

**Appendix II. Summary of Key Regulatory Changes and Timelines under the Fixing Long Term Care Act, 2021**

Regulatory Change	Summary	Key Changes in the FLTCA 2021 (compared to the LTCHA 2007)
<b>Regulations Effective April 2022</b>		
<b>Infection Prevention and Control (IPAC)</b>	The new legislation outlines additional requirements for required training and education for designated IPAC leads and outlines specific requirements around minimum hours of IPAC oversight and quality management of IPAC. The Region has 2.5 FTE in the approved budget for IPAC which is not adequate to meet the required minimum hours.	<ul style="list-style-type: none"> <li>• New IPAC standard; each home needs to have an IPAC Lead and interdisciplinary IPAC team</li> <li>• Evaluation of IPAC program and its implementation</li> <li>• Qualifications of the IPAC lead including a three-year timeline for the lead to receive certification</li> <li>• Additional training for staff in IPAC, including signs and symptoms of infectious diseases, respiratory etiquette, what to do if experiencing symptoms of infectious disease, use of personal protective equipment including appropriate donning and doffing, handling and disposing of biological and clinical waste including used personal protective equipment</li> <li>• New responsibilities and minimum onsite hours for IPAC lead</li> <li>• Direct contact information of the IPAC lead must be provided to the local Medical Officer of Health and any IPAC hubs for the home</li> <li>• IPAC training during volunteer orientation to include modes of infection transmission.</li> </ul>
<b>Visitor Policy and Caregiver Definition</b>	The new legislation outlines clear definitions of caregivers and sets out information that must be provided to all visitors. A visitor log is to be maintained for 30 days.	<ul style="list-style-type: none"> <li>• Visitor policy required and minimum content set out including:                             <ul style="list-style-type: none"> <li>○ Required components to include in written policy</li> <li>○ Required information for visitors</li> <li>○ Requires visitor logs to be kept for a minimum of 30 days</li> <li>○ Requires visitor policy to be shared with Residents' Council and Family Council</li> </ul> </li> <li>• New definition of caregiver and essential visitor in section 267 of Reg 246/22 and section 4 of O.Reg 246/22 of the FLTCA</li> <li>• Caregiver access during pandemic and outbreaks, emergency plan communication requirements, IPAC educated requirement and inclusion in experience survey.</li> </ul>
<b>Whistle-blowing Protections</b>	The new legislation offers residents, visitors, caregivers and staff greater protections to disclose concerns that may affect resident	<ul style="list-style-type: none"> <li>• Protections against retaliation now apply to any disclosures made to resident and family councils and any other personnel of the Ministry (there are already protections with respect to reports to inspectors and</li> </ul>

