

Ministry for Seniors and Accessibility COVID-19 Guidance Document for Retirement Homes in Ontario

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1. INTRODUCTION

On June 10, 2022 [the Chief Medical Officer of Health \(CMOH\)](#) released a memorandum to the Retirement Homes Regulatory Authority (RHRA) directing retirement homes to implement the policies, procedures and preventative measures in the Ministry of Health's *COVID-19 Guidance: Long-Term Care Homes and Retirement Homes for Public Health Units* (MOH's COVID-19 Guidance: LTCH/RH for PHUs) to reduce the risk of COVID-19 among residents. As stated in the memorandum, it constitutes guidance, advice, or recommendations given to retirement homes by the Chief Medical Officer of Health, which the licensee of a retirement home shall ensure are followed in the retirement home in accordance with clause 27(5) (0.a) of O. Reg. 166/11 under the *Retirement Homes Act, 2010*. This guidance provides complementary direction to retirement homes to assist in the implementation of MOH's COVID-19 Guidance: LTCH/RH for PHUs.

In addition to following this guidance, all retirement homes and staff are required to comply with applicable provisions of the *Occupational Health and Safety Act* and its regulations.

If anything in this guidance conflicts with requirements in applicable legislation regulations or any other provincial requirements, including any future emergency orders, or directives, applicable to retirement homes, those requirements prevail, and retirement homes must follow them.

2. GUIDING PRINCIPLES

Protection of retirement home residents and staff from the risk of COVID-19 is paramount. Guidance for retirement homes is in place to protect the health and safety of residents, staff, and visitors, while supporting residents in receiving the care they need and in consideration of their mental health and emotional well-being.

This guidance is in addition to the requirements established in the *Retirement Homes Act, 2010* (RHA) and its regulation (O. Reg 166/11) and MOH's COVID-19 Guidance: LTCH/RH for PHUs noted above. It is guided by the following principles:

- **Safety:** Any approach to visiting, absences, and activities must balance the health and safety needs of residents, staff, and visitors, and ensure risks of infection are mitigated.
- **Mental Health and Emotional Well-being:** Welcoming visitors, absences, and activities is intended to support the overall physical, mental and emotional well-being of residents by reducing any potential negative impacts related to social isolation.
- **Equitable Access:** All residents must be given equitable access to receive visitors and participate in activities consistent with their preferences and within restrictions that safeguard residents, staff and visitors.
- **Flexibility:** The physical characteristics/infrastructure of the home, its staffing availability, whether the home is in an outbreak or in an area of widespread community transmission, and the current status of the home with respect to infection prevention and control (IPAC) including personal protective equipment (PPE) are all variables to consider when administering home-specific policies for visiting, absences, and activities.
- **Autonomy:** Residents have the right to choose their visitors. Residents also have the right to designate their caregivers. If a resident is unable to do so, substitute decision-maker(s) may designate caregivers.
- **Visitor Responsibility:** Visitors have a crucial role to play in reducing risk of infection for the safety of residents and staff by adhering to requirements related to screening, IPAC, PPE, and any precautions described in this policy or the visitor policy of the home.
- **COVID-19 Vaccination:** The goal of the provincial COVID-19 vaccination program is to protect Ontarians from COVID-19. Homes are highly encouraged to continue to promote vaccinations and boosters to all eligible residents, staff, and visitors. Staying [up-to-date](#) with COVID-19 vaccines helps to 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 advice and measures, and comply with all applicable laws for the ongoing prevention and control of COVID-19 infection and transmission. Visitors should not be denied entry to retirement homes based on their COVID-19 vaccination status.

3. REQUIREMENTS FOR HOME VISITS

Retirement homes are responsible for ensuring that residents receive visitors safely by implementing visiting practices that help to protect against the risk of COVID-19. It remains critical that retirement homes continue to implement and enforce preventive measures to protect the health and safety of residents and staff. High community transmission rates of COVID-19 coincide with increasing numbers of resident cases and outbreaks in retirement homes.

