

COVID-19

Directive #3 for Long-Term Care Homes under the *Long-Term Care Homes Act, 2007*

Issued under Section 77.7 of the *Health Protection and Promotion Act (HPPA)*, R.S.O. 1990, c. H.7

ALL PREVIOUS VERSIONS OF DIRECTIVE #3 FOR LONG-TERM CARE HOMES UNDER THE *LONG-TERM CARE HOMES ACT, 2007* ARE REVOKED AND REPLACED WITH THIS DIRECTIVE.

WHEREAS under section 77.7(1) of the HPPA, if the Chief Medical Officer of Health (CMOH) is of the opinion that there exists or there may exist an immediate risk to the health of persons anywhere in Ontario, he or she may issue a directive to any health care provider or health care entity respecting precautions and procedures to be followed to protect the health of persons anywhere in Ontario;

AND WHEREAS pursuant to subsection 27(5) of O. Reg 166/11 made under the *Retirement Homes Act, 2010*, as part of the prescribed infection prevention and control program, all reasonable steps are required to be taken in a retirement home to follow any directive pertaining to COVID-19 that is issued to long-term care homes under section 77.7 of the HPPA;

AND HAVING REGARD TO the emerging evidence about the ways this virus transmits between people as well as the potential severity of illness it causes, in addition to the declaration by the World Health Organization (WHO) on March 11th, 2020 that COVID-19 is a pandemic virus and the spread of COVID-19 in Ontario, and the technical guidance provided on March 12th, 2020 by Public Health Ontario on scientific recommendations by the WHO regarding infection prevention and control measures for COVID-19;

AND HAVING REGARD TO residents in long-term care homes and retirement homes being older, and more medically complex than the general population, and therefore being more susceptible to infection from COVID-19;

AND HAVING REGARD TO the immediate risk to residents of COVID-19 in long-term care homes and retirement homes, the necessary, present, and urgent requirement to implement additional measures for the protection of staff and residents, including, but not limited to, the active screening of residents, staff and visitors, active and ongoing surveillance of all residents, screening for new admissions, managing visitors, changes to when an outbreak of COVID-19 is declared at a home, including when it is over, and specimen collection and testing for outbreak management;

I AM THEREFORE OF THE OPINION that there exists or may exist an immediate risk to the health of persons anywhere in Ontario from COVID-19;

AND DIRECT pursuant to the provisions of section 77.7 of the HPPA that:

Directive #3 for Long-Term Care Homes under the *Long-Term Care Homes Act, 2007*

Date of Issuance: May 21, 2021

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Issued To: Long-Term Care Homes under the *Long-Term Care Homes Act, 2007* referenced in section 77.7(6), paragraph 10 of the *Health Protection and Promotion Act*.

Introduction

Coronaviruses (CoV) are a large family of viruses that cause illness ranging from the common cold to more severe diseases such as Middle East Respiratory Syndrome (MERS-CoV), Severe Acute Respiratory Syndrome (SARS-CoV), and COVID-19. A novel coronavirus is a new strain that has not been previously identified in humans.

On December 31st, 2019, the World Health Organization (WHO) [was informed](#) of cases of pneumonia of unknown etiology in Wuhan City, Hubei Province, in China. A novel coronavirus SARS-CoV-2 [was identified](#) as the causative agent resulting in COVID-19 infection by the Chinese authorities on January 7th, 2020.

On March 11th, 2020 the WHO announced that COVID-19 is classified as a [pandemic](#). This is the first pandemic caused by a coronavirus.

Symptoms of COVID-19

For signs and symptoms of COVID-19, please refer to the [COVID-19 Reference Document for Symptoms](#). Complications from COVID-19 can include serious conditions, like pneumonia or kidney failure, and in some cases, death.

COVID-19 Immunization

The goal of the provincial COVID-19 immunization program is to protect Ontarians from COVID-19. Vaccines help reduce the number of new cases, and, most importantly, severe outcomes including hospitalizations and death due to COVID-19.