Regulatory Change	Summary	Key Changes in the FLTCA 2021 (compared to the LTCHA 2007)
	care without fear of retaliation.	Director) <ul style="list-style-type: none"> <li>• Prohibition also applies where evidence has been given or may be given in a proceeding</li> <li>• Further protection to residents and families from worrying that raising concerns would affect the care or services a resident receives</li> <li>• A LTC home cannot do anything that discourages someone from making disclosure or encourage someone to fail to make a disclosure</li> <li>• Disclosure may be by any method such as making a complaint to the ministry or by calling the Ministry's action line.</li> </ul>
<b>Complaints</b>	The new legislation includes provisions for all complaints related to any harm of risk to residents to be reported. Complaints alleging risk of harm to a resident must be forwarded immediately to the MLTC Director along with the documented record. The new legislation also outlines the types of incidents that must be reported including outbreaks, environmental hazards, incidents causing injury, and adverse medical reactions.	<ul style="list-style-type: none"> <li>• Homes must provide contact information about Ministry's LTC Family Support and Action Line and Patient Ombudsman to the complainant in response to complaint (Ministry toll-free number for making complaints, contact info for Patient Ombudsman, notification that complaint was forwarded to Ministry where relevant)</li> <li>• Clarification of term "harm" as "including, but not limited to physical harm" (in the context of need for immediate investigation with allegations of "harm" to resident)</li> <li>• Complaints alleging risk of harm to a resident must be forwarded immediately to the Director along with the documented record</li> <li>• Licensee must post information in home about complaints procedure for the home and provide this information to residents at time of admission</li> </ul> Critical incident reporting: <ul style="list-style-type: none"> <li>• Outbreaks of a disease of public health significance must be reported by home to Director (previously was outbreak of reportable disease)</li> <li>• Immediately inform Director of emergencies (including fire, unplanned evacuation and intake of evacuees)</li> </ul>
<b>Residents' Bill of Rights</b>	The new legislation now aligns with the <i>Ontario Human Rights Code</i> . Changes include two additional rights; the right to ongoing and safe support from their caregivers and the right to be provided with care and services based on a palliative care philosophy.	<ul style="list-style-type: none"> <li>• Additions and changes to the Bill, including palliative care and support from caregivers found under section 21 which highlights the ability to attend any meeting with the licensee or staff in the home</li> <li>• New wording to align with the human rights code: that recognizes residents' inherent dignity, worth and individuality, regardless of their race, ancestry, place of origin, colour, ethnic origin, citizenship, creed, sex, sexual orientation, gender identity, gender expression, age, marital</li> </ul>

Regulatory Change	Summary	Key Changes in the FLTCA 2021 (compared to the LTCHA 2007)
		status, family status or disability <ul style="list-style-type: none"> <li>• New wording under section 24 to clarify that residents have the right not to be restrained or confined.</li> </ul>
<b>Compliance and Enforcement</b>	The FLTCA includes new and strengthened compliance and enforcement tools which will be used as part of the MLTC inspection program. If an Inspector or the MLTC Director finds non-compliance, they take into account the scope and severity of the non-compliance, and the compliance history of a licensee to determine the appropriate compliance action(s). New actions and tools include remedied non-compliance for low-risk instances of non-compliance during inspections and increased fines for certain offences and license suspensions. Tools can also include compliance orders, written notifications, orders requiring management and investigations. In the event that an LTC home has their license suspended, the Ministry can take over the operations of a home. The FLTCA also sets out that the MLTC Director or an inspector can issue an administrative monetary penalty if the licensee has not complied with a requirement or compliance order under the FLTCA. The regulations set out how and when administrative monetary penalties will be administered, along with a table setting out specific monetary amounts (see Appendix III). These penalties are a type of enforcement tool intended to encourage compliance and increase accountability for repeated non-compliance.	New compliance and enforcement tools including: <ul style="list-style-type: none"> <li>• Opportunity to remedy non-compliance during inspection, if minimal risk of harm (non-compliance still documented)</li> <li>• Inspectors and Director may issue Administrative Monetary Penalties (AMPs) for non-compliance. The criteria and amounts for the new administrative monetary penalties are laid out in the new regulations</li> <li>• Increased fines for offences including up to \$200,000 for the first offence and up to \$400,000 for a subsequent offence. If convicted, a corporation could face a fine of up to \$500,000 for a first offence and a fine of up to \$1,000,000 for a subsequent offence.</li> <li>• License suspensions—the Ministry or the Director may now suspend a licence and appoint a LTC Home Supervisor to take over the operations of a home.</li> </ul>

