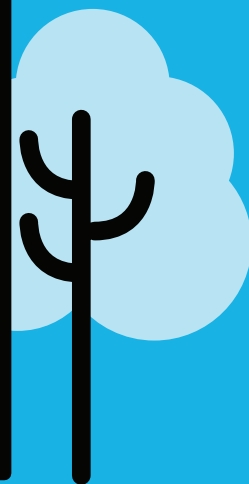
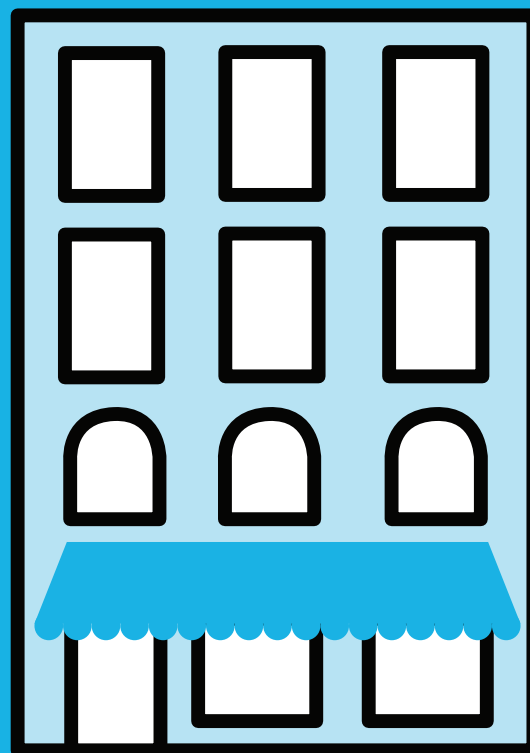
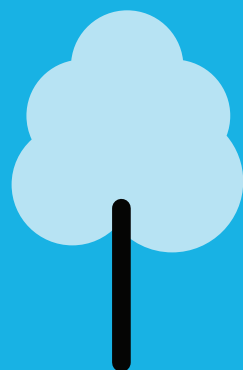


# Reopening Retirement Homes

Original: June 10, 2020  
Updated: July 22, 2020



## A) Introduction

On June 10, 2020, the Chief Medical Officer of Health (CMOH) updated Directive #3 to include precautions and procedures for retirement homes to follow in relation to managing visitors. The Directive requires homes to develop visitor policies that reflect requirements from the Ministry for Seniors and Accessibility (MSAA) (see [Directive #3](#)).

This document is being issued to provide guidance to retirement homes and is intended to supplement the Directive. To the extent that anything in this document conflicts with the Directive, the Directive prevails, and retirement homes must take all reasonable steps to follow the Directive.

Below are guidelines for retirement home visitors which are informed by the following principles:

- **Safety:** Any approach to visiting in retirement homes must balance the health and safety needs of residents, staff, and visitors and ensure risks are mitigated.
- **Emotional Wellbeing:** Allowing visitors is intended to support the emotional wellbeing of residents and their families/friends, through reducing any potential negative impacts related to social isolation.
- **Equitable Access:** All individuals seeking to visit a resident must be given equitable visitation access, consistent with resident preference and within reasonable restrictions that safeguard residents and staff.
- **Flexibility:** Any approach to visiting in retirement homes must consider COVID-19 spread in the community and the physical/infrastructure characteristics of the retirement home, its staffing availability, and the current status of the home with respect to Personal Protective Equipment (PPE) levels for staff and residents.

**B) Requirements for Visits**

Re-opening should take place in a gradual, phased manner that meets the health and safety needs of residents, staff, and visitors.

To ensure maximum resident and staff safety:

- A retirement home co-located with a long-term care home will adopt the long-term care home's visitation policies *if those policies are more restrictive*. Where it is necessary for a co-located home to adopt the more restrictive visitation policies of a long-term care home, the co-located home can still develop independent policies for absences and new admissions.
- Retirement homes co-located with facilities other than long-term care homes should, in the event of conflicting visitation policies, engage the local Public Health Unit (PHU) to determine the best path forward.