All individuals, whether or not they have received a COVID-19 vaccine, must continue to practice the recommended public health measures for the prevention and control of COVID-19 infection and transmission.

Where applicable, a person is **fully immunized** against COVID-19 if:

- They have received the total required number of doses of a COVID-19 vaccine approved by Health Canada (e.g., both doses of a two-dose vaccine series, or one dose of a single-dose vaccine series); **and**
- They received their final dose of the COVID-19 vaccine at least 14 days ago.

Required Infection and Prevention Control (IPAC) Practices

All LTCHs must implement and ensure ongoing compliance to the IPAC measures outlined below. **Every single individual in a long-term care home (LTCH) or a retirement home (RH) – whether they are staff, student, volunteer, visitor, or resident – has a responsibility in ensuring the ongoing health and safety of all by practicing these measures at all times.**

For the purposes of this document, the term “visitor” refers to both essential and general visitors. For more information, please see section 13 on Visitors in this document.

As per section 86 of the [Long-Term Care Homes Act, 2007](#) (LTCHA) and section 60 of the [Retirement Homes Act, 2010](#) (RHA), every LTCH and RH in Ontario is legally required to have an IPAC program as part of their operations. In addition, the LTCHA and RHA require that LTCHs and RHs ensure that their staff have received IPAC training.

1. **COVID-19 Outbreak Preparedness Plan.** LTCHs, in consultation with their Joint Health and Safety Committees or Health and Safety Representatives if any, must ensure measures are taken to prepare for and respond to a COVID-19 outbreak, including developing and implementing a COVID-19 Outbreak Preparedness Plan when needed. This plan must include:
 - Identifying members of the Outbreak Management Team;
 - Enforcing an IPAC program, in accordance with the LTCHA and [O. Reg. 79/10](#) for LTCHs, and in accordance with the RHA and [O. Reg. 166/11](#) for RHs, both for non-outbreak and outbreak situations, in collaboration with IPAC hubs, public health units, local hospitals, Home and Community Care Support Services, and/or regional Ontario Health;
 - Ensuring testing kits are available and plans are in place for taking specimens;
 - Ensuring sufficient PPE is available, and that appropriate stewardship of PPE is followed;
 - Ensuring that all staff and volunteers, including temporary staff, are trained on IPAC protocols including the use of PPE;
 - Developing policies to manage staff who may have been exposed to COVID-19;
 - Permitting an organization completing an IPAC assessment to do so and to share any report or findings produced by the organization with any or all of the following: public health units, local public hospitals, Ontario Health/LHINs, the MLTC in the case of LTCHs and the RHRA in the case of retirement homes, as may be required to respond to COVID-19 at the home; and
 - Keeping staff, residents, and families informed about the status of COVID-19 in the homes, including frequent and ongoing communication during outbreaks.

2. **Active Screening of All Persons (including Staff, Visitors, and Residents Returning to the Home).**

- All individuals must be [actively screened](#) for symptoms and exposure history for COVID-19 before they are allowed to enter the LTCH and for outdoor visits. For clarity, staff and visitors must be actively screened once per day at the beginning of their shift or visit.
 - a. Exception: First responders must be permitted entry without screening in emergency situations.
- Any resident returning to the LTCH following an absence who fail active screening must be permitted entry but isolated on [Droplet and Contact Precautions](#) and tested for COVID-19 as per the [COVID-19: Provincial Testing Requirements Update](#).
- Any staff or visitor who fails active screening (i.e., having symptoms of COVID-19 and/or having had contact with someone who has COVID-19) must not be allowed to enter the LTCH, advised to go home immediately to self-isolate, and encouraged to be tested. There are two exceptions where individuals who fail screening may be permitted entry to the home:
 - Staff with post-vaccination related symptoms may be exempt from exclusion from work where expressly permitted under and in accordance with the [Managing Health Care Workers with Symptoms within 48 Hours of Receiving COVID-19 Vaccine](#) guidance.
 - Visitors for imminently palliative residents must be screened prior to entry. If they fail screening, they must be permitted entry but LTCHs must ensure that they wear a medical (surgical/procedural) mask and maintain physical distance from other residents and staff.

