

**Ontario Enhancing COVID-19 Protections for Long-Term Care
Residents, Families and Staff
Top Q&As
June 12, 2020**

1. In a campus of care, can staff go into more than one building and share common spaces with different facilities?

In accordance with Directive #3 and associated guidance documents, homes should be undertaking activities to limit the potential for the spread of COVID-19, including cohorting and other infection prevention and control practices, including universal masking.

2. Who determines which staff are critical to work even if they test positive for COVID-19?

As per Directive #3, issued by the Chief Medical Officer of Health, on May 23, 2020, staff who have tested positive and are symptomatic cannot attend work.

In exceptional circumstances where clinical care would be severely compromised without additional staffing, an earlier return to work of a COVID-19 staff member may be considered under work self-isolation recognizing the staff may still be infectious.

Work self-isolation means maintaining self-isolation measures outside of work for 14 days from symptom onset (or 14 days from positive specimen collection date if consistently asymptomatic) to avoid transmitting to household members or other community contacts.

While at work, the staff member should adhere to universal masking recommendations, maintain physical distancing (remaining greater than 2m/6 ft from others) except when providing direct care, and performing meticulous hand hygiene. These measures at work are required to continue until non test based clearance (or test based clearance is required by employer/Occupational Health and Safety).

The staff member should ideally be cohorted to provide care for COVID-19 positive residents if possible. The staff member on work-self isolation should not work in multiple locations.

For details related to work self-isolation, refer to the Ministry of Health's [COVID-19 Quick Reference Public Health Guidance on Testing and Clearance](#), May 28, 2020, or as amended, and the Public Health Ontario document, [How to Self-Isolate While Working](#), March 25, 2020, or as amended.

3. Is the directive to test staff mandatory or voluntary? If it is mandatory, what does a home do with staff who refuse to be tested?

As part of the COVID-19 Action Plan for Protecting Long-Term Care Homes, Ontario has taken aggressive action to increase testing in the province's long-term care homes. Ongoing proactive surveillance testing, including testing of all residents and staff regardless of symptoms, is underway to understand the status of COVID-19 and inform additional measures at individual long-term care homes.

If staff refuse to be tested, the LTC home should notify the local medical officer of health. A staff person who has or may have COVID-19 could be ordered by the local medical officer of health, under the Health Promotion and Protection Act, to be examined by a physician and tested by that physician for purposes of determining whether or not they have a communicable disease (COVID-19).

4. What should homes do with residents who go into hospitals and stay there beyond 30 days because they are now not allowed back into the home due to outbreak or lack of isolation room?

Residents who are in hospital on a medical leave that exceeds 30 days cannot be discharged from the long-term care home if they are unable to return to the home because of an outbreak.

During an outbreak, all admissions and re-admissions are stopped. Once the home is cleared from an outbreak, re-admissions from hospital to a long-term care home must be tested for COVID-19 and receive negative results not more than 24 hours before entering/being transferred to the home. A negative result does not rule out the potential for incubating illness and all

new and returning residents must remain in isolation under Droplet and Contact Precautions for a 14-day period following arrival, and the receiving home must have a plan to ensure this occurs.

If the admission/re-admission procedures highlighted above are met, in accordance with Directive #3 released on May 23, 2020, re-admission into the home should be expedited due to the recent amendments to Ontario Regulation 79/10 (Regulation) under the Long-Term Care Homes Act, 2007 (LTCHA).

5. Do homes have to ensure they continue to do quarterly medical reviews?

Long-term care homes must continue to ensure compliance with the current requirement in the Ontario Regulation of the *Long-Term Care Homes Act* that indicates every resident in a long-term care home must have their drug regime reassessed and documented at least quarterly.

Additionally, the government is providing emergency funding to support long-term care homes with increased operational costs related to staffing, supplies, and equipment to help maintain the health and safety of long-term care home residents and staff. Individual care plans should be developed by medical practitioners and care teams in the long-term care home in consultation with the resident and family when possible.

6. If pharmacists have to do the medical reviews, do they have to sign it and file them away?

Long-term care homes will need to develop a process with their pharmacist/pharmacy service provider to ensure compliance with the current requirement in the Ontario Regulation of the *Long-Term Care Homes Act* that indicates that a drug record must be established, maintained and kept in the home for at least two years.