**Home Requirements**

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

1. The retirement home must NOT be currently in a COVID-19 outbreak.
  - In the event that a home has relaxed visitor restrictions and enters into an outbreak, all non-essential visits must be discontinued. Homes must be in compliance with all CMOH directives for homes in outbreak and follow directions from the local PHU.
2. The home has developed:
  - a. Procedures for the resumption of visits and a process for communicating these procedures with residents, families and staff, including but not limited to infection prevention and control (IPAC), scheduling and any setting-specific policies.
    - i. This process must include sharing an information package with visitors on IPAC, face covering/masking, physical distancing and other operational procedures such as limiting movement around the home, if applicable, and ensuring visitors' agreement to comply. Home materials must include an approach to dealing

with non-adherence to home policies and procedures, including the discontinuation of visits.

- b. Dedicated areas for both indoor and outdoor visits to support physical distancing between residents and visitors.
- c. Protocols to maintain the highest of IPAC standards prior to, during and after visits.
- d. A list of visitors available for relevant staff to access.

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

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

- **Adequate staffing:** The home currently does not have staffing shortages that would affect resident or staff safety and is not under a contingency staffing plan. There must be sufficient staff to implement the protocols related to visitors. Additionally, staffing levels are sufficient to ensure safe visiting as determined by the home's leadership.
- **Access to adequate testing:** The home has a testing plan in place, based on contingencies and informed by local and provincial health officials, for testing in the event of a suspected outbreak.
- **Access to adequate Personal Protective Equipment (PPE):** The home has adequate supplies of relevant PPE.
- **Infection Prevention and Control (IPAC) standards:** The home has appropriate cleaning and disinfection supplies and adheres to IPAC standards, including enhanced cleaning.
- **Physical Distancing:** The home is able to facilitate visits in a manner aligned with physical distancing protocols.

## **Non-Essential Visitor Requirements**

For visits occurring in designated indoor and outdoor areas:

1. Prior to each visit, the visitor must:
  - Pass active screening every time they are on the premises of or enter the home. They should not be allowed to visit if they do not pass the screening.
2. Visitors do not need to attest (verbally or written) to a negative COVID-19 test to visit a resident in a designated indoor or outdoor area. The visitor will comply with the home's IPAC protocols, including proper use of face covering/masks and physical distancing as outlined in Directive #3.
  - a. Visitors should use a face covering/mask at all times if the visit is outdoors. If the visit is indoors, a surgical/procedure mask is required. Visitors are responsible for bringing their own face coverings/masks. If visitors do not bring their own face coverings/masks, they cannot visit.
  - b. Education on all required protocols will be provided by the home.
  - c. Any non-adherence to these rules could be the basis for discontinuation of visits.
3. The visitor must only visit the designated indoor or outdoor area they are intending to visit and meet only the resident who has invited them.

## **Essential Visitor Requirements**

As per CMOH Directive #3, essential visitors are defined as persons performing essential support services (e.g., food delivery, inspector, maintenance, or health care services) or a person visiting a very ill or palliative resident.

Because the visit is "essential", these visitors are not subject to the same requirements as non-essential visitors.

Essential visitors are permitted to enter a home in outbreak, provided they pass active screening every time they are on the premises of or enter the home. They should not be allowed to visit if they do not pass the screening.

Essential visitors are required to follow CMOH guidance when visiting, including physical distancing and the use of a face covering/mask at all times if the visit is outdoors, in a manner aligned with Directive #3. If the visit is indoors, a surgical/procedure mask is required. Visitors are responsible for bringing their own masks. Essential visitors must only visit the designated indoor or outdoor area they are intending to visit.

### **Retirement Home Tour Requirements**

Virtual tours of the retirement home must be considered prior to or as an alternative to in-person tours. If required, in-person tours of the home's facilities to prospective residents can be permitted if the home is not in outbreak. The tour group should be limited to the prospective resident or couple plus one other individual (e.g., accompanying family member or close friend).

For tours of retirement homes:

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

### **C) Requirements for Absences**

Retirement home residents who wish to go outside of the home (e.g., absences with friends or family, shopping, medical appointments, etc.) are permitted to do so if the following requirements are met:

- The retirement home must NOT be currently in a COVID-19 outbreak.
  - In the event that a home allows absences but enters into an outbreak, all new absences must end. Homes must establish compliance with all CMOH Directives for homes in outbreak and follow directions from the local PHU.

