agent resulting in COVID-19 infection by the Chinese authorities on January 7<sup>th</sup>, 2020.

On March 11<sup>th</sup>, 2020 the WHO announced that COVID-19 is classified as a [pandemic](#). This is the first pandemic caused by a coronavirus.

### **Symptoms of COVID-19**

For signs and symptoms of COVID-19, please refer to the [COVID-19 Reference Document for Symptoms](#). Complications from COVID-19 can include serious conditions, like pneumonia or kidney failure, and in some cases, death.

### **COVID-19 Immunization**

The goal of the provincial COVID-19 vaccination program is to protect Ontarians from COVID-19. Vaccines help reduce the number of new cases and, most importantly, severe outcomes including hospitalizations and death due to COVID-19.

All individuals, whether or not they have received a COVID-19 vaccine, must continue to practice the recommended public health measures and comply with all applicable laws for the ongoing prevention and control of COVID-19 infection and transmission.

Please refer to the Ministry of Health's [COVID-19 Fully Vaccinated Status in Ontario](#) document for the definition of "fully vaccinated" where applicable in this document.

## Note:

The goal of this Directive is to minimize the potential risks associated with the ongoing COVID-19 pandemic in Ontario in all long-term care homes (LTCHs) and retirement homes (RHs) while balancing mitigating measures with the need to protect the physical, mental, emotional, and spiritual needs of residents for their quality of life. As the COVID-19 situation evolves, there will be continual review of emerging evidence to understand the most appropriate measures to take. This will continue to be done in collaboration with health sector partners and technical experts from Public Health Ontario (PHO) and with the health system.

To that end, **this Directive provides the minimum requirements with respect to COVID-19 infection and prevention control measures that must be in place for all LTCHs and RHs.** This includes having in place policies and procedures on the following topics in a manner that is compliant with this Directive and applicable policies, as amended from time to time, from the Office of the Chief Medical Officer of Health, the Ministry of Long-Term Care (MLTC), the Retirement Homes Regulatory Authority (RHRA), and the Ministry for Seniors and Accessibility (MSAA).

**Detailed information on each of the topics below, including guidance on operationalization of these core principles, can be found in sector-specific documents:**

- **Long-term care homes** must follow [MLTC's COVID-19 Guidance Document for Long-Term Care Homes in Ontario](#), effective December 23, 2021 or as current. .
- **Retirement homes** must follow RHRA's [Retirement Homes Policy to Implement Directive #3](#), effective December 22, 2021 or as current.

For the purposes of this document, unless otherwise specified, a “home” refers to a LTCH and an RH. In accordance with subsection 27(5) of [O. Reg 166/11](#) made under the [Retirement Homes Act, 2010](#) (RHA), RHs must take all reasonable steps to follow the required precautions and procedures outlined in this Directive.

**All LTCHs, RHs, and health care workers are also required to comply with applicable provisions of the [Occupational Health and Safety Act](#) and its Regulations.**

## Required Infection and Prevention Control (IPAC) Practices

All homes must implement and ensure ongoing compliance with the IPAC measures set out below. **Homes must ensure that all staff, visitors, and residents agree to abide by the health and safety practices contained in this Directive as a condition of entry into the home. Public health measures must be practiced at all times.**

For the purposes of this document, the term “visitor” refers to both essential and general visitors. For more information, please see section 13 on Visitors in this document.

Pursuant to section 86 of the [Long-Term Care Homes Act, 2007](#) (LTCHA) and section 60 of the RHA, every LTCH and RH in Ontario is legally required to have an IPAC program as part of their operations. In addition, the LTCHA and RHA require that LTCHs and RHs ensure that their staff have received IPAC training.