Regulations Effective June 2022

Regulatory Change	Summary	Key Changes in the FLTCA 2021 (compared to the LTCHA 2007)
<b>Resident Experience: Air Conditioning</b>	The new Act requires that every licensee of a LTC home have air conditioning in all resident rooms, on or before June 22, 2022.	<ul style="list-style-type: none"> <li>• If a licence for LTC beds is issued after the coming into force of this section and before January 1, 2023 for beds that were not licensed as LTC home beds, immediately before the issuance of the licence, the licensee shall ensure compliance within six months after the date on which the term of the licence begins</li> <li>• Air temperature measurement for every resident room without air conditioning which is once a day in the afternoon between 12 p.m. and 5 p.m.</li> <li>• Increase to HVAC preventive maintenance program (by external vendors) including cost.</li> </ul>
<b>Regulations Effective July 2022</b>		
<b>Resident Experience: Menu Planning</b>	The new legislation includes additions that speak to requirements of homes to provide choice of food items, frequency of meals, food variety and requirements to meet residents' food needs and preferences.	<ul style="list-style-type: none"> <li>• Language changes have been made pertaining to the home's menu cycle: a minimum of one entrée and side dish at all three meals and dessert at lunch and dinner; a choice of other available entrées and side dishes at all three meals and a choice of other desserts at lunch and dinner, to meet residents' specific needs or food preferences; variety of foods every day, including fresh produce and local foods in season</li> <li>• Each menu cycle, at a minimum, must be evaluated by the nutrition manager and registered dietitian who are members of staff of the home. The approval by the registered dietitian must now also take into consideration residents' preferences. The licensee shall ensure that a written record is kept of the evaluation (by at a minimum, the nutrition manager and registered dietitian) that includes the date of the evaluation, the names of the persons who participated in the evaluation, a summary of the changes made and the date that the changes were implemented</li> <li>• The licensee shall ensure that meals and snacks are served at times agreed upon by the Residents' Council and the Administrator or the Administrator's designate. The new regulations have also added that water, alongside food and beverages appropriate for the residents' diets, are accessible to staff and available to residents on a 24-hour basis.</li> </ul>
<b>Quality</b>	The new legislation sets out requirements for	<ul style="list-style-type: none"> <li>• Requirement of designated lead for quality improvement</li> </ul>

Regulatory Change	Summary	Key Changes in the FLTCA 2021 (compared to the LTCHA 2007)
<b>Improvement</b>	LTC homes to establish an interdisciplinary quality improvement program, report on and develop continuous quality improvement initiatives co-ordinated by a designated lead and prepare an interim report on CQI initiatives for the home. The new regulations also outline requirements for a continuous quality improvement committee to monitor and report on quality improvement efforts.	<ul style="list-style-type: none"> <li>• Every licensee of a LTC home shall, within three months of the coming into force of this section, prepare an interim report for the 2022-2023 fiscal year. The interim report prepared must:                             <ul style="list-style-type: none"> <li>(a) be published on the home's website</li> <li>(b) be provided to the Residents' Council and Family Council, if any; and</li> </ul>                             include:                             <ul style="list-style-type: none"> <li>○ the name and position of the designated lead for the continuous quality improvement initiative,</li> <li>○ a written description of the home's priority areas for quality improvement, objectives, policies, procedures and protocols for the continuous quality improvement initiative,</li> <li>○ a written description of the process used to identify the home's priority areas for quality improvement, and</li> <li>○ a written description of a process to monitor and measure progress, identify and implement adjustments, and communicate outcomes for the home's priority areas for quality improvement</li> </ul> </li> </ul>
<b>Emergency Planning</b>	The new legislation expands the type of emergencies covered in the regulations and requires LTC homes to update their plans to address outbreaks and communicable diseases (i.e. pandemics or epidemics). LTC homes are required to prepare attestations to show compliance with the requirements for emergency plans.	<ul style="list-style-type: none"> <li>• Requirement that every licensee must record emergency plans in writing, make plans available on its website, and make physical copies available upon request</li> <li>• In developing and updating their plan, the licensee must consult with entities that may be involved in or provide emergency services in the area where the home is located (e.g., agencies, health service providers, etc.) as well as Residents' Councils and Family Councils (if any)</li> <li>• Types of emergencies have been expanded in the regulations</li> <li>• Additional requirements related to outbreaks of communicable diseases or a disease of public health significance, epidemics and pandemics must be included in the emergency plan</li> <li>• The local medical officer of health or their designate must be invited to participate in developing, updating, evaluating, testing and reviewing the emergency plan related to various types of outbreaks</li> <li>• Additional criteria the emergency plans must contain</li> <li>• Some plans must be tested yearly, and others every three years</li> <li>• Emergency plans are to be evaluated and updated within 30 days of the</li> </ul>