All homes must implement and ensure ongoing compliance with the IPAC measures set out in this guidance. **Homes must ensure that all staff, visitors, and residents abide by the health and safety practices in MOH's COVID-19 Guidance: LTCH/RH for**

PHUs and this guidance.

Pursuant to subsection 60(4) of the RHA, every retirement home in Ontario is legally required to have an IPAC program as part of their operations. Retirement homes must also ensure that their staff has received IPAC training.

Homes must have a COVID-19 Outbreak Preparedness Plan, according to the requirements outlined in the MOH's COVID-19 Guidance: LTCH/RH for PHUs.

In co-located long-term care and retirement homes that are not physically and operationally independent¹, the policies for the long-term care home and the retirement home should align where possible or follow the more restrictive requirements, unless otherwise directed by the local public health unit (PHU) based on COVID-19 prevention and containment. The exceptions to this requirement are the policies regarding absences, visitors, and vaccinations. For guidance on absences, visitors and vaccinations, retirement homes should follow this guidance.

Homes must adhere to any directions from their local PHU. This may include direction to take additional measures to restrict access and duration of visits during an outbreak, or when the PHU deems it necessary.

Homes must facilitate visits for residents and must not unreasonably deny visitors based on the frequency of visits and their vaccination status. See Section 3.1 for details on different types of visitors and Section 3.4 for visitor access requirements.

Homes must maintain the following minimum requirements:

- a. Procedures for visits, including, but not limited to, IPAC, scheduling, and any setting-specific policies.
- b. Communication of clear visiting procedures with residents, families, visitors, and staff, including sharing an information package with visitors with:
 - i. This guidance (e.g., a digital link, or a copy upon request);
 - ii. Details on any visitor or visiting restrictions (e.g., number of visitors permitted based on any capacity considerations);
 - iii. Details regarding IPAC, masking, and physical distancing (2 metres separation);
 - iv. Information about how to escalate concerns about homes to the RHRA via the RHRA email address and/or phone number; and
 - v. Other health and safety procedures such as limiting movement around the home, if applicable, and ensuring visitors' agreement to comply with visiting procedures.
- c. A process for complaints about the administration of visiting policies and a timely process for resolving complaints.
- d. Requirements for visitor compliance with visiting policies and a process to notify residents and visitors that failure to comply with their visiting policies may result

¹ Operationally and physically independent means that there are separate entrances and no mixing of residents or staff between the retirement home and the long-term care home.

in discontinuation of visit(s) when risk of harm from continual non-compliance is considered too high. This must include a way to assess refusal of entry on a case-by-case basis.

- e. A process for maintaining visitor logs, including the name, contact information, date and time of visit, and resident visited for each visitor, to be kept for at least 30 days.
- f. Dedicated areas for both indoor and outdoor visits to support physical distancing (2 metres separation) between residents and visitors.
- g. Protocols to maintain best practices for IPAC measures prior to, during and after visits.

Retirement homes must ensure that the following are put in place to facilitate safe visits:

- a. **Adequate staffing:** The home has sufficient staff to implement the policies related to visitors and to ensure safe visiting as determined by the home's leadership.
- b. **Access to adequate PPE:** The home has adequate supplies of PPE required to support visits.
- c. **IPAC standards:** The home has appropriate cleaning and disinfection supplies and adheres to IPAC standards, including enhanced cleaning.
- d. **Physical distancing:** The home can facilitate visits in a manner aligned with physical distancing protocols (2 metres separation).

Homes that restrict visits based on these factors are expected to communicate their decision to residents and provide the reasons for the decision.

3.1 Types of Visitors

There are three categories of visitors: Essential Visitors, General Visitors, and Personal Care Service Providers. Retirement homes staff, students and volunteers as defined in the *Retirement Homes Act, 2010*² **are not** considered visitors.

3.1.1 Essential Visitors

Essential Visitors are persons performing essential support services (e.g., food delivery, inspectors, maintenance, or health care services (e.g., phlebotomy) or a person visiting a very ill or palliative resident).