1. **COVID-19 Outbreak Preparedness Plan.** Homes, in consultation with their joint health and safety committees or health and safety representatives if any, must ensure measures are taken to prepare for and respond to a COVID-19 outbreak, including developing and implementing a COVID-19 Outbreak Preparedness Plan. This plan must include:
  - Identifying members of the Outbreak Management Team;
  - Identifying their local IPAC hub and their contact information;
  - Enforcing an IPAC program, in accordance with the LTCHA and [O. Reg. 79/10](#) for LTCHs, and in accordance with the RHA and [O. Reg. 166/11](#) for RHs, 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. Homes must follow the Ministry of Health’s [COVID-19 Guidance: Long-Term Care Homes and Retirement Homes for Public Health Units](#), effective July 23, 2021 or as current for detailed requirements and information regarding IPAC audits;**
  - Ensuring testing kits are available and plans are in place for taking specimens;
  - Ensuring sufficient PPE is available;
  - Ensuring that all staff and volunteers, including temporary staff, are trained on IPAC protocols including the use of PPE;
  - Developing policies to manage staff who may have been exposed to COVID-19;
  - Permitting an organization completing an IPAC assessment to do so and to share any report or findings produced by the organization with any or all of the following: public health units, local public hospitals, Ontario Health, Home and Community Care Support Services, the MLTC in the case of LTCHs and the RHRA in the case of retirement homes, as may be required to respond to COVID-19 at the home; and
  - Keeping staff, residents, and families informed about the status of COVID-19 in the homes, including frequent and ongoing communication during outbreaks.
2. **Active Screening of All Persons (including Staff, Visitors, and Residents Returning to the Home).**
  - Homes must ensure that all individuals are [actively screened](#) for symptoms and exposure history for COVID-19 before they are allowed to enter the home, including for outdoor visits. Homes must follow the Ministry of Health’s [COVID-19 Screening Tool for Long-Term Care Homes and Retirement Homes](#), effective December 7, 2021 or as current, for minimum requirements and exemptions regarding active screening.
    - For clarity, staff and visitors must be actively screened once per day at the beginning of their shift or visit.
    - Exception: First responders must be permitted entry without screening in emergency situations.

- Any resident returning to the home following an absence who fails active screening must be permitted entry but isolated on [additional precautions](#) and tested for COVID-19 as per the [COVID-19 Provincial Testing and Clearance Guidance](#).
- Any staff or visitor who fails active screening (i.e., having symptoms of COVID-19 and/or having had contact with someone who has COVID-19) must not be allowed to enter the home, must be advised to go home immediately to self-isolate, and must be encouraged to be tested. There are three exceptions where staff or visitors who fail screening may be permitted entry to the home:
  - 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;
  - Visitors for palliative end-of-life residents must be screened prior to entry. If they fail screening, they must be permitted entry, but homes must ensure that they wear a medical (surgical/procedural) mask and maintain physical 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:
    - **For Long-Term Care Homes:** [MLTC's COVID-19 Guidance Document for Long-Term Care Homes in Ontario](#), effective December 23, 2021 or as current.
    - **For Retirement homes:** RHRA's [Retirement Homes Policy to Implement Directive #3](#), effective December 22, 2021 or as current.

3. **Daily Symptom Screening of All Residents.** Homes must ensure that all residents are assessed at least once daily for signs and symptoms of COVID-19, including temperature checks.

- 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 [COVID-19 Provincial Testing and Clearance Guidance](#).

4. **Universal Masking.** Homes must ensure that all staff 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 if the visit is indoors or a medical or non-medical mask during their visit if the visit is outdoors. These requirements also apply regardless of whether the home is in an outbreak or not.

- **Staff** – Homes must 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 of COVID-19, staff 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 interacting with residents and/or in designated resident areas.

- Exceptions to the masking requirements are as follows:
    - Children who are younger than 2 years of age;
    - Any individual (staff, visitor, or resident) who is being accommodated in accordance with the [Accessibility for Ontarians with Disabilities Act, 2005](#); and/or
    - Any individual (staff, 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,
    - **LTCHs** must follow [MLTC's COVID-19 Guidance Document for Long-Term Care Homes in Ontario](#), effective December 23, 2021 or as current.
    - **RHs** must follow RHRA's [Retirement Homes Policy to Implement Directive #3](#), effective December 22, 2021 or as current.
5. **Physical Distancing.** Homes must ensure that [physical distancing](#) (a minimum of 2 metres or 6 feet) is practiced by all individuals at all times, except for the purposes of providing direct care to a resident(s).
- For other exceptions to physical distancing,
    - **LTCHs** must follow [MLTC's COVID-19 Guidance Document for Long-Term Care Homes in Ontario](#), effective December 23, 2021 or as current.
    - **RHs** must follow RHRA's [Retirement Homes Policy to Implement Directive #3](#), effective December 22, 2021 or as current.
6. **Eye protection.** 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 staff 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).
7. **Personal Protective Equipment (PPE).** Homes are required to follow COVID-19 [Directive #5 for Hospitals within the meaning of the Public Hospitals Act and Long-Term Care Homes within the meaning of the Long-Term Care Homes Act, 2007](#).
- **Information and Training** – Homes must provide all health care workers, other staff, and any 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.
8. **Accommodations.**
- **Isolation rooms:** All homes are required to have rooms identified and set aside for isolation purposes. Individuals requiring isolation must be placed in a single room on [additional precautions](#). Where this is not possible, individuals may be placed in a room with no more than one (1) other resident who must also be placed in isolation under additional precautions. For the purposes of isolation, there should not be more than two (2) residents placed per room, including 3 or 4 bed ward rooms.
  - **General accommodations:** After completing all testing and isolation requirements under Admissions and Transfers as applicable, all new residents must be placed in a single room. Where single rooms are not available, semi-private rooms can be used

provided that there is adequate space (minimum 2 metres) between beds.