- The resident must pass active screening every time they re-enter the home. If a resident does not pass screening, the home will follow existing isolation policies.
- The resident wears a face covering/mask while outside the home and respects physical distancing. The resident is responsible for supplying a face covering/mask while they are on absences. The home may, at its discretion, opt to supply face covering/masks for absences.
- Education on all required protocols for short absences will be provided by the home.
- A resident returning from an absence that includes an overnight stay must, upon return to the home, follow 14-days of enhanced precautions, including:
  - Upon return, pass active screening;
  - Do not receive indoor visitors during the 14 days;
  - Monitor for symptoms;
  - Avoid using common areas; however, if a common area cannot be avoided, the resident must use a face covering/mask;
  - Limit contact with other residents;
  - Do not participate in group activities;
  - Wash their hands often (soap and water, or use alcohol-based hand sanitizer);
  - Adhere to respiratory etiquette; and,
  - Follow appropriate physical distancing guidelines.
- Residents who are following the 14-day period of enhanced precautions may leave the home for non-overnight absences (e.g., to buy groceries or other essentials). Doing so will NOT reset the 14-day time period. However, an overnight stay during the 14-day period will reset the 14-day time period.

**The gradual reopening of the home will be in accordance with the following schedule:**

Timeline	Type of Activity	Number of Family Members/Friends Allowed	Scheduling of Visits Required
Currently permitted	Outdoor Visiting + Indoor Visiting in designated areas or resident suites (if appropriate physical distancing can be maintained).	<p>The number of visitors per resident, per day, to be determined by the home, provided that current guidance on physical distancing can be accommodated.</p> <p>For outdoor visits, the visitor may bring an outdoor/lawn chair, or one may be provided by the retirement home.</p> <p>Staff will clean and disinfect the visiting area after each visit.</p>	<p>Yes. This will allow for appropriate physical distancing and staffing coverage.</p> <p>Visits can be time-limited to allow the home to accommodate all residents.</p> <p>Homes should consider the needs of residents in prioritizing visits.</p> <p>A sufficient block of time should be made available by homes to allow for at least one meaningful weekly visit per resident at a minimum.</p>
Currently permitted	Retirement Home Tours	The prospective individual or couple, plus an additional family member or friend.	Yes. Homes are encouraged to schedule tours during periods of low activity in order to allow for appropriate physical distancing and staffing coverage.
Currently permitted	Absences	N/A	N/A

Where it is not possible or advisable for visits to occur in person, homes should continue to provide virtual visiting options. As the pandemic situation improves in Ontario, these guidelines will be revisited with the intention of increasing flexibility.



## D) Requirements for New Admissions

**New Admissions**  
Consistent with the requirements set out in the CMOH Directive #3, new admissions from the community or from a hospital (including ALC patients) to a retirement home can occur if:

1. The receiving home is NOT in a COVID-19 outbreak. Under exceptional circumstances admissions may take place during an outbreak if:

- It is approved by the local public health unit, and
- There is concurrence between the home, public health and hospital.

2. The resident has been:

- Tested for COVID-19: has a negative result and is transferred to the home within 24 hours of receiving the result; or,
- Confirmed infected and cleared of COVID-19. Residents being admitted who have been cleared of COVID-19 do not need to undergo 14-days of [self-isolation](#).

3. The receiving home has:

- a) Sufficient staffing;
- b) A plan to ensure the resident being admitted (except for those who have cleared COVID-19) can complete 14-days of [self-isolation](#), under Droplet and Contact Precautions, and is tested again at the end of self-isolation, with a negative result. If the result is positive, the resident must complete another 14-days of [self-isolation](#), and,
- c) Continue with other COVID-19 preparedness measures.

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

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

**E) Requirements for Group Activities**

Residents may congregate in small groups, if the home is NOT currently in a COVID-19 outbreak and if the group activities are consistent with CMOH Directives and provincial Emergency Orders, including group size.

Group activities should be organized in such a way as to maximize resident and staff safety. This includes:

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

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

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

**F) Home Care and Personal Care Service Providers**

Home Care Service Providers (services provided by Local Health Integration Networks such as nursing care, physiotherapy, occupational therapy, social workers, etc.) are considered essential and can continue to provide care services to retirement home residents.

Personal Care Service Providers (PCSPs) who provide care services to residents (e.g., hair dressing) are permitted to resume operations if doing so is consistent with the resumption of personal care services elsewhere in the province. Please visit [this link](#) for more information on the phased reopening of services in Ontario.

Home Care and Personal Care Service Providers must follow the same active screening, IPAC, PPE, masking and testing requirements that apply to retirement home staff as outlined in CMOH Directive #3.