

Ministry of Long-Term Care

Office of the Associate Deputy
Minister, Long-Term Care Policy
and Pandemic Response

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March 9, 2022

MEMORANDUM TO: Long-Term Care Home Licensees

FROM: Erin Hannah
Associate Deputy Minister
LTC Policy and Pandemic Response

SUBJECT: LTC Pandemic Response Update

When the Omicron variant took hold, the Ministry of Long-Term Care (“the Ministry”) acted quickly to put new temporary measures in place, including pausing entry of general visitors as well as making a third COVID-19 vaccine dose a requirement for staff, students, volunteers, support workers, and caregivers. These actions were taken in consultation with the Office of the Chief Medical Officer of Health and informed by the most current scientific evidence.

Recalibrating Our Response

An estimated 86.3% of eligible long-term care staff stepped up to receive their third dose¹. They helped to mitigate the severity of outbreaks and get us to the downside of the Omicron wave, as did the deeply appreciated actions of residents. Most residents have received at least a third COVID-19 vaccine dose and many have received a fourth vaccine dose to strengthen their own immunity; they have persevered through the impact of public health measures that placed limits on their visits and activities; and alongside staff, they have followed the infection prevention and control guidance in their homes.

Trends in key public health and health system indicators² continue to improve each week. Real world evidence shows the number of outbreaks and active staff and resident cases within long-term care homes has decreased substantially over the past few weeks, and homes continue to report the vast majority of residents who test positive are asymptomatic or experience mild symptoms. With the Omicron wave receding, we have already started our work together to ease measures in long-term care homes. The Ministry remains committed to responding as necessary, based on

¹ Estimated using data from the provincial system (COVax) as of March 1, 2022.

² Key indicators include, for example, percent positivity and hospital and intensive care unit admissions.

ongoing monitoring of the evolving pandemic, informed by the most current scientific evidence, and in ongoing consultation with the Office of the Chief Medical Officer of Health.

Working with you, the Ministry also continues to strive to achieve a balance between protecting residents from a reducing COVID-19 risk and supporting overall quality of life and health and wellbeing of residents and their valued team members, as well as supporting homes that continue to face staffing pressures. As a next step, we are moving forward with a further recalibration of measures which includes:

- Shifting to a guidance-based approach to support long-term care homes with employer-driven immunization policies,
- Updating the testing directive to reflect the latest advice of public health experts, and
- Adjusting measures related to visitors, resident absences and resident cohorting.

Vaccination Requirements

The vaccination program in long-term care homes has been a tremendous success, supported by the dedication of you and your leadership teams. The staff, residents, and family members who have stepped up to get vaccinated to protect themselves, their colleagues, and the residents they support each day helped to mitigate the severity of outbreaks and get us to the downside of the Omicron wave.

Current evidence shows that receiving a third dose restores protection from Omicron infection to between 50 and 70% and is highly effective against severe outcomes including hospitalization and death. In addition, for long-term care residents, a fourth dose has been found to further increase protection against severe outcomes related to the Omicron variant. This means the more people who have a third or fourth dose, the lower the risk of infection and the lesser chance that infection will come into and transmit within homes and impact the lives of residents.

The provincial directive provided a consistent policy direction and support for homes to immediately implement a vaccination policy, the detail of which evolved over time based on the available evidence of vaccine efficacy and the impact of the Omicron variant. **At this stage of the pandemic, we are able to shift from a provincial directive that requires homes to have a mandatory vaccination policy to a guidance-based approach that continues to support homes with their employer-led policies and best practices.** This means the Minister will revoke the *Minister's Directive on Long-Term Care Home COVID-19 Immunization Policy* effective March 14, 2022. The requirements under the provincial directive will cease to apply as of this date including the requirement for monthly reporting of staff-related vaccine data to the ministry (resident vaccination data will continue to be reported by homes).

Long-term care homes, as employers, retain their ability to mandate vaccination requirements for existing and new staff, students and volunteers, provided they comply with all applicable law, such as the *Human Rights Code*. In addition, nothing prevents licensees from having proof-of vaccination requirements for caregivers, visitors and support workers provided the licensee's requirements are consistent with the Long-Term Care Homes Act, 2007, including the Residents' Bill of Rights and section 5 of the Act (right to a safe and secure home), and comply with all applicable laws. This shift is aligned with the end of provincially set proof of vaccination requirements in other health care and congregate settings.

This shift does not change the critical importance of vaccination as a key defense against COVID-19. All Ontarians should be encouraged to get vaccinated, including receiving medically recommended boosters. This is particularly important for long-term care home residents to ensure they have the greatest level of immune protection possible.

The long-term care guidance document has been updated to support homes in continuing best practices such as offering onsite vaccination opportunities, promoting awareness of the benefits of vaccination, particularly boosters, using the latest scientific evidence, incorporating vaccination requirements into their ongoing operational requirements (for example, embedding a COVID-19 vaccination requirement into hiring and/or health and safety policies), and engaging resident and family councils and labour partners to ensure a clear understanding of the homes' plan for its vaccination policy beyond the life of the provincial directive.

Surveillance Testing

The Ministry has updated the *Minister's Directive on COVID-19: Long-term care home surveillance testing and access to homes* to reflect the most recent advice from the Office of the Chief Medical Officer of Health. Updates will be effective March 14, 2022 and include:

- Individuals who have had a confirmed COVID-19 infection will be required to resume surveillance testing **90 days** post-infection (previously 30 days post-infection).
- Surveillance testing will no longer be required for outdoor visits.

Additionally, the COVID-19 Science Advisory Table and the Office of the Chief Medical Officer of Health recommend using a combined oral and nasal sampling when using rapid antigen tests for surveillance testing. There is emerging evidence that rapid antigen tests more reliably detect the Omicron variant using this method. An Ontario Health one-pager on how to collect the sample can be found [here](#).