- **Ward rooms:** Where placement into single or semi-private rooms is not possible, new admissions may be placed in a ward room (a room that has 3 or 4 beds) with no more than one (1) other resident. That is, there cannot be more than two (2) residents placed in a ward room. Where ward rooms are used, every effort must be made to ensure there is adequate space (minimum 2 metres) between beds.
  - A bed in a ward room must be left vacant if a resident who occupied a bed in the ward room is discharged from the LTCH **and** there are two or more residents who continue to occupy a bed in the ward room.
  - Exception: Despite the capacity limits described above, residents who are currently occupying a bed in a ward room with two (2) or more residents must be permitted to return to their bed following an absence, where permitted, including medical absences requiring an admission or a transfer to another health care facility, after completing their required testing and isolation requirements as per the Admissions and Transfers section below.

9. **Environmental Cleaning.** Homes are required to maintain regular environmental cleaning of their facility. In addition, enhanced [environmental cleaning](#) and disinfection is required for frequently touched surfaces. See the Provincial Infectious Diseases Advisory Committee on Infection Prevention and Control's (PIDAC-IPC) [Best Practices for Environmental Cleaning for Prevention and Control of Infections in All Health Care Settings, 3rd Edition](#) for more details.

## Required Operational Policies and Procedures

All homes are required to have policies and procedures with respect to the matters described below. Such policies and procedures must also set out that any orders made by medical officers of health under section 22 of the *Health Protection and Promotion Act* (HPPA) and/or advice, instructions and recommendations of a medical officer of health under the ROA supersedes a home's policies and procedures (also see [Required Procedures for Case/Outbreak Management](#), below).

10. **Staffing and Operations.** All homes must have policies and procedures in place to ensure the health and safety of the staff and residents in both outbreak and non-outbreak situations.
- LTCH employers must comply with [O. Reg 146/20](#) made under the ROA.
  - RH employers must comply with [O. Reg 158/20](#) made under the ROA.
11. **Admissions and Transfers.** Homes must follow Ministry of Health's [COVID-19 Guidance: Long-Term Care Homes and Retirement Homes for Public Health Units, effective July 23, 2021 or as current, for detailed requirements and information on testing and isolation of new admissions and transfers into the home.](#)
- Individuals who may have challenges with isolation due to a medical condition (e.g., dementia) must not be denied admission or transfer on this basis alone. Homes must take all precautions to ensure the completion of the required isolation period for new or transferred residents to the best of the home's ability.

- In exceptional circumstances, residents may complete their quarantine requirements, where applicable, upon admission/transfer at alternative facilities designated for this purpose. This requires the consent of the resident and/or their substitute decision maker, as well as an agreement between home, local public health unit, regional Ontario Health, and Home and Community Care Support Services, as well as IPAC hubs and other health care facilities as relevant.

12. **Absences. LTCHs** must follow [MLTC's COVID-19 Guidance Document for Long-Term Care Homes in Ontario](#), effective December 23, 2021 or as current, and **RHs** must follow

RHRA's [Retirement Homes Policy to Implement Directive #3](#), effective December 22, 2021 or as current.

- Homes must not restrict or deny any absences for medical and/or palliative/compassionate reasons at any time. This includes when a resident is in isolation on additional precautions and/or when a home is in an outbreak; in these situations, homes must consult their local public health unit for further advice.
- Residents who are in isolation on additional precautions and/or reside in an area of the home that is in an outbreak cannot participate in essential, social, or temporary absences.

13. **Visitors. LTCHs** must follow [MLTC's COVID-19 Guidance Document for Long-Term Care Homes in Ontario](#), effective December 23, 2021 or as current, and **RHs** must follow RHRA's [Retirement Homes Policy to Implement Directive #3](#), effective December 22, 2021 or as current.

- Homes must maintain visitor logs of all visits to the home. The visitor log must include, at minimum, the name and contact information of the visitor, time and date of the visit, and the purpose of the visit (e.g., name of resident visited). These records must be kept for a period of at least 30 days and be readily available to the local public health unit for contact tracing purposes upon request.

14. **Asymptomatic Testing.** The routine testing of asymptomatic staff and visitors who have not been exposed to COVID-19 is different from COVID-19 testing of individuals who are symptomatic, have had high risk exposure, and/or in an outbreak setting as directed by the local public health unit.