Regulatory Change	Summary	Key Changes in the FLTCA 2021 (compared to the LTCHA 2007)
		<p>emergency being declared over</p> <ul style="list-style-type: none"> <li>• Planned evacuations must take place at least once every three years, and licensees must keep a record of the test and any changes made to improve the plan</li> <li>• Every licensee of a LTC home shall ensure that the home has access to reliable communications equipment, including for the purpose of obtaining emergency assistance, at all times including in the event of a power outage</li> <li>• Staff, volunteers and students must be trained on the emergency plans before performing their responsibilities, and at least annually thereafter</li> <li>• Licensees are required to prepare an attestation attesting to their compliance with section 90 (Emergency Plans) of the FLTCA and maintain a record of every attestation</li> <li>• If current emergency plan complies with previous LTCHA, home is deemed to meet requirements under FLTCA for 3 months, after which must meet new emergency plan requirements</li> </ul>
<b>Screening Measures</b>	<p>The new legislation sets out enhanced screening requirements for staff, volunteers and any member of a licensee's board of management or governing structure such as Regional Council. These screening measures ensure that those working in or accountable for LTC homes and caring for residents do not have any offences or history of professional misconduct that could put a resident's safety at risk.</p>	<ul style="list-style-type: none"> <li>• Enhanced screening requirements for staff, volunteers, and members of the licensee's board of directors, its board of management, or committee of management or other governing structure. This includes hiring staff, accepting volunteers, establishing and maintaining relationships with members of a licensee's board of directors, its board of management or committee of management, or other governing structure based on offences against vulnerable individuals, and acts of professional misconduct by a regulated professional</li> <li>• Records for volunteers and board members who have responsibilities at more than one home must be kept at each home (like staff currently)</li> <li>• Individuals hired during a pandemic must be screened in accordance with the requirements for police record checks within three months of being hired or accepted as a volunteer</li> </ul>
<b>Public Website</b>	<p>LTC homes are now required to include comprehensive details about their homes' emergency plans on their public website as per the new legislation.</p>	<ul style="list-style-type: none"> <li>• The following items (at a minimum) are to be included on the home's public website:                         <ul style="list-style-type: none"> <li>(a) the physical address of the LTC home;</li> <li>(b) the approximate number of licensed beds at the home;</li> <li>(c) direct contact information, including a telephone number and email</li> </ul> </li> </ul>

Regulatory Change	Summary	Key Changes in the FLTCA 2021 (compared to the LTCHA 2007)
		address that are monitored regularly for, (i) the licensee or a senior officer of the licensee or, in the case of a municipal home or a First Nations home approved under Part IX of the Act, a person who is on the committee of management, (ii) the Administrator, (iii) the Director of Nursing and Personal Care, and (iv) all infection prevention and control leads for the home; (d) the Ministry's toll-free telephone number for making complaints about homes; (e) the current report required under subsection 168 (1); (f) the current version of the emergency plans for the home as provided for in section 268; (g) the current version of the visitor policy made under section 267; and (h) on the homepage of the website, clear, comprehensible and prominent disclosure that the LTC home does not have air conditioning available in resident bedrooms, where applicable
<b>Care Conference</b>	The new legislation requires that LTC homes provide residents with a care conference when admitted or at regular intervals (annually).	<ul style="list-style-type: none"> <li>A licensee shall ensure that a care conference, as required by subsection (1), is held within three months of Ontario Regulation 95/20 (Streamlining Requirements for Long-Term Care Homes) made under the Reopening Ontario (A Flexible Response to COVID-19) Act, 2020 ceasing to be in force, if no care conference has been held since the resident was admitted or if a resident's last care conference was conducted more than one year prior to the date of that Regulation ceasing to be in force.</li> </ul>
<b>Annual Physical Exam</b>	The new legislation requires LTC homes to ensure residents receive their annual physical examination.	<ul style="list-style-type: none"> <li>A licensee shall ensure that the annual physical examination required under clause (1) (a) is held within three months of Ontario Regulation 95/20 (Streamlining Requirements for Long-Term Care Homes) made under the Reopening Ontario (A Flexible Response to COVID-19) Act, 2020 ceasing to be in force, if an annual physical examination had not been held in the year before the ceasing to be in force</li> </ul>
<b>Regulations effective October 2022</b>		
<b>Medical Directors Training</b>	The new legislation specified changes to medical director training requirements.	<ul style="list-style-type: none"> <li>New responsibility regarding oversight of resident clinical care</li> <li>Required content in written agreement</li> </ul>