There are two categories of Essential Visitors: Support Workers and Essential Caregivers.

a) Support Workers

² "Volunteer" in relation to a retirement home, means a person who works in or supplies services to the home, but who is not part of the staff of the home and who does not receive a wage or salary for the services or work that the person provides in the home.

A Support Worker is brought into the home to perform essential services for the home or for a resident in the home, including:

- a. Regulated health care professionals under the *Regulated Health Professions Act, 1991* (e.g., physicians, nurses);
- b. Unregulated health care workers (e.g., personal support workers, personal/support aides, nursing/personal care attendants), including external care providers and Home and Community Care Support Service Providers (formerly LHIN providers);
- c. Authorized third parties who accommodate the needs of a resident with a disability;
- d. Health and safety workers, including IPAC specialists;
- e. Maintenance workers;
- f. Private housekeepers;
- g. Inspectors; and
- h. Food delivery.

Licensees are reminded to minimize unnecessary entry into the home. For example, licensees should encourage food or package delivery to the foyer for resident pick up or staff delivery.

b) Essential Caregivers

Essential Caregivers provide care to a resident, including supporting feeding, mobility, personal hygiene, cognitive stimulation, communication, meaningful connection, relational continuity and assistance in decision-making. Essential Caregivers may be family members, a privately hired caregiver, paid companions, and translators even if the person would also be considered a Support Worker.

Essential Caregivers must be designated by the resident or if the resident is unable to do so, the resident's substitute decision-maker. The designation should be made in writing to the home. The necessity of an Essential Caregiver is determined by the resident or the substitute decision maker. Homes should have a procedure for documenting Essential Caregiver designations.

Essential Caregivers must not be denied access to residents if they pass active screening and PPE requirements (e.g., vaccination status should not impact access).

To limit the spread of infection, a resident and/or their substitute decision-maker should only be encouraged to change the designation of their Essential Caregiver in limited circumstances, including in response to:

- a. A change in the resident's care needs that is reflected in the plan of care; and/or
- b. A change in the availability of a designated Essential Caregiver.

3.1.2 General Visitor

A General Visitor is a person who is not an Essential Visitor and visits:

- a. For social reasons (e.g., family members and friends of resident);
- b. To provide non-essential services (may or may not be hired by the home or the resident and/or their substitute decision-maker); and/or
- c. As a prospective resident taking a tour of the home.

3.1.3 Personal Care Service Providers

A Personal Care Service Provider is a person who is not an Essential Visitor and visits to provide non-essential personal services to residents.

Personal Care Services include those outlined under the [Health Protection and Promotion Act](#), such as hair salons and barbershops, manicure and pedicure salons, and aesthetician services that are not being provided for medical or essential reasons.

3.2 Personal Protective Equipment Training and Use

3.2.1 Visitor Training

a) Safety Review – General Visitor and Personal Care Service Provider

Prior to visiting any resident for the first time, and at least once every month thereafter, homes should ask General Visitors and Personal Care Service Providers, regardless of vaccination status, to verbally attest to the home that they have:

- Read/Re-Read the following documents:
 - The home's visitor policy; and
 - Public Health Ontario's document entitled *Recommended Steps: Putting on Personal Protective Equipment (PPE)*.
- Watched/Re-watched the following Public Health Ontario videos:
 - Putting on Full Personal Protective Equipment;
 - Taking off Full Personal Protective Equipment; and
 - How to Hand Wash.

b) Safety Review – Essential Visitors

Prior to visiting any resident in a home declared in outbreak for the first time, the home should provide training to Essential Caregivers and Support Workers who are not trained as part of their service provision or through their employment.

Training must address how to safely provide direct care, including putting on

(donning) and taking off (doffing) required PPE, and hand hygiene. If the home does not provide the training, it must direct Essential Caregivers and Support Workers to appropriate resources from Public Health Ontario to acquire this training.

