

# **Minister's Directive: LONG-TERM CARE HOME COVID-19 IMMUNIZATION POLICY**

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Effective July 1, 2021

## Minister's Directive

### LONG-TERM CARE HOME COVID-19 IMMUNIZATION POLICY

This Minister's Directive is issued pursuant to section 174.1 of the [Long-Term Care Homes Act, 2007](#) (the Act), which authorizes the Minister of Long-Term Care to issue operational or policy directives respecting long-term care homes where the minister considers it in the public interest to do so. Every licensee of a long-term care home shall carry out every operational or policy directive that applies to the long-term care home.

This Directive is effective as of **July 1, 2021**.

This Directive sets out requirements related to the establishment, implementation, and reporting on a COVID-19 immunization policy.

## Objectives

Achieving high immunization rates in Ontario's long-term care homes through vaccination is part of a range of measures and actions that can help prevent and limit the spread of COVID-19 in homes. Vaccination against COVID-19 helps reduce the number of new cases, and, most importantly, severe outcomes including hospitalizations and death due to COVID-19 in both residents and others who may be present in a long-term care home.

The objectives of this Directive are to:

- set out a provincially consistent approach to COVID-19 immunization policies in long-term care homes;
- optimize COVID-19 immunization rates in long-term care homes; and
- ensure that individuals have access to information required to make informed decisions about COVID-19 vaccination.

## Definitions

All terms in this Directive have the same meaning as under the Act and Ontario Regulation 79/10 under the Act, unless otherwise defined.

The following definitions apply for the purpose of this Directive:

- **licensee** has the same meaning as under the Act
- **physician** has the same meaning as under the Act

- **registered nurse in the extended class** has the same meaning as under the Act
- **resident** has the same meaning as under the Act
- **staff** has the same meaning as under the Act
- **student placement** means a person working in the long-term care home as part of a clinical placement requirement of an educational program of a college or university, who does not meet the definition of “staff” or “volunteer”
- **substitute decision-maker** has the same meaning as under the Act
- **volunteer** has the same meaning as under the Act

I hereby issue the following Directive with respect to every long-term care home:

## 1. Application of the policy

**1.1.** Every licensee of a long-term care home shall ensure that the policy required under section 2 of this Directive applies to all staff, student placements, and volunteers regardless of the frequency with which they attend the home and regardless of the duration of any period of time they attend the home.

**1.2.** Every licensee of a long-term care home shall ensure that the policy provides staff, student placements, and volunteers up to 30 calendar days counted from the effective date of this Directive for existing staff, student placements, and volunteers or from the first day the individual begins attending the home for the purposes of working, undertaking a student placement, or volunteering to meet the applicable policy requirements set out in section 2.

**1.3.** A licensee of a long-term care home may provide an extension of a reasonable duration to the 30-day allowance set out in section 1.2, on a case by case basis, where the licensee determines that there are unforeseen or extenuating circumstances outside of the control of the individual that impede the individual from meeting the requirements set out in section 2.2

## 2. Required elements of the policy

### Policy on COVID-19 immunization

**2.1.** Every licensee of a long-term care home shall ensure that there is in place a written policy on COVID-19 immunization aimed at supporting education and informed choice about COVID-19 vaccination and shall ensure that the policy is complied with.

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**2.2.** At a minimum, every licensee of a long-term care home shall ensure that the policy on COVID-19 immunization shall provide that the licensee requires all persons to whom the policy applies to select to provide **one of the following**:

(a) Proof of COVID-19 vaccine administration as per the following requirements:

- i. If the individual has only received the first dose of a two-dose COVID-19 vaccination series approved by Health Canada, proof that the first dose was administered and, as soon as reasonably possible, proof of administration of the second dose; or
- ii. If the individual has received the total required number of doses of a COVID-19 vaccine approved by Health Canada, proof of all required doses.

(b) Written proof of a medical reason, provided by either a physician or registered nurse in the extended class, that sets out:

- i. that the person cannot be vaccinated against COVID-19; and
- ii. the effective time period for the medical reason.

(c) Proof that the individual has completed an educational program approved by the licensee that addresses, at a minimum, all of the following:

- i. how COVID-19 vaccines work
- ii. vaccine safety related to the development of the COVID-19 vaccines
- iii. the benefits of vaccination against COVID-19
- iv. risks of not being vaccinated against COVID-19
- v. possible side effects of COVID-19 vaccination

**2.3.** If the effective time period of a medical reason provided pursuant to subsection 2.2 (b)(ii) has expired, every licensee of a long-term care home shall ensure, within 30 days of the medical reason expiring, that the individual provides proof of vaccination in accordance with subsection 2.2(a) or proof that the individual completed an educational program in accordance with subsection 2.2(c).

**2.4.** For individuals who have received the first dose of a two-dose COVID-19 vaccination series and have provided proof per subsection 2.2(a)(i), every licensee of a long-term care home shall consider the person to have met the requirements of the policy until

such time as they are eligible for a second dose. At that time, the licensee shall collect proof of the individual's second dose per subsection 2.2(a), or proof of a medical reason for not receiving it per subsection 2.2(b), or proof that the individual has completed an educational program per subsection 2.2(c). Every licensee of a long-term care home shall have a process in place for following up with individuals who have not yet received a second dose.

**2.5.** Every licensee of a long-term care home shall ensure that the policy clearly sets out the consequences for individuals who do not provide proof per either subsection 2.2(a), 2.2(b), or 2.2(c) and such consequences shall be in accordance with the licensee's human resources policies, collective agreements, and any applicable legislation, directives, and policies.

### **Communication of policy**

**2.6.** Every licensee of a long-term care home shall ensure that the policy on COVID-19 immunization is communicated to all staff, student placements, and volunteers, and a copy of the policy – either in hardcopy or electronic format – is made available to residents and their substitute-decision makers free of charge.

## **3. Statistical information**

**3.1.** Every licensee of a long-term care home shall collect, maintain, and disclose to the Ministry of Long-Term Care, at a minimum on a monthly basis and in a manner set out by the ministry, the following statistical information:

- a. the total number of individuals subject to the long-term care home's policy for the reporting cycle;
- b. the total number of individuals who have submitted the proof as per the requirements in subsection 2.2 broken down by which type of proof was provided; and
- c. for each type of proof per section 3.1(b), the number of individuals who submitted each type of proof who are staff, student placements, or volunteers.

**Notice regarding sharing of statistical information:** The Ministry of Long-Term Care may share any and all statistical information provided by licensees pursuant to this Directive with the Ministry of Health or local public health units at any time.