3. **Daily Symptom Screening of All Residents.** All residents must be assessed at least twice daily (once during the day and once during the evening) for [signs and symptoms of COVID-19](#), including temperature checks.

- Any resident who presents with [signs or symptoms of COVID-19](#) must be immediately isolated, placed on [Droplet and Contact Precautions](#), and tested for COVID-19 as per the [COVID-19: Provincial Testing Requirements Update](#).

4. **Physical Distancing.** [Physical distancing](#) (a minimum of 2 metres or 6 feet) must be practiced at all times by every individual in the LTCH to reduce the transmission of COVID-19.

- The following are exceptions to physical distancing:
 - In all LTCHs, for the purposes of providing direct care to the resident;
 - In all LTCHs, for a fully immunized resident to have physical contact with their fully immunized essential caregiver(s) (e.g., holding hands, hugs);
 - In all LTCHs, for the purposes of a compassionate/palliative visit;
 - **In LTCHs where the total immunization coverage rate, as set out in the Ministry of Long-Term Care's (MLTC) [COVID-19 Guidance Document for](#)**

[Long-Term Care Homes in Ontario](#), is maintained, communal dining and organized indoor social activities and gatherings for cohorted groups; and

- In RHs where the total immunization coverage rate, as set out in the Ministry for Seniors and Accessibility's (MSAA) [Retirement Home Guidance to Implement Directive #3](#), is maintained, communal dining and organized indoor social activities and gatherings for cohorted groups.

- Where the total immunization coverage rate, as set out in the MLTC's [COVID-19 Guidance Document for Long-Term Care homes in Ontario](#) for LTCHs and the MSAA's [Retirement Home Guidance to Implement Directive #3](#) for RHs, is **not** met and/or maintained, dining and organized indoor social activities and gatherings are required to practice physical distancing between residents as well as complying with the required IPAC measures in this Directive.

5. **Universal Masking.** All staff and visitors must always comply with [universal masking](#) and must wear a medical mask for the entire duration of their shift/visit. The following requirements apply regardless of whether the LTCH is in an outbreak or not.

- **Staff** are required to comply with [universal masking](#) at all times, even when they are not delivering direct patient care, including in administrative areas. During their breaks, to prevent staff-to-staff transmission of COVID-19, staff must remain two metres away from others at all times and be physically distanced before removing their medical mask for eating and drinking. Masks must not be removed when staff are in contact with residents and/or in designated resident areas.
- **Visitors** must wear a medical mask when indoors. For outdoor visits, visitors must wear a medical mask or a non-medical mask.
- **Residents** – LTCHs are required to have policies regarding masking for residents. Residents must be encouraged to wear/be assisted to wear a medical mask or non-medical mask when receiving direct care from staff, when in common areas with other residents (with the exception of meal times), and when receiving a visitor as tolerated. LTCHs are also required to follow any additional directions provided by the province, the local public health unit, and/or municipal bylaws.
- Exceptions to the masking requirements are as follows:
 - Children who are younger than 2 years of age;
 - Any individual (staff, visitor, or resident) who is being accommodated in accordance with the [Accessibility for Ontarians with Disabilities Act, 2005](#); and/or
 - Any individual (staff, visitor, or resident) who is being reasonably accommodated in accordance with the Human Rights Code.
- Homes must have policies for individuals (staff, visitor, or resident) who:
 - Have a medical condition that inhibits their ability to wear a mask; and/or
 - Are unable to put on or remove their mask without assistance from another person.

6. **Eye protection.** All staff and essential visitors are required to wear appropriate eye protection (e.g., goggles or face shield) when they are within 2 metres of a resident(s) as

part of provision of direct care and/or when they interact with a resident(s) in an indoor area.

