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## **LTC Sector Qs and As Stay-At-Home Order & Updates to Directive 3 April 9, 2021**

### **Stay-At Home Order**

#### **1. What does the stay-at-home order mean for homes?**

During the stay-at-home order, homes should follow the requirements under the grey zone/lockdown category as laid out in Directives and ministry guidance documents including:

1. [The COVID-19 Visiting Policy](#)
2. [COVID-19 Directive #3 for Long-Term Care Homes under the \*Long-Term Care Homes Act, 2007\*](#)
3. [Minister's Directive COVID-19: Long-Term Care Home Surveillance Testing and Access to Homes](#)

In addition, all LTC homes are expected to follow any additional guidance provided by provincial, local public health units or municipal by-laws [COVID-19 response framework: Keeping Ontario Safe and Open](#) (provincial framework).

#### **2. Can residents participate in physical activity such as walks in the immediate area of the home during a stay-at-home order?**

It is important for residents to be able to engage in physical activity and take part in activities that bring them joy, comfort, and dignity while still remaining safe. Residents who are not under isolation requirements can leave the home to take a walk in the immediate area to support overall physical and mental well-being, including during the stay-at-home order. Ontario's stay-at-home order includes outdoor exercise as one of the essential reasons to leave your home, and this is no different for residents of long-term care homes.

#### **3. Can essential caregivers enter the home during a stay-at-home order?**

Caregivers are considered an essential visitor as stated in the [COVID-19: visiting long-term care homes](#) document. As such, essential visitors are still permitted in the home when a resident is self-isolating or symptomatic, or when a home is in outbreak. Essential visitors are also permitted when a home is under a stay-at-home order. All visitors to the home are required to follow public health measures (for

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example, active screening, physical distancing, hand hygiene, masking for source control) for the duration of their visit in the home.

#### **4. Are “window: visits from general visitors permitted during a stay-at-home order?”**

The ministry recognizes the importance of finding ways to keep residents emotionally connected to their families. It is up to the discretion of the home to allow “window” visits (a visit where a resident is indoors and is able to interact with a visitor through a closed window) in accordance with the homes individual practices. Under the current stay-at-home order, outdoor events and social gatherings of up to five people are permitted.

Visitors should consider their personal health and susceptibility to the virus and that of the residents and staff in determining whether visiting a long-term care home is appropriate, including whether the long-term care home is located in public health unit regions with increasing/significant community transmission – e.g. Orange-Restrict, Red-Control or Grey-Lockdown zones of the provincial framework or during a provincial shutdown and stay-at-home order.

Visitors are encouraged to discuss the most appropriate options for visiting with the long-term care home.

### **Outbreak Definition Update**

#### **5. What is the updated definition of a COVID-19 outbreak in long-term care homes?**

There are two types of outbreak:

##### *Confirmed Outbreak*

Under the previous confirmed outbreak definition, a single lab-confirmed case of COVID-19 in one resident or staff member constituted a confirmed outbreak. This was the lowest threshold in Canada for declaring a confirmed COVID-19 outbreak in long-term care homes.

The new definition of a confirmed outbreak is: two or more lab-confirmed cases in residents/staff/visitors in a long-term care home, with an epidemiological link, within a 14-day period, where at least one case likely acquired the infection in the home.

##### *Suspect Outbreak*

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The definition of a suspect outbreak has also been updated and refers to a single lab-confirmed COVID-19 case in a *resident*.

As always, local public health units have the discretion to declare an outbreak, end an outbreak, and to impose measures to control the spread of the infection in the home.

#### **6. What does not change in response to the updated outbreak definition?**

There will be no change to the level of public reporting or transparency. All COVID-19 cases in long-term care homes will still be tracked and publicly reported on.

#### **7. Why has the definition of a COVID-19 outbreak in long-term care homes been updated?**

Ontario is changing the definition of an outbreak to better reflect the enhanced protection against COVID-19 within the home through its successful vaccine roll out in long-term care homes.

The vast majority of long-term care home residents have been fully vaccinated (i.e., have had both doses of the vaccine), and there has been significant progress in vaccinating staff and essential caregivers. As a result, the number of COVID-19 related infections, hospitalizations, and deaths among long-term care residents have dropped dramatically.

This update also means that the long-term care sector is now using the same definition that similar sectors in Ontario (e.g. schools, licensed child care, and workplaces) have been using for confirmed outbreaks of COVID-19. The updated definition now also aligns with what is used in other provinces/countries (e.g. British Columbia, USA, and UK).

#### **8. When does the updated Directive 3 guidance come into effect?**

The amended Directive 3 came into effect on April 7, 2021.

#### **9. What if my long-term care home is in outbreak on April 7<sup>th</sup> based on the previous definition of a confirmed outbreak in Directive 3?**

If a home is in an outbreak, as declared by a local public health unit based on the previous definition, the outbreak status will be reassessed by the public health unit. Further guidance is being provided to public health units related to this type of situation. Please consult with your local public health unit as local public health units have the discretion to declare the start and the end of an outbreak.

#### **10. What does “epidemiological link” mean?**

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When cases are epidemiologically linked, it means one case has either been exposed to a confirmed case, or has had the same high-risk exposure as a confirmed case (e.g., both were exposed to a known cluster or outbreak). Local public health units will determine this as part of their investigation, which would inform their decision as to whether or not they will declare an outbreak.