For homes not in outbreak, prior to visiting any resident for the first time, and at least once every month thereafter, homes must ask Essential Caregivers and Support Workers to verbally attest to the home that they have:

- Read/Re-Read the following documents:
 - The home's visitor policy; and
 - Public Health Ontario's document entitled Recommended Steps: Putting on Personal Protective Equipment (PPE).
- Watched/Re-watched the following Public Health Ontario videos:
 - Putting on Full Personal Protective Equipment;
 - Taking off Full Personal Protective Equipment; and
 - How to Hand Wash.

3.2.2 Personal Protective Equipment

Visitors must wear PPE as required in MOH's COVID-19 Guidance: LTCH/RH for PHUs.

a) Essential Visitors

Support Workers are responsible for bringing their own PPE to comply with requirements for Essential Visitors as outlined in MOH's COVID-19 Guidance: LTCH/RH for PHUs. Retirement homes should provide access to PPE to Essential Caregivers if they are unable to acquire PPE independently, including to medical (surgical/procedure) masks, eye protection (e.g., face shields or goggles) and any additional PPE when providing care to residents who are isolating on Droplet and Contact Precautions. Homes must intervene and reinforce appropriate uses of PPE if improper practices are alleged or observed. Essential Visitors must also follow staff reminders and coaching on proper use of PPE.

b) General Visitors and Personal Care Service Providers

All General Visitors and Personal Care Service Providers must wear a medical mask for indoor visits and are responsible for bringing their own mask. General Visitors are not required to wear a mask while outdoors.

General Visitors and Personal Care Service Providers must attest to having read the documents and watched the videos on PPE, as described in Section 3.2.1.

Homes must intervene and reinforce appropriate uses of PPE if improper

practices are alleged or observed. General Visitors must also follow staff reminders and coaching on proper use of PPE.

3.2.3 Masking

- Homes must ensure that all staff, students, volunteers, and visitors wear a medical mask for the duration of their shift or visit indoors.
- Masks are not required outdoors for staff, residents, students, volunteers, or visitors; however, outdoor masking is still recommended and encouraged where tolerated as an added layer of protection when in close proximity to others.
- While there is no requirement for residents to wear a mask inside of the home, a home's policies must set out that residents must be encouraged to wear or 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 mealtimes), and when receiving a visitor, as tolerated.
- Homes must also have policies for individuals (staff, students, volunteers, visitors, or residents) who have a medical condition that inhibits their ability to wear a mask.
 - Masking requirements set out in this Section (3.2.3) must be applied to social gatherings, organized events, communal dining, recreational activities, and tours under Sections 6 and 7 of this guidance.

3.2.4 Eye Protection

- If an area in a home is in outbreak, eye protection is required when providing direct care to residents. From an occupational health and safety perspective, regardless of their COVID-19 vaccination status, appropriate eye protection (e.g., goggles or face shield) is required for all staff and Essential Visitors when providing care to residents with suspect/confirmed COVID-19 and in the provision of direct care within 2 metres of residents in an outbreak area. In all other circumstances, the use of eye protection is based on the point-of-care risk assessment when within 2 metres of a resident(s).

3.3 Physical Distancing

Homes must ensure that physical distancing (a minimum of 2 metres) is practiced by all individuals at all times, except for the purposes of providing direct care to a resident or when the following **exceptions** apply:

- Between residents and their visitors;
- Between residents in one-on-one or in small group settings;
- For the purposes of compassionate or end-of-life visits; and/or
- While providing personal care services.

Physical distancing requirements set out in this Section (3.3) must be applied to social gatherings, organized events, communal dining, recreational activities, and tours under Sections 6 and 7 of this guidance.

3.4 Access to Homes

Local PHUs may require restrictions on visitors in part or all of the home, depending on the specific situation. The home and visitors must abide by any restrictions imposed by a PHU, which override any requirements or permissions in this guidance if there is a conflict.