7. **Personal Protective Equipment (PPE).** LTCHs are required to follow COVID-19 [Directive #5 for Hospitals within the meaning of the Public Hospitals Act and Long-Term Care Homes within the meaning of the Long-Term Care Homes Act, 2007](#).
 - **Information and Training** – LTCHs must provide all health care workers, other staff, and any essential visitors who are required to wear [PPE](#) with information on the safe utilization of all PPE, including training on proper donning and doffing.
8. **Accommodations.**
 - **Isolation rooms:** All homes are required to have rooms identified and set aside for isolation purposes. Individuals requiring isolation must be placed in a single room on [Droplet and Contact Precautions](#). Where this is not possible, individuals may be placed in a room with no more than one (1) other resident who must also be placed in isolation under Droplet and Contact Precautions. For the purposes of isolation, there should not be more than two (2) residents placed per room, including 3 or 4 bed ward rooms.
 - **General accommodations:** After completing all testing and isolation requirements under Admissions and Transfers as applicable, all new residents must be placed in a single or semi-private room. Where semi-private rooms are used, adequate space (minimum 2 metres) between beds is required.
 - **Ward rooms:** Where placement into single or semi-private rooms is not possible, new admissions may be placed in a ward room (a room that has 3 or 4 beds) with no more than one (1) other resident. That is, there cannot be more than two (2) residents placed in a ward room. Where ward rooms are used, every effort must be made to ensure there is adequate space (minimum 2 metres) between beds.
 - A bed in a ward room must be left vacant if a resident who occupied a bed in the ward room is discharged from the LTCH **and** there are two or more residents who continue to occupy a bed in the ward room.
 - Exception: Despite the capacity limits described above, residents who are currently occupying a bed in a ward room with two (2) or more residents must be permitted to return to their bed following a temporary absence, including medical absences requiring an admission or a transfer to another health care facility, after completing their required testing and isolation requirements as per the Admissions and Transfers section below.
9. **Environmental Cleaning.** LTCHs are required to maintain regular environmental cleaning of their facility. In addition, enhanced [environmental cleaning](#) and disinfection is required for frequently touched surfaces, such as trolleys and other equipment that is moved around the LTCH. See the Provincial Infectious Diseases Advisory Committee on Infection Prevention and Control's (PIDAC-IPC) [Best Practices for Prevention and Control of Infections in all Health Care Settings](#) for more details.

Required Operational Policies and Procedures

All LTCHs and RHs must have in place policies and procedures on the following topics in a manner that is compliant with this Directive and is guided by applicable policies, amended from time to time, from the MLTC, the Retirement Homes Regulatory Authority (RHRA), and the MSAA. For more information, please refer to sector-specific policy:

- **Long-term care homes** must refer to [MLTC guidance](#).
- **Retirement homes** must refer to [MSAA/RHRA guidance](#).

The goal of this Directive is to minimize the potential risks associated with the ongoing COVID-19 pandemic in Ontario in all LTCHs and RHs, while balancing mitigating measures with the physical, mental, emotional, and spiritual needs of residents for their quality of life. To that end, this Directive has been updated to reflect both the high rates of COVID-19 immunization and the protective effect that the vaccine has had on the number of COVID-19 cases and outbreaks in LTCH and RH settings. The updates in this Directive reflect the evidence available so far across Canada and abroad and are subject to change as the knowledge of COVID-19 vaccines and immunity evolve over time.

Admissions/transfers, absences, and visitations described below may be discontinued or modified as directed by the local public health unit as part of their outbreak investigation and management in order to limit the ongoing transmission of COVID-19 throughout the home. All LTCHs and RHs are required to follow the direction of the local public health unit in the event of an outbreak (see [Required Procedures for Case/Outbreak Management](#), below).

