

QAs:
CMOH Directive #3 Update, Temporarily Waiving Resident Copayment and Removing Single Work Site Limitation for Fully Immunized Staff

Isolation Requirements:

Q. What changes are being made to isolation requirements for people being admitted or readmitted to long-term care homes?

A. The Office of the Chief Medical Officer of Health (OCMOH) has issued an updated Directive #3 with modified isolation requirements for residents who are being admitted / transferred to a home that reflect the impact of vaccination and the latest scientific understanding of incubation periods:

- For **fully immunized*** residents, a lab-based PCR test is required at time of admission/transfer. The individual must be placed in isolation if the test result is pending. If the test result is negative, the individual does not need to isolate.
- For **partially immunized or unimmunized** residents, a laboratory-based PCR test is required at time of admission/transfer and the resident must be placed in isolation for a minimum of 10 days. In order for isolation to discontinue on day 10, the individual must have a negative test result on day 8.
- **Recently recovered** residents who are within 90 days from the date their positive laboratory test was taken are not required to be tested or placed in isolation.

Q. What is meant by *‘‘fully immunized’’?

A. ‘‘Fully immunized’’ means a person has received the total number of required doses of vaccine approved by Health Canada and it has been at least 14 days since they received their final dose.

Currently, the required number of doses for the Pfizer, Moderna and AstraZeneca vaccines is two. The required number of doses for the Johnson & Johnson vaccine (once available) is one.

Q. When do these changes take effect? What happens to residents that are currently isolating under the previous rules?

A. The changes to isolation requirements under Directive #3 are effective immediately.

For residents who are currently in isolation as part of the Admissions and Transfers requirement of the April 7th version of Directive #3:

- For **fully immunized residents**, they may be released from isolation under Droplet and Contact Precautions provided that they have obtained a negative

laboratory-based PCR test result on arrival to the home. A second test is not required. However, they must remain in quarantine if they have symptoms consistent with COVID-19 and/or identified as a contact of a known COVID-19 case or are isolated per local public health unit's direction as part of an outbreak or suspect outbreak.

- For **partially immunized or unimmunized individuals**, they must remain in quarantine for up to 10 days. They may be released from quarantine provided that:
 - A second negative lab-based PCR test result collected on day 8 is negative.
 - For residents who are 9 or more days into their quarantine at time of policy implementation, their isolation may be discontinued as soon as a negative lab-based PCR test result is obtained.

Q. How will a home know if a resident has been fully vaccinated?

A. If a home does not know the vaccination status of a resident, they may ask the resident or their substitute decision maker for the information or work with the placement coordinator and public health unit to determine the resident's relevant information and application of the isolation protocols.

Q. Are there any changes to outbreak protocols under Directive #3?

A. Not at this time. Local public health units have the discretion to declare an outbreak based on their investigation. This includes defining the outbreak area and where outbreak measures must be applied (e.g., a single affected unit vs. the whole home). Per the changes to Directive #3 made on April 7, 2021:

- A **suspect outbreak** in a home is defined as one single lab-confirmed COVID-19 case in a resident.
- A **confirmed outbreak** in a home is defined as two or more lab-confirmed COVID-19 cases in residents and/or staff (or other visitors) in a home with an epidemiological link, within a 14-day period, where at least one case could have reasonably acquired their infection in the home.

Even if no outbreak is declared, for example because only one case has been identified, local public health units may determine that residents or staff in the home are high risk contacts and direct that they take precautions including isolation.

Q. What are the testing requirements for residents newly admitted or transferred to the home?

A. All people being admitted or transferred to a long-term care home must have a laboratory-based PCR test, with the exception of recently recovered people who are within 90 days from a prior lab-confirmed COVID-19 infection.

Where the person is being admitted or transferred from an acute care setting, such as a hospital, they should be tested and results reported prior to their arrival to the home. If there are unavoidable delays in reporting of test results, the person may be transferred to the home but must remain in isolation under Droplet and Contact Precautions pending receipt of a negative test result (or as otherwise required as per Directive #3).

Where the person is being admitted from elsewhere (e.g. from the community) they may be tested on arrival to the home, provided that they remain in isolation under Droplet and Contact Precautions pending receipt of a negative test result (or as otherwise required as per Directive #3). It is recognized that someone being admitted from the community may have difficulty accessing a laboratory-based PCR test prior to admission.

