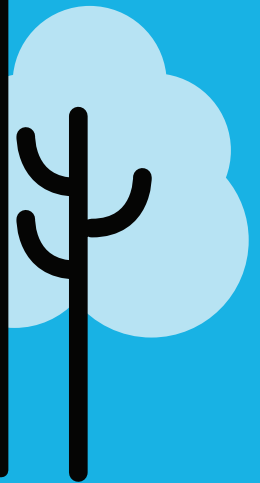
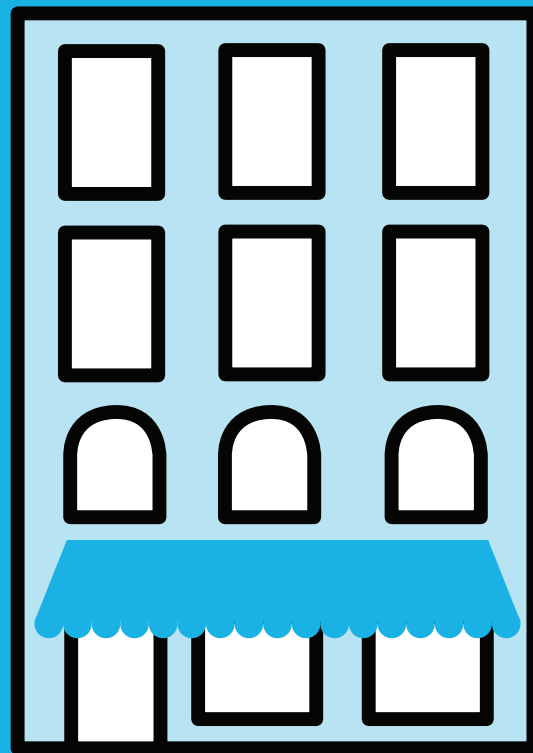
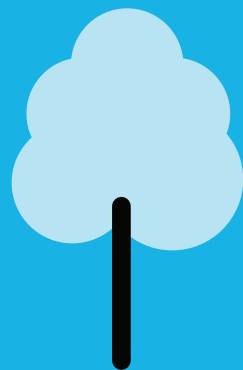


Reopening Retirement Homes



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Introduction

On March 13, 2020, guidance was given on restricting visits to homes to essential visitors to reduce the probability of disease spread into retirement homes. This was subsequently upgraded to a directive from the Chief Medical Officer of Health (CMOH) (Directive 3).

Although this policy was tough on residents and loved ones, it was necessary to protect residents and staff during the pandemic. The role that families, visitors and loved ones play in providing caregiving and emotional supports is important in the quality of life for retirement home residents.

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

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 consider balance and meet the health and safety needs of residents, staff, and visitors, and ensure risks are mitigated.
- **Emotional Well-being:** Allowing visitors is intended to support the emotional well-being of residents and their families/friends, through reducing any potential negative impacts related to social isolation.
- **Equitable Access:** All individuals seeking to visit a resident be given equitable visitation access, consistent with resident preference and within reasonable restrictions that safeguard residents.

- **Flexibility:** Any approach to visiting in retirement homes must consider 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.

Requirements for Indoor/Outdoor Visitations

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

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 outbreak.
 - a) In the event that a home has relaxed visitor restrictions and enters into an outbreak, all non-essential visitations must end. Homes must establish compliance with all CMOH directives for homes in outbreak and follow directions from the local public health unit (PHU).
2. The home has developed procedures for the resumption of visits and associated procedures, 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.
 - a) This process must include sharing an information package with visitors on IPAC, masking 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.
- c) Protocols to maintain the highest of IPAC standards prior to, during and after visits.
- d) Each home should create and maintain a list of visitors. The list will be available for relevant/appropriate staff members to access.

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

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

Visitor Requirements

1. Prior to each visit, the visitor must:
 - a) Pass active screening every time they are on the premises of or enter the home, and also attest that they are not experiencing any of the typical and atypical symptoms of COVID-19. They should not be allowed to visit if they do not pass the screening
 - b) Attest to home staff that the visitor has tested negative for COVID-19 within the previous 2 weeks and subsequently not tested positive. The home is not responsible for providing the testing.
2. The visitor will comply with the home's infection and

prevention control protocols (IPAC), including proper use of masks.

a) Visitors should use a 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 masks.

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 indoor/outdoor area or suite they are intending to visit, and no other resident.

Requirements for Short Absences

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

- The retirement home must NOT be currently in outbreak.
 - In the event that a home allows short absences but enters into an outbreak, all short 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 and also attest that they are not experiencing any of the typical and atypical symptoms of COVID-19. If a resident cannot meet these conditions, the home will follow existing outbreak or isolation policies.
- The short absence is limited to a maximum of 12 hours and cannot be overnight.
- The resident wears a cloth mask while outside the home. The resident is responsible for supplying a cloth mask while they are on short absences. The home may, at its discretion, opt to supply masks for short absences but should avoid accessing the provincial pandemic stockpile for this purpose.

- Education on all required protocols for short absences will be provided by the home.
- Any non-adherence to these rules could be the basis for discontinuation of short absences.

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
One week after issuance of directive	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 CMOH 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. 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>If visits will occur in a resident room, scheduling must ensure that overcrowding does not occur especially for shared rooms.</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>
One week after issuance of directive	Short Absences: Homes will allow residents to leave for short 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.

Requirements for 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.
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,
 - Cleared of COVID-19 - residents being admitted who have been cleared of COVID 24-hours before move-in do not need to undergo 14-days of self-isolation (e.g., individual was positive and is no longer positive).
3. The receiving home has:
 - Sufficient staffing.
 - A plan to ensure the resident being admitted (except for those who have cleared COVID-19) can complete 14-days of self-isolation, under Droplet and Contact Precautions, and is tested again at the end of self-isolation, with a negative result. If the result is positive, the resident must complete another 14-days of self isolation.
 - 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.