10. **Staffing and Operations.** All LTCHs must have policies and procedures in place to ensure the health and safety of the staff and residents in both outbreak and non-outbreak situations.
 - **Long-term care home** employers must comply with [O. Reg 146/20](#) made under the [Reopening Ontario \(A Flexible Response to COVID-19\) Act, 2020](#) (ROA).
 - **Retirement home** employers must comply with [O. Reg 158/20](#) made under the ROA.
11. **Admissions and Transfers.** All LTCHs must have policies and procedures to accept new admissions, as well as transfers of residents from other health care facilities back to the home, in a way that balances the dignity of the resident against the overall health and safety to the home's staff and residents. For more information on COVID-19 testing in Ontario, see the [COVID-19: Provincial Testing Requirements Update](#).
 - All admissions and transfers into the LTCH must have a laboratory (lab)-based PCR COVID-19 test, unless the exception for recently recovered residents below applies.
 - At any time, if the test result is positive, continue isolation on Droplet and Contact Precautions as a lab-confirmed case and notify the local public health unit.
 - With regards to the timing of the lab-based COVID-19 PCR test on admission/transfer,
 - **From acute care settings (i.e., hospitals):** Individuals must be tested and results must be reported prior to their arrival to the home. Where there are unavoidable delays in reporting of test results, individuals may be transferred to the LTCH but must remain in isolation under Droplet and Contact Precautions while the result is pending.

- **From all other settings (i.e., from the community):** Individuals must be tested on arrival to the LTCH and remain in isolation on Droplet and Contact Precautions.
- With regards to the duration of the isolation period,
 - **For fully immunized residents:** A lab-based PCR test is required at time of admission/transfer as above. The individual must be placed in isolation on Droplet and Contact Precautions if their test result is pending due to an unavoidable delay. If their test result is negative, isolation on Droplet and Contact Precautions can be discontinued.
 - **For partially immunized or unimmunized residents:** A lab-based PCR test is required at time of admission/transfer as above, and the resident must be placed in isolation on Droplet and Contact Precautions for a minimum of 10 days. A second negative lab-based PCR test result collected on day 8 is required to discontinue isolation on Droplet and Contact Precautions on day 10; if this second test is not obtained, isolation on Droplet and Contact Precautions must be maintained until day 14.
- Exception for **recently recovered residents:** Individuals who are within 90 days (from the date the test was taken) from a prior lab-confirmed COVID-19 infection and have recently recovered are not required to be tested or placed in isolation on Droplet and Contact precautions on admission/transfer.
 - If there is uncertainty about the validity of the prior COVID-19 infection (e.g., asymptomatic infection with high cycle threshold value result), residents must still undergo a lab-based PCR test and be isolated on Droplet and Contact Precautions as required, based on their immunization status (see above), upon their admission/transfer.
- Individuals who may have challenges with isolation due to a medical condition (e.g., dementia) must not be denied admission or transfer on this basis alone. LTCHs must take all precautions to ensure the completion of the required isolation period for new or transferred residents to the best of the LTCH's ability.
- Admissions and transfers may take place during an outbreak only if approved by the local public health unit, and there is concurrence between the LTCH, local public health unit and hospital. Despite the conditions set out above, an individual who has tested positive for COVID-19 may be admitted or transferred back to the LTCH, provided that the admission/transfer is approved by the local public health unit per the [Quick Reference Public Health Guidance on Testing and Clearance](#) and [Public Health Management of Cases and Contacts of COVID-19 in Ontario](#).
- In exceptional circumstances, residents may complete their isolation requirements upon admission/transfer at alternative facilities designated for this purpose (i.e., Specialized Care Centre). This requires the consent of the resident and/or their substitute decision maker, as well as an agreement between LTCH, local public health unit, regional Ontario Health, and Home and Community Care Support Services, as well as IPAC hubs and other health care facilities as relevant.

12. **Absences.** All LTCHs must have policies and procedures in place to permit residents to go on absences in accordance with this Directive that account for the various needs of residents while balancing the need to ensure the ongoing health and safety of the staff and residents in the home. **Note:** This includes the allowance for residents to go for a walk in the immediate area.