Regulatory Change	Summary	Key Changes in the FLTCA 2021 (compared to the LTCHA 2007)
<p><b>Program Requirements - Palliative Care</b></p>	<p>The new legislation outlines new requirements where LTC homes ensure that a resident's palliative care needs are met, including ensuring that a resident's substitute decision-makers are made aware of care options and the resident's care needs.</p>	<p>Section 61 of the new regulations highlights the following requirements for palliative care:</p> <ul style="list-style-type: none"> <li>• End-of-life care is now in effect</li> <li>• Additional palliative care requirements in effect in 6 months</li> <li>• Every licensee of a LTC home shall ensure that a resident's palliative care needs are met in accordance with this section</li> <li>• The licensee shall ensure that the interdisciplinary assessment of the resident's palliative care needs for their plan of care considers the resident's physical, emotional, psychological, social, cultural, and spiritual needs</li> <li>• The licensee shall ensure that the resident, the resident's substitute decision-maker, if any, and any other person or persons designated by the resident or their substitute decision-maker are provided with an explanation of the palliative care options that are available based on the assessment of the resident's palliative care needs, which may include, but are not limited to, early palliative care and end-of-life care</li> <li>• The licensee shall ensure that, based on the assessment of the resident's palliative care needs, the palliative care options made available to the resident include, at a minimum,                         <ul style="list-style-type: none"> <li>(a) quality of life improvements;</li> <li>(b) symptom management;</li> <li>(c) psychosocial support; and</li> <li>(d) end-of-life care, if appropriate</li> </ul> </li> <li>• For greater certainty, the licensee shall ensure that the resident's consent is received pursuant to section 7 of the Act before taking any actions set out in this section and before palliative care is provided to the resident</li> </ul>
<p><b>Continuous Quality Improvement Committee</b></p>	<p>The new legislation specifies requirements of a new continuous quality committee and its composition.</p>	<p>Section 166 of the new regulations highlights the makeup of the continuous quality improvement committee, as well as their responsibilities: The continuous quality improvement committee shall be composed of at least the following persons:</p> <ol style="list-style-type: none"> <li>1. The home's Administrator</li> <li>2. The home's Director of Nursing and Personal Care</li> <li>3. The home's Medical Director</li> <li>4. Every designated lead of the home</li> <li>5. The home's registered dietitian</li> </ol>