Residents who are not isolating may receive Essential Visitors, General Visitors, and Personal Care Service Providers if they are not living in the outbreak area of a home. **Residents who are isolating** under Contact and Droplet Precautions may only receive Essential Visitors.

When a resident is isolating, the home must provide supports for their physical and mental well-being to mitigate any potential negative effects of isolation. This includes individualized mental and physical stimulation that meet the abilities of the individual. Homes should use sector best practices wherever possible.

3.4.1 Essential Visitors

Essential Visitors are **permitted regardless of vaccination status** if they pass active screening.

Essential Visitors may visit a resident who is isolating, but must follow public health measures (e.g., hand hygiene and masking) for the duration of visit.

External Care Providers (ECPs): ECPs are employees, staff or contractors of Home and Community Care Support Services (HCCSS) (formerly Local Health Integration Networks (LHINs)) and provide services to residents. They are considered Essential Visitors to retirement homes and must comply with applicable requirements under MOH's COVID-19 Guidance: LTCH/RH for PHUs and this guidance.

3.4.2 General Visitors

General Visitors are **permitted regardless of vaccination status** if they pass active screening.

General Visitors are permitted unless a resident is isolating and on Droplet and Contact Precautions, or the home is advised by the local PHU to stop general visits (e.g., during an outbreak).

To further limit risk to residents, General Visitors who have symptoms of COVID-19, have tested positive for it or who are close contacts of someone with COVID-19, are required to follow MOH's Public Health Management of Cases and Contacts of COVID-19 in Ontario and COVID-19 Screening Tool for Long-Term Care Home and Retirement Homes.

The number of General Visitors should be based on the capacity of the location where the visit will take place and should allow sufficient space for physical distancing.

For all visits with General Visitors, homes should have the following measures in place:

- Homes should ensure equitable visitor access for those residents who are not isolating;
- Visits should be booked in advance;
- General Visitors must wear a medical mask while indoors, maintain physical distancing, and perform hand hygiene for the entire duration of their visit;
- Residents should be strongly encouraged to wear a mask for the duration of the visit while indoors and must wear a mask while in common areas; and
- Opening windows should be considered for indoor and in-suite visits to allow for air circulation.

3.4.3 Personal Care Service Providers

Personal Care Service Providers who are visiting or working in a retirement home are permitted to provide services in alignment with provincial requirements if they pass active screening

When providing services, Personal Care Service Providers must:

- Follow required public health and IPAC measures for retirement homes;
- Wear a medical mask for the duration of their time at the home;
- Practice hand hygiene and conduct environmental cleaning after each appointment; and
- Document all residents served and maintain this list for at least 30 days to support outbreak management.

The number of Personal Care Service Providers should be based on the capacity of the location where the service will take place and should allow for sufficient space for physical distancing between providers.

3.5 Screening and Testing

3.5.1 Active Screening

Homes should have an established process for active screening that is communicated to anyone entering the home.

Anyone entering the retirement home must be actively screened to be permitted entry including for outdoor visits. Homes must follow the Ministry of Health's COVID-19 Screening Tool for Long-Term Care Homes and Retirement Homes, effective June 11, 2022 or as current, for the minimum active screening requirements and exemptions to them.

Homes should incorporate options for how active screening will be conducted (e.g., prearrival submission of online screening or in person on arrival). Homes may use mobile apps or other tools to facilitate active screening. However, all persons entering the home should be logged and their screening results documented prior to being permitted entry. For example, a staff or visitor may complete an online screening tool and have their results sent electronically to the screener or demonstrate their results to the screener prior to entry.

Any staff or visitor who fails active screening must not be allowed to enter the home, must be advised to follow current [case and contact recommendations](#) and must be encouraged to be tested.

- Visitors are **not permitted access** if they do not pass screening, but homes should have a protocol in place that assesses entry on a case-by-case basis which includes the assurance that resident care can be maintained if entry is refused.

Exemptions to active screening apply to first responders and visitors for imminently palliative residents who are not required to pass screening but must remain masked and maintain physical distance from other residents and staff.