The updated *Minister's Directive on COVID-19 Long-Term Care Home Surveillance Testing and Access to Homes* is attached and will be available online in English and French on March 14th. Auto-shipments of rapid antigen test kits to long-term care homes were recently adjusted to support the resumption of general visitors. The ministry will follow-up with a survey to homes to confirm monthly testing supply needs.

Further Easing Temporary Measures

We are continuing with the easing of the temporary measures that were put in place to reduce the impact of the Omicron wave. Consistent with our shared goal to strike an appropriate balance between the risk of COVID-19 and overall resident quality of life and health and wellbeing, the following changes are being made to the *COVID-19 Guidance Document for Long-term Care Homes in Ontario* effective March 14, 2022:

- All general visitors, including children under the age of 5, can resume visits. General visitors, with the exception of children under the age of 5, will need to follow the vaccination policy of the individual long-term care home.
- Limits on outdoor visits will be lifted and homes can return to their regular practices on use of available outdoor spaces.
- The limit on indoor visits will increase to 4 general visitors and/or caregivers per resident at a time, as previously communicated.
- All residents will be able to go on overnight absences. Currently, social day absences for all residents regardless of vaccination status are permitted, as are overnight absences for residents with at least 3 doses.
 - Testing of residents returning from day or overnight absences at established intervals will continue until further notice, to identify as early as possible any individual who may become infected with COVID-19 in order to reduce transmission in the home.
- Cohorting will no longer be required for social activities although this practice must be maintained for dining.
- Social group activities can be increased in size (i.e., more than 10) while larger social group activities where potential crowding can occur should continue to be avoided, and IPAC measures should continue to be followed by staff, residents and visitors to promote safety and wellbeing (e.g., masking, distancing, good ventilation, etc.).

The updated *COVID-19 Guidance Document for Long-Term Care Homes in Ontario* is attached and will be posted online in English and French shortly. Also attached are supporting materials to help communicate these changes to your staff, residents and residents' caregivers / family members.

While the positive trends signal that the Omicron peak is behind us, it remains as critical as ever to maintain vigilance with infection prevention and control practices (IPAC) and other public health measures. This includes:

- Ongoing support for up-to-date COVID-19 vaccination, including boosters through employer-led policies and best practices (per above)
- Active screening for all individuals prior to entry
- Surveillance testing (per above)
- Use of appropriate personal protective equipment and masking for all individuals working at or visiting a long-term care home
- IPAC audits completed every two weeks if not in outbreak, or weekly if in outbreak, and
- Outbreak management practices, as directed by Public Health Units.

The Prevention and Containment funding continues to be available for homes to support your pandemic responses.

Planning Ahead

The *Reopening Ontario Act, 2020* (ROA) is set to expire on March 28, 2022. The Ministry is planning for this change alongside the recalibration efforts described above, with the goal of supporting a return to greater normalcy for residents, their families and friends, and the staff who support them every day.

There are four orders within the ROA that pertain specifically to long-term care homes.

- O. Reg. 146/20 – limiting work to a single long-term care home
- O. Reg. 77/20 – work deployment measures in long-term care homes
- O. Reg. 210/20 – management of long-term care homes in outbreak
- O. Reg. 95/20 – streamlined requirements for long-term care homes

The Ministry is exploring the use of transitional regulations that could be created under the new *Fixing Long-Term Care Act, 2021* (FLTCA, targeted for an April proclamation date) to support homes through transition. These opportunities would be focused on supporting some flexibility that is provided through O. Reg. 95/20 where not already included in the existing regulation under the *Long-Term Care Homes Act, 2007* and proposed to continue in the FLTCA regulation.

The single work site order will sunset as of March 28th and the work deployment order will sunset as of April 27th. This means that homes will need to plan forward, respecting existing collective agreements, and working with labor partners and staff, to update homes emergency plans to include those provisions that would support the ability to respond appropriately to critical staffing needs in an emergency, such as experienced through the pandemic.

All directives issued by the Chief Medical Officer of Health will be rescinded as of April 27th. The Ministry is actively working with the Office of the Chief Medical Officer of Health to ensure necessary requirements and guidance are in place after April 27th, for example, in respect of CMOH Directive #3. Further updates will be communicated as we work through these changes.

This is a pivotal moment as we continue working together to optimize safety in LTC in the face of the evolving pandemic, while also supporting the transition toward a greater sense of normalcy and a better quality of life for residents. The Ministry continues working with the Office of the Chief Medical Officer of Health to monitor trends and will respond as necessary to any new or emerging issues related to the pandemic, such as a new variant of concern, for example. We know we can count on you and your leaders to guide your dedicated teams as we move forward and are very appreciative of your partnership.

As always, should you have questions you may contact us at MLTCPandemicResponse@ontario.ca.

Sincerely,

Erin Hannah
Associate Deputy Minister

Attachments:

- COVID-19 Guidance Document for Long-term care Homes in Ontario
- COVID-19: Long-term Care Home Surveillance testing and Access to Homes
- Key Messages to Support Residents and Families in LTC Homes
- Long-Term Care Visitor, Absences & Social Gatherings Snapshot
- COVID-19 Policies: What Residents Can Expect in a Long-Term Care Home
- Pandemic Response Frequently Asked Questions

c: Nancy Matthews, Deputy Minister, Ministry of Long-Term Care (MLTC)
Dr. Catherine Zahn, Deputy Minister, Ministry of Health (MOH)
Dr. Kieran Moore, Chief Medical Officer of Health
Dr. Barbara Yaffe, Associate Chief Medical Officer of Health
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