**11. If this definition is being used by school boards and child care centres already and is the standard used in other provinces/countries, why are you only updating it now?**

The previous outbreak definition had allowed for early implementation of outbreak measures to enable public health units to more rapidly control further transmission in vulnerable settings including long-term care homes. However, these additional measures also posed significant challenges for public health units, homes, staff, and residents in terms of the resources and restrictions that were required during an outbreak.

This new definition now better reflects the decreased risk of COVID-19 infection and the unintended consequences of quarantine and isolation on residents, thereby balancing the province's ongoing commitment to protecting residents from COVID-19, with the need to also protect the mental, emotional and physical well-being of residents.

**12. How will the outbreak definition update benefit long-term care homes?**

The updated outbreak definition aims to improve conditions for residents by only declaring confirmed outbreaks when there is evidence that COVID-19 is spreading within the home. This change will:

- **Improve quality of life of residents while maintaining strong safety protections.** The updated definition will better balance the health and safety of residents due to the risk of COVID-19 in the home with that of their mental, emotional, and physical well being. Only residents at high risk of exposure will be required to quarantine, whereas those who are not at risk will be able to continue participating in their regular activities within the home, such as social activities and visits from loved ones.
- **Reflect the changing COVID-19 landscape.** COVID-19 vaccines have been demonstrated to be extremely effective in reducing infections and serious outcomes due to COVID-19. With high uptake of vaccination (~100% of residents with at least one dose) there are significantly fewer outbreaks occurring in long-term care homes as compared to the start of the pandemic and before a vaccine was available. Where there have been outbreaks, these have typically involved unvaccinated individuals with little to no spread to vaccinated residents.
- **Provide a more risk-based, public health informed COVID-19 response.** Given the high vaccination rates among residents and the strong protection that

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the vaccine provides, the number of infections and severe outcomes among long-term care residents have significantly decreased. This means that public health units and long-term care homes can respond to individual COVID-19 cases and contacts and thus limit the number of residents who are impacted by enhanced precautions, through a risk based approach.

**13. Will activities/visits for residents still be restricted like they were under the previous outbreak definition?**

By no longer declaring an outbreak when there is a single, laboratory confirmed case in a resident or staff, residents are less likely to face additional restrictions if they have not had a high risk exposure to the case. Additionally, public health units will determine whether additional restrictions need to apply to the entire home, or can be restricted to a specific area within the home, such as an individual floor or ward, based on the outcome of their investigations.

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**Clarification of Short-Term Absences**

**14. What clarification is being made to the definition of a short-term absence as set out in Directive 3?**

The updated Directive 3 clarifies that a short-term absence **does not** include a resident going for a walk or participating in physical activity in the immediate area of the long-term care home (either on or off the premises of the property belonging to the home).

Homes should not deny residents from engaging in physical activity such as going for a walk and residents are permitted to leave the home to engage in physical activity, such as walks, for their overall physical and mental well-being.

**15. What protocols should continue to be followed by homes to support this clarification?**

Homes must provide residents with a medical mask and remind residents to comply with routine public health measures, including masking (as tolerated), physical distancing, frequent hand hygiene, and respiratory etiquette. Residents should maintain their distance from others (unless they are with household members and/or require

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assistance/direct care) and avoid socialization while they are out (as consistent with the provincial messaging around essential outings).

### **16. Do residents need to be tested upon return? Can residents that are isolating also go outside for physical activity?**

Homes are required to actively screen residents upon their return, but residents are not required to be tested or quarantined upon their return. If residents are symptomatic upon their return, and/or endorse having had exposure to a known COVID-19 case during their outing, homes should take appropriate measures in managing these individuals as per Directive 3. Homes must ensure they follow protocol in managing symptomatic residents, i.e. isolating them under Contact/Droplet precautions and ensure that they receive appropriate assessment, including COVID-19 testing.

If residents are in self-isolation due to exposure to a known COVID-19 case or diagnosed COVID-19 on testing, they may not be permitted to leave their isolation to participate in physical activity. If residents are symptomatic, they may not be permitted to leave the home to participate in physical activity.

### **17. Why are you making this clarification?**

Due to the pandemic, residents in long-term care homes have been subject to many restrictions for over a year. It is important for residents to be able to engage in physical activity and take part in activities that bring them joy, comfort, and dignity while still remaining safe.

### **18. When does this change come into effect?**

The amended Directive 3 came into effect on April 7, 2021.

### **19. What else can homes do to support residents' wellness?**

All homes have been asked to review and update their policies / practices to reflect the new definition of outbreak in Directive 3 and to identify safe opportunities within the existing requirements that would respond to residents' needs, improve residents' quality of life, and allow for greater social interaction with fellow residents and loved ones.

Specifically, in addition to adhering to the direction regarding residents going outside for physical activity in the immediate area, homes are being asked to look to:

- Resuming small group social activities where no hand contact between individuals is required for participation (e.g., card games, dancing).

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- Creating opportunities for caregivers to be with loved ones outside of the resident's room

### **Clarification on Protocol for Absences and Transfers**

#### **20. What are the testing protocols for residents who are admitted or transferred into the home?**

All admissions and transfers into the home must have a **laboratory (lab)-based PCR COVID-19 test** in accordance with the [COVID-19: Provincial Testing Requirements Update](#).

For Hospital Patient Transfers, where there are delays in reporting of test results, individuals may be transferred to the home, but must remain in isolation under Droplet/Contact precautions as per [Directive 3](#).

Community patients may be tested on arrival to the long-term care home or retirement home, provided that they remain in isolation under Droplet/Contact precautions as per [Directive 3](#). If possible, people should be tested before they are admitted, but if that isn't possible, they can be tested upon admission.