3.5.2 Passive Screening

Homes should post signage that lists the signs and symptoms of COVID-19 for self-monitoring and steps that must be taken if COVID-19 is suspected or confirmed in a staff member, visitor, or residents.

Homes should post signage throughout the home to remind all persons in the home of masking, hand hygiene and respiratory etiquette.

3.5.3 Daily Symptom Assessment of Residents

Homes must ensure that all residents are assessed at least once daily for signs and symptoms of COVID-19, including temperature checks. Homes are strongly

encouraged to conduct symptom assessments more frequently (e.g., at every shift change), especially during an outbreak to facilitate early identification and management of ill residents. This can take place at the same time as routine vital signs check, where applicable.

Homes should be aware that elderly individuals may present with subtle or atypical signs and symptoms of COVID-19. As much as possible, it is important for homes to understand a resident's baseline health and functioning and ensure routine monitoring of their status to facilitate early identification and management of ill residents.

Any resident who presents with signs or symptoms of COVID-19 must be immediately isolated, placed on additional precautions, and tested for COVID-19 as per the Management of Cases and Contacts of COVID-19 in Ontario.

3.5.4 Asymptomatic Testing

As a best practice, homes should consider [RHRA's recommendation](#) on asymptomatic testing released on March 14, 2022. For further clarity, it is not a requirement for retirement homes to implement asymptomatic testing; however, each retirement home may implement an asymptomatic testing policy at the operator's discretion.

3.5.5 Early Return to Work

Retirement homes must follow the requirements and information related to early return to work as set out in MOH's COVID-19 Guidance: LTCH/RH for PHUs.

4 REQUIREMENTS FOR ABSENCES

For all types of absences, residents must be provided with a medical mask free of charge if they are unable to source one and reminded to practice public health measures, such as physical distancing (2 metres separation) and hand hygiene, while they are away from the home. Additionally, all residents on an absence, regardless of type or duration of the absence, must be actively screened upon their return to the home.

4.1 Types of Absences

There are four types of absences:

- 1. Medical absences** – absences to seek medical and/or health care.
- 2. Compassionate/palliative absences** – absences that include, but are not limited to, absences for the purposes of visiting a dying loved one.
- 3. Short term (day) absences** – can be split into:

- i. **Essential outings** – absences for reasons of groceries, pharmacies, and outdoor physical activity; and
- ii. **Social outings** – absences other than for medical, compassionate/palliative, or essential outings.

4. **Temporary (overnight) absences** refer to absences for two or more days and one or more nights away from the home for non-medical purposes.

4.2 Absence Requirements

Absences for medical or compassionate/palliative reasons are the only absences permitted when the resident is in isolation on Droplet and Contact Precautions (due to symptoms, exposure, and/or diagnosis of COVID-19) or when the home is in outbreak. Homes should consult their local PHU for their advice.

Residents are permitted to go on Essential Outings, including walks either on or off the premises, at all times except when that resident is isolating and on Droplet and Contact Precautions, or as directed by the local PHU.

Residents may not be permitted to start Short Term (Day) Absences and Temporary (Overnight) Absences if the resident is isolating on additional precautions, or when advised by public health.

Any resident who has been in close contact with an individual who is positive for COVID-19 or symptomatic following a short-term or temporary absence should be managed as a close contact as per the MOH’s COVID-19 Guidance: LTCH/RH for PHUs.

The table below outlines requirements for Short Term (Day) Absences and Temporary (Overnight) Absences.

Absences	Requirements
Short Term (Day) Absence	<ul style="list-style-type: none"> • Homes must allow short term absences regardless of reason. Public health units may direct restrictions on absences for residents in isolation and on Droplet and Contact Precautions. • Residents must follow public health measures during the absence. • Active screening is required on return. • Testing is not required for residents upon return from a short term (day) absence unless they have been in close contact to a known COVID-19 case.
Temporary (Overnight) Absence	<ul style="list-style-type: none"> • Homes must allow overnight absences regardless of reason. Public health units may direct restrictions on absences for residents in isolation and on Droplet and Contact Precautions.