Homes may choose to administer a rapid antigen test on arrival as an additional precaution. However, the rapid antigen test cannot be a substitute for the lab-based PCR test, and a positive screening result would still require a confirmatory PCR test. People arriving are still required to remain in isolation under Droplet/Contact precautions pending the negative PCR test result (or as otherwise required as per Directive #3), even with a negative rapid antigen screening test result.

Single Site Order Amendments and staff redeployment:

Q. What changes are being made to the rules regarding staff working at only one home?

A. Recognizing the success of COVID-19 vaccines and the provincial vaccination program that prioritized LTC homes, **fully immunized** LTC staff are now able to work in more than one LTC home, health care setting or retirement home (unless otherwise directed by a local medical officer of health). Widespread vaccination in the long-term care sector has meant significant reductions in cases and outbreaks, creating an environment where this change can be made safely to support additional staff capacity in homes.

Existing restrictions on work locations will continue to apply to partially vaccinated and unvaccinated staff.

Q. Who are included as “staff” for the purposes of this change?

A. This change applies to employees of a long-term care provider who performs work in a long-term care home operated or maintained by the long-term care provider as defined under the *Long-Term Care Homes Act, 2007*.

Q. When does this change take effect?

A. The change is effective immediately.

Q. Where can I find the relevant regulatory amendments on staff working at a single site?

A. O. Reg. 146/20 (Limiting Work to a Single Long-Term Care Home) under the *Reopening Ontario (A Flexible Response to COVID-19) Act, 2020*, has been amended to reflect the new rules regarding fully immunized staff working in more than one LTC home, health care setting or retirement home. The amending regulation is available on e-laws at the following link: <https://www.ontario.ca/laws/regulation/r21309>

Q. What changes are being made regarding redeployment of HCCSS staff to long-term care homes?

A. The Ministry of Health amended the emergency order which provides Ontario Health and Home and Community Care Support Services (HCCSS) the authority to redeploy staff. With this amendment, both regulated health professionals and unregulated staff can be redeployed to long-term care homes and retirement homes to facilitate and support placements.

Q. How can homes access these staff?

A. Such redeployments could be considered as part of the discussions homes have with local placement coordinators.

Q. Where can I find the emergency order regarding HCCSS staff redeployment?

A. O. Reg. 271/21 (Work Redeployment for Local Health Integration Networks and Ontario Health) under the *Emergency Management and Civil Protection Act, R.S.O. 1990*, has been amended to provide for redeployment of HCCSS staff to long-term care homes. The amending order is available on e-laws at the following link: <https://www.ontario.ca/laws/regulation/r21312>

Copayment Waivers:

Q. What changes are being made regarding copayments for patients being transferred from hospitals to long-term care homes?

A. The ministry will waive the copayment for patients in “Alternate Level of Care” beds in hospitals who agree to move to a LTC home that is not their first choice home. The waiver will apply until they are transferred to a home of their choosing or decline an offer to move to their first choice home, and they will maintain their priority status on the waitlist of their first choice home in the meantime. This change is aimed at supporting

ALC-LTC patients' when considering available placement opportunities in safe, appropriate homes and further enables temporary placements outside of hospitals while they wait for their first choice home.

Q. Does this waiver apply to ALC patients transferring to both interim short-stay and long-stay beds?

A. Yes, it applies to both interim short-stay and long-stay residents.

Q. How will homes be compensated for the loss of copayment revenue?

A. Homes will be funded through the regular occupancy funding process. Homes will be asked to report on their copayment revenue and related occupancy in September 2021. This information will be used to provide an in-year adjustment to their monthly cash flows.

Q. Will these waivers apply retroactively to residents who have already been transferred from hospitals?

A. No. Only residents transferred on or after April 23, 2021 will be eligible for the copayment waiver.

Q. Where can I find the relevant regulatory amendments on copayment waivers?

A. O. Reg. 79/10 (General) under the *Long-Term Care Homes Act, 2007*, has been amended to reflect the new copayment waiver rules. The amending regulation is available on e-laws at the following link: <https://www.ontario.ca/laws/regulation/r21311>.