Regulatory Change	Summary	Key Changes in the FLTCA 2021 (compared to the LTCHA 2007)
		<ol style="list-style-type: none"> <li>6. The home's pharmacy service provider, or where the pharmacy service provider is a corporation, a pharmacist from the pharmacy service provider</li> <li>7. At least one employee of the licensee who is a member of the regular nursing staff of the home</li> <li>8. At least one employee of the licensee who has been hired as a personal support worker or provides personal support services at the home and meets the qualification of personal support workers referred to in section 52</li> <li>9. One member of the home's Residents' Council</li> <li>10. One member of the home's Family Council, if any</li> </ol> <p>(3) Every continuous quality improvement committee has the following responsibilities:</p> <ol style="list-style-type: none"> <li>1. To monitor and report to the LTC home licensee on quality issues, residents' quality of life, and the overall quality of care and services provided in the LTC home, with reference to appropriate data</li> <li>2. To consider, identify and make recommendations to the LTC home licensee regarding priority areas for quality improvement in the home</li> <li>3. To coordinate and support the implementation of the continuous quality improvement initiative, including but not limited to, preparation of the report on the continuous quality improvement initiative</li> </ol> <p>(4) The licensee is not required to comply with subsection (1) until six months after the coming into force of this section.</p>
<p><b>Written Agreement for Medical Director to Complete Training within 12 Months</b></p>	<p>The new legislation outlines training requirements for medical directors as well as additions to their responsibilities and duties.</p>	<p>The new regulations (251) for medical directors highlight new training requirements and minimum hours of work. There are also a few additions to their responsibilities and duties. The changes are highlighted below:</p> <ul style="list-style-type: none"> <li>• The Ontario Long Term Care Clinicians' Medical Director course within 12 months after the Medical Director first begins to perform their duties and responsibilities or, if the Medical Director was the Medical Director of the home when this section comes into force, within 12 months after this section comes into force, and ii. such other training as is specified in the agreement, within the time period specified in the agreement</li> </ul>

Regulatory Change	Summary	Key Changes in the FLTCA 2021 (compared to the LTCHA 2007)
		<ul style="list-style-type: none"> <li>• The minimum number of hours the Medical Director is required to spend on-site at the home for each month and the specific duties the Medical Director must perform onsite, as required by the licensee</li> <li>• The responsibilities and duties that have been added to the new regulations are: Advising on and approving clinical policies and procedures; communicating relevant medical policies and procedures to attending physicians and registered nurses in the extended class; attendance in interdisciplinary committees and quality improvement activities; and providing oversight of resident clinical care in the home.</li> </ul>
<b>Police Record Checks for Members of Governing Structure</b>	The new legislation outlines screening measures including police record checks and signed declarations for members of the governing structure of homes.	<ul style="list-style-type: none"> <li>• Additional offences subject to screening</li> <li>• Police checks for staff and volunteers hired during pandemic required within 3 months of April 11, 2022</li> <li>• New screening requirements for directors and members of committee or board of management, including elected officials (delayed implementation)</li> <li>• Limitation period for screening for certain charges and convictions (5 years back)</li> <li>• Section 256 of the regulations speaks to screening measures for members of the licensee's board of directors, its board of management or committee of management or other governing structure. The following additions have been highlighted by the Ministry of Long-Term Care:                         <ul style="list-style-type: none"> <li>(3) The police record check must be,                                 <ul style="list-style-type: none"> <li>(a) conducted by a police record check provider within the meaning of the Police Record Checks Reform Act, 2015; and</li> <li>(b) subject to subsection (4), conducted within six months before the person becomes a member of the licensee's board of directors, its board of management or committee of management or other governing structure.</li> </ul> </li> <li>(4) Where a person will become a member of the licensee's board of directors, its board of management or committee of management or other governing structure as a result of their election under the Municipal Elections Act, 1996, the person must provide a police record check in accordance with this section that was conducted no earlier than six months prior to the date their term of office begins and no later than one month after their term of office begins.</li> </ul> </li> </ul>