- **For all types of absences,** LTCHs are required to provide a medical mask to the resident (as tolerated) and remind them to follow public health measures, such as physical distancing and hand hygiene, while they are away from the home.
- All residents on an absence, regardless of type or duration of the absence, must be actively screened upon their return to the home.
- LTCHs cannot restrict or deny any absences for medical and/or palliative/compassionate reasons at any time. This includes when a resident is in isolation on Droplet and Contact Precautions and/or when a home is in an outbreak; in these situations, homes must consult local public health for further advice.
- There are four types of absences:
 - a. **Medical absences** are absences to seek medical and/or health care.
 - Outpatient medical visits and a single visit (less than or equal to 24 hours in duration) to the Emergency Department do not require testing or self-isolation upon return.
 - All other medical visits (e.g., admissions/transfers to other health care facilities, multi-night stays in the Emergency Department) require testing and isolation (if applicable) upon return. See Admissions and Transfers for details.
 - b. **Compassionate/palliative absences** include, but are not limited to, absences for the purposes of visiting a dying loved one. LTCHs must assess these situations on a case-by-case basis.
 - Single day absences (less than or equal to 24 hours in duration) do not require testing or self-isolation upon return.
 - Overnight absences require testing and isolation (if applicable) upon return. See Admissions and Transfers for details.
 - c. **Short term (day) absences** are absences that are less than or equal to 24 hours in duration. Testing or self-isolation of residents is not required upon return. There are two types of short term (day) absences:
 - **Essential absences** include absences for reasons of groceries, pharmacies, and outdoor physical activity that are permitted when a Stay-At-Home Order is in effect as per [O. Reg 265/21](#). All individuals, regardless of their immunization status, can participate in essential absences, unless the resident is in isolation and on Droplet and Contact Precautions or as directed by the local public health unit.

- **Social absences** include absences for all reasons not listed under medical, compassionate/palliative, and/or essential absences that do not include an overnight stay.

d. **Temporary absences** include absences involving two or more days **and** one or more nights for non-medical reasons.

- **Note: Social absences and temporary absences are not permitted under the current Stay-at-Home Order ([O. Reg 265/21](#)) that has been issued under s 7.0.1 (1) of [the Emergency Management and Civil Protection Act](#) (EMCPA). Further direction will be provided shortly, which will include allowances for fully immunized individuals to participate in social and temporary absences.**

The requirements in this Directive related to short term social absences and temporary absences are not meant to apply to retirement homes. The requirements related to resident absences for retirement homes should continue to be guided by applicable RHRA and MSAA requirements and policies, as amended from time to time.

13. **Visitors.** All homes are required to have policies and procedures on visitors that comply with this Directive and are guided on the policy that has been set out by MLTC for LTCHs and the MSAA/RHRA for RHs, that balance the operational needs of the home, the mental and emotional well-being of residents and their loved ones, as well as the health and safety of all staff, residents, and visitors to the home.

- For the purposes of this Directive, there are two types of visitors:
 - a. **Essential visitors** include a person performing essential support services (e.g., food delivery, inspector, maintenance, or health services (e.g., phlebotomy)) or a person visiting a very ill or palliative resident. Essential visitors also include “essential caregivers” as defined by MLTC and MSAA/RHRA policies, as appropriate.
 - b. **General visitors** include all other types of visitors who do not meet the definition of an essential visitor as defined above, including social visitors.
- Only essential visitors are permitted when a resident is symptomatic or isolating on Droplet and Contact Precautions (e.g., in an outbreak area of the home).
 - Visits under these circumstances must be indoors.
 - For clarity, general visitors are **not** permitted during these circumstances.
- LTCHs must maintain visitor logs of all visits to the home. The visitor log must include, at minimum, the name and contact information of the visitor, time and date of the visit, and the purpose of the visit (e.g. name of resident visited). These records must be kept for 30 days and be readily available to the local public health unit for contact tracing purposes upon request.