- LTCHs must follow the requirements in the [Minister's Directive COVID-19: Long-Term Care Home Surveillance Testing and Access to Homes](#), effective December 17, 2021 or as amended.
- RHs must follow the requirements in the Letter of [Instructions issued by the Office of the Chief Medical Officer of Health](#) effective September 7, 2021 or as current.

15. **COVID-19 Vaccination Policies.** LTCHs and RHs must ensure compliance with, and the enforcement of:

- For LTCHs: [Minister's Directive: Long-Term Care Home COVID-19 Immunization Policy](#) effective December 15, 2021 or as current; and
- For RHs: Letter of [Instructions issued by the Office of the Chief Medical Officer of](#)



[Health](#) effective September 7, 2021 or as current.

## Required Procedures for Case/Outbreak Management

16. **Managing a Symptomatic Individual.** Once at least one resident or staff has presented with new [signs or symptoms compatible with COVID-19](#), homes must immediately take the following steps:
- **In the Event of a Symptomatic Resident:** The resident must be placed in isolation under appropriate [additional precautions](#), in a single room if possible, medically assessed, and [tested](#) for COVID-19 using a laboratory-based PCR or a molecular point-of-care test<sup>1</sup> as per the [COVID-19 Provincial Testing and Clearance Guidance](#), effective November 10, 2021 or as current.
    - Roommates of the symptomatic resident must also be placed in isolation under appropriate additional precautions and tested for COVID-19 laboratory-based PCR or a molecular point-of-care test as a high risk close contact.
  - **In the Event of a Symptomatic Staff or Visitor:** The staff or visitor must be advised to go home immediately to self-isolate and must be encouraged get [tested](#) for COVID-19 using a laboratory-based PCR or a molecular point-of-care test.
17. **Managing a COVID-19 Case in a home.** COVID-19 is a designated disease of public health significance ([O. Reg. 135/18](#)) and thus all [probable and confirmed cases of COVID-19](#) are reportable to the local public health unit under the HPPA.
- Homes must notify the local public health unit of all confirmed and probable cases of COVID-19 as soon as possible.
  - Homes must ensure compliance with minimum IPAC requirements as outlined in this directive, including conducting IPAC self-audits in the home, active screening, and [cohorting](#) among residents and staff to limit the potential spread of COVID-19.
  - The local public health unit is responsible for receiving and investigating all (reports of) cases and contacts of COVID-19 in accordance with the [Public Health Management of Cases and Contacts of COVID-19 in Ontario](#) and the HPPA.
  - Homes must ensure that any health system partners and/or external agencies that may be engaged to assist the home follow the directions of the local public health unit when providing services at the home or otherwise on-site at the home.
18. **Outbreak Management.** The local public health unit is responsible for managing the outbreak response. Local public health units have the authority and discretion as set out in the HPPA to coordinate outbreak investigation, declare an outbreak based on their investigation, and direct outbreak control measures.
- **For clarity, the local public health unit is responsible for defining the outbreak**

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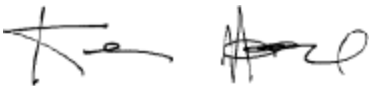
<sup>1</sup> All laboratory-based PCR tests and molecular point-of-care tests (POCT) must be performed on technologies approved by Health Canada or otherwise validated by the licensed laboratory and results should be entered into the Ontario Laboratory Information System (OLIS) as per the Ministry of Health's [COVID-19 Provincial Testing and Clearance Guidance](#). For molecular POCT, also refer to [Appendix 9: Management of Individuals with Point-of-Care Testing Results](#) and the [Considerations for Antigen Point-of-Care Testing](#) documents for more information, including when a confirmatory laboratory testing must be required.

**area (e.g., a single affected unit vs. the whole home), directing outbreak testing, permitting work self-isolation for staff, and leading all other aspects of outbreak management including isolation of residents and staff, as well as declaring the end of an outbreak.** For more information on outbreak management, including the outbreak definition, of an “outbreak”, please refer to the [COVID-19 Guidance: Long-Term Care Homes and Retirement Homes for Public Health Units](#), effective July 23, 2021 or as current.

- Homes must follow any guidance provided by the local public health unit with respect to any additional measures that must be implemented to reduce the risk of COVID-19 transmission in the setting.
- Homes must ensure that any health system partners and/or external agencies that participate in any suspect or confirmed outbreak response informs the local public health unit and the Outbreak Management Team of their involvement. These external agencies must also follow any directions provided by the local public health unit to them pursuant to the HPPA.

## Questions

LTCH, RH, and health care workers may contact the ministry’s Health Care Provider Hotline at 1-866-212-2272 or by email at [emergencymanagement.moh@ontario.ca](mailto:emergencymanagement.moh@ontario.ca) with questions or concerns about this Directive.



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