	<ul style="list-style-type: none"> • Residents must follow public health measures during the absence. • Active screening is required on return. • All residents, regardless of vaccination status, are required to perform a molecular test on day 5 of return. No isolation is required unless the resident receives a positive test result or is symptomatic. If a timely PCR test is not available, 2 RATs 24 hours apart may be used as an alternative (i.e., on day 5 and day 6 of return). • Homes must not deny entry to residents into their home while awaiting testing results and must not impose isolation of residents.
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5 REQUIREMENTS FOR ADMISSIONS AND TRANSFERS

Retirement homes must follow the requirements and information related to admissions and transfers into retirement homes as set out in MOH’s COVID-19 Guidance: LTCH/RH for PHUs.

6 REQUIREMENTS FOR SOCIAL GATHERINGS, DINING AND RECREATIONAL SERVICES

It is strongly recommended that retirement homes keep attendance records for all social activities, organized events, gatherings, communal dining, and other recreational activities to help facilitate outbreak management should there be a positive case of COVID-19.

6.1 Social Gatherings and Organized Events

Social gatherings and organized events include activity classes, performances, religious services, movie nights, and other recreational and social activities (e.g., bingo, games). Social gatherings and organized events are permitted **at all times** unless otherwise advised by the local PHU. Homes are to maintain activities which promote resident strength, mobility, and mental health to mitigate resident health from deteriorating, except for the following restrictions:

All social gatherings and organized events must include the following measures:

- Participants of social gatherings and organized events in the retirement home are subject to the physical distancing and masking requirements set out in this guidance.
- Classes and social activities should be limited to ventilated rooms (e.g., with open windows and HEPA air purifiers).

- The number of participants should be based on the capacity of the location where the activities will take place and should allow sufficient space for physical distancing between participants.

Residents who are in isolation or experiencing signs and symptoms of COVID-19 must not engage in social gatherings or organized events until they have tested negative for COVID-19, are no longer experiencing symptoms and have been cleared from isolation.

Homes must offer residents in isolation individualized activities and social stimulation.

6.2 Communal Dining

Unless otherwise advised by the local PHU, communal dining (including buffet and shared meal service) is permitted **at all times** with the following public health measures in place:

- Participants of communal dining are subject to the physical distancing and masking requirements set out in this guidance.
- Frequent hand hygiene is recommended for staff, residents, and visitors.
- Retirement homes must ensure residents who are experiencing signs and symptoms of COVID-19 do not participate in communal dining until the resident has tested negative for COVID-19, is no longer symptomatic and has been cleared from isolation. This must not interfere with providing a meal during the scheduled mealtime to the resident.

6.3 Other Recreational Services

Homes may operate libraries, saunas, steam rooms, indoor pools, and indoor sport, and recreational fitness facilities, including gyms **at full capacity**. Homes may operate outdoor pools and sport and recreational fitness facilities **at full capacity**.

All recreational service participants are subject to the masking and physical distancing requirements set out in this guidance.

6.4 Requirements for Social Gatherings, Dining and Recreational Services When a Home is in Outbreak

Retirement homes must follow the requirements and information related to group activities, dining, and other social gatherings during an outbreak, as set out in MOH's COVID-19 Guidance: LTCH/RH for PHUs.

7 REQUIREMENTS FOR RETIREMENT HOME TOURS

Prospective residents may be offered in-person, targeted tours of suites at any time. These tours must adhere to the following precautions:

- All tour participants are subject to the General Visitor screening and PPE requirements outlined in this guidance (e.g., active screening, wearing a medical mask, IPAC, maintaining physical distancing).
- All in-person tours should be paused if a home goes into outbreak, unless permitted by the local PHU.

8 ACCESSIBILITY CONSIDERATIONS

Homes are required to meet all applicable laws such as *the Accessibility for Ontarians with Disabilities Act, 2005*.