14. **Surveillance Testing.** Surveillance testing refers to routine testing of asymptomatic staff and visitors who have not been exposed to COVID-19. This is different from COVID-19 testing of individuals who are symptomatic, have had high risk exposure, and/or in an outbreak setting as directed by the local public health unit.

- LTCHs must follow the requirements in the [Minister's Directive COVID-19: Long-Term Care Homes Surveillance Testing and Access to Homes](#) or as amended.

Required Procedures for Case/Outbreak Management

15. **Managing a Symptomatic Individual.** Once at least one resident or staff has presented with new [signs or symptoms compatible with COVID-19](#), homes must immediately take the following steps:

- **In the Event of a Symptomatic Resident:** The resident must be placed in isolation under appropriate [Droplet and Contact Precautions](#), in a single room if possible, medically assessed, and [tested](#) for COVID-19 using a lab-based PCR test as per the [COVID-19: Provincial Testing Requirements Update](#).
 - Roommates of the symptomatic resident must also be placed in isolation under appropriate Droplet and Contact Precautions.
- **In the Event of a Symptomatic Staff or Visitor:** The staff or visitor must be advised to go home immediately to self-isolate and be encouraged to be [tested](#) for COVID-19 using a lab-based PCR test.
- Homes must enforce enhanced IPAC measures, including enhanced screening and [cohorting](#) among residents and staff to limit the potential spread of COVID-19.

16. **Managing a COVID-19 Case in an LTCH.** COVID-19 is a designated disease of public health significance ([O. Reg. 135/18](#)) and thus all probable and confirmed cases of COVID-19 are reportable to the local public health unit under the [Health Protection and Promotion Act, 1990](#) (HPPA).

- LTCHs must notify the local public health unit of all probable and confirmed cases of COVID-19 as soon as possible.
- The local public health unit is responsible for receiving and investigating all (reports of) cases and contacts of COVID-19 in accordance with the [Public Health Management of Cases and Contacts of COVID-19 in Ontario](#) and the HPPA.
- Homes, as well as any external agencies that may be engaged to assist the home, are required to follow the directions of the local public health unit in order to limit further spread within the home.

17. **Outbreak Management.** The local public health unit is responsible for managing the outbreak response. Local public health units have the authority and discretion to coordinate outbreak investigation, declare an outbreak based on their investigation, and direct outbreak control measures. This includes defining the outbreak area and where outbreak measures must be applied (e.g., a single affected unit vs. the whole home), testing and isolation of residents and staff, as well as declaring the end of an outbreak.

- LTCHs and RHs must follow any guidance provided by the local public health unit with respect to any additional measures that must be implemented to reduce the risk of COVID-19 transmission in the setting.
- Any external organizations that participate in any suspect or confirmed outbreak response must inform the local public health unit and the Outbreak Management Team

of their involvement. They must also follow any directions provided by the local public health unit.

- For more information on outbreak management, including the outbreak definition, please refer to the [COVID-19 Guidance: Long-Term Care Homes and Retirement Homes for Public Health Units](#).

In accordance with subsection 27(5) of [O. Reg 166/11](#) made under the RHA, retirement homes must take all reasonable steps to follow the required precautions and procedures outlined in this Directive.

Note: As this outbreak evolves, there will be continual review of emerging evidence to understand the most appropriate measures to take. This will continue to be done in collaboration with health system partners and technical experts from Public Health Ontario and with the health system.

Questions

Long-term care homes, retirement homes and health care workers may contact the ministry's Health Care Provider Hotline at 1-866-212-2272 or by email at emergencymanagement.moh@ontario.ca with questions or concerns about this Directive.

Long-Term Care homes, retirement homes and HCWs are also required to comply with applicable provisions of the [Occupational Health and Safety Act](#) and its Regulations.



David C. Williams, MD, MHSc, FRCPC

Chief Medical Officer of Health