Regulatory Change	Summary	Key Changes in the FLTCA 2021 (compared to the LTCHA 2007)
		<p>(5) The police record check must be a criminal record check referred to in paragraph 1 of subsection 8 (1) of the Police Record Checks Reform Act, 2015, and be conducted to determine the person's suitability to be a member of the licensee's board of directors, its board of management or committee of management or other governing structure.</p> <p>(12) The licensee of a long-term care home shall require every person who was a member of the licensee's board of directors, its board of management or committee of management or other governing structure on the day this section came into force to provide the licensee, within six months after this section came into force, with a police record check that complies with subsections (3), (4) and (5), as applicable, and shall keep the result of the check accordance with the requirements in section 281.</p> <p>(14) Subsection (11) does not apply with respect to a person who, six months after this section came into force, is no longer a member of the licensee's board of directors, its board of management or committee of management or other governing structure</p>
<b>Transition for Minimum Staffing Hours</b>	The new legislation increases the hours of direct care provided by registered nurses (RNs), registered practical nurses (RPNs) and personal support workers (PSWs).	<ul style="list-style-type: none"> <li>• Transitional — minimum staffing hours                      389. (1) Subject to subsection (2), a licensee is not required to comply with requirements in the Act and this Regulation respecting minimum staffing hours until six months after the coming into force of this section, as long as all care requirements associated with the position are met</li> </ul>
<b>Regulations effective April 2023</b>		
<b>Requirements related to the Administration of Drugs to a Resident by Certain Authorized Persons</b>	The new legislation outlines changes to requirements for authorized staff to administer drugs to residents.	<p>Regulation 140 in the new regulations has the following changes:</p> <ul style="list-style-type: none"> <li>• Language has changed from "his or her" in the past regulations to "them" in the new regulations</li> <li>• This clause has been added to the end of the regulations: 10) A licensee is not required to comply with the requirements in subsection (3) related to the administration of drugs until 12 months after the coming into force of this section, as long as, where the administration involves the performance of a controlled act set out in subsection 27 (2) of the Regulated Health Professions Act, 1991, the person administering the drug is authorized to perform the controlled act under the relevant health profession Act</li> </ul>

Regulatory Change	Summary	Key Changes in the FLTCA 2021 (compared to the LTCHA 2007)
<b>Transition for Staff Qualifications</b>	The new legislation clarifies staffing requirements such as the roles and responsibilities of medical directors. The LTC home is responsible to keep records and report on this requirement.	<ul style="list-style-type: none"> <li>Section 388 of the regulations is a new section that discusses the requirement for members of staff having to meet qualifications within 12 months of the regulations coming into force. A licensee must also keep records of all staff to whom this section of the regulation applies and provide statistical information respecting the situation to the Director monthly or upon request</li> </ul>
<b>Regulations effective April 2025</b>		
<b>Qualification Requirements for the IPAC Lead</b>	The new legislation specifies qualification requirements for the IPAC lead (where IPAC leads will need to be compliant with requirements by April 2025).	<ul style="list-style-type: none"> <li>Section 102 of the new regulations discusses the qualification requirements for the IPAC Lead, which include current certification in infection control from the Certification Board of Infection Control and Epidemiology. The IPAC Lead will have to meet this qualification by April 2025 (three years from the regulations coming into force)</li> </ul>

**Overview of implementation timeline:**

<b>APRIL 2022</b>	<b>JUNE 2022</b>	<b>JULY 2022</b>	<b>OCTOBER 2022</b>	<b>APRIL 2023</b>	<b>APRIL 2025</b>
<b>Residents' Bill of Rights</b>	<b>Resident Experience: Air Conditioning</b>	<b>Resident Experience: Menu Planning</b>	<b>Medical Directors</b>	<b>Requirements related to the Administration of Drugs to a Resident by Certain Authorized Persons</b>	<b>Qualification Requirements for the IPAC Lead</b>
<b>Complaints</b>		<b>Quality Improvement</b>	<b>Program Requirements - Palliative Care</b>	<b>Transition for Staff Qualifications</b>	
<b>Whistle-blowing Protections</b>		<b>Emergency Planning</b>	<b>Continuous Quality Improvement Committee</b>		
<b>Visitor Policy and Caregiver Definition</b>		<b>Screening Measures</b>	<b>Written Agreement for Medical Director to Complete Training within 12 Months</b>		
<b>Compliance and Enforcement</b>		<b>Public Website</b>	<b>Police Record Checks for Members of Governing Structure</b>		
<b>Infection Prevention and Control</b>		<b>Care Conference</b>	<b>Transition for Minimum Staffing Hours</b>		
		<b>Annual Physical Exam</b>			