7. Are there directions for housing for long-term care healthcare workers?

The ministry intends to continue to provide flexibility for long-term care operators to use available funding to support their efforts and costs related to preventing and containing the spread of COVID-19 in their respective long-

term care homes. The government committed to \$243 million in emergency funding to financially support the necessary incremental expenditures of long-term care homes to prevent and contain COVID-19 and is not limited to specific expenditure categories. Potential uses of this funding may include:

- The incremental costs of increasing the hours of part-time staff in order to enable them to work in one home only.
- The costs of providing hotel accommodation to some staff to assist them in reducing travel or exposure to families.
- Incremental costs of screening, staff and equipment associated with prevention and containment.
- Any other incremental expenditures required for the rapid response to prevent and contain COVID-19 in a long-term care home.

8. Is it possible to decrease the reporting time for COVID-19 test results for long-term care homes?

Ontario has a provincewide network of more than 20 laboratory sites working in coordination to further increase capacity and test turn-around times for COVID-19 testing.

Ontario continues to lead large Canadian provinces in daily testing volumes, and to date, has completed over 700,000 tests

On May 28, 2020, Ontario released the next phase of the province's COVID-19 testing plan, Protecting Ontarians Through Enhanced Testing, which includes targeted campaigns for detecting and containing cases by expanding asymptomatic surveillance for vulnerable populations, including in long-term care homes and other shared living spaces like shelters and group homes.

The campaigns will include testing of symptomatic and asymptomatic residents and frontline staff in long-term care and retirement homes, as well as those working with priority populations, including first responders, essential workers and other workplaces as the economy gradually reopens.

The strategy also includes a focus on outbreak management, and will include rapid testing in response to a declaration of an outbreak in a specific

neighbourhood, region or institution such as a long-term care home. Under this initiative, the province will rapidly deploy agile testing resources, such as mobile testing units, to contain any spread and protect communities across Ontario.

9. Would maintenance staff, physical and occupational therapists, activation aides, interpreters for First Nations and dietitians be covered for the \$4 per hour pandemic pay?

There are about 100,000 full-time, part-time, casual, clinical, and support staff working on site at long-term care homes who are eligible for the pandemic pay premium.

This includes personal support workers, activity assistants, health care aides, nurses, nurse practitioners, occupational therapists, physiotherapists, dietitians, social workers, and restorative aides, among other clinical staff. In addition, all support staff will be eligible. Support staff includes janitorial, meal prep staff and other support staff, including maintenance staff, who may not work directly with residents but are essential for a long-term care home to function.

Agency staff that come to work in a long-term care home to provide services such as nursing, personal support, occupational therapy and physiotherapy, and dietetics will be eligible for the same pay increase as employees of long-term care homes.

10. How is local travel defined in the new screening tool?

As per the COVID-19 Patient Screening Guidance Document – Version 3.0, the reference to travel in the regular screening questions, as of May 17, 2020, is:

- Did the person have close contact with anyone who travelled **outside of Ontario** in the past 14 days.

11. Rural areas are still struggling with access to childcare. Is there any way to fund rural community long-term care workers to support them in obtaining private childcare?

During this unprecedented situation, we need to do everything we can to ensure our health care and other frontline staff have the support they need to continue to work. Staff working in long-term care homes have been eligible since the first phase of Ontario's emergency child care plan. We continue to work closely with municipalities and First Nations who are best positioned to meet the needs of their communities.

In addition to child care centres approved to provide emergency care for frontline workers, home-based child care (licensed and unlicensed) continues to be an option for parents who need care, as the emergency closure order does not apply to home-based child care settings.

Any child care setting currently operating (home child care or emergency child care) must adhere to local public health requirements, including enhanced cleaning protocols and limiting the number of people allowed on the premises.

We recognize the significant impact the COVID-19 pandemic has had on families. The federal government has announced supports for businesses and individuals related to COVID-19. More details on all federal supports in Canada's COVID-19 Economic Response Plan can be found at:

<https://www.canada.ca/en/department-finance/economic-response-plan.html>.

Ontario is also offering a number of supports, including financial support for basic needs and the Support for Families program. For more information, please visit: <https://www.ontario.ca/page/covid-19-support-people> and <https://www.ontario.ca/page/get-support-families>.

The government understands how critical child care is to getting the economy on track. As part of Ontario's plan for re-opening the province, the government is committed to cautiously and safely re-opening the child care system.

12. Will a home's funding be penalized if they have no COVID-19 cases but are unable able to maintain the 97 per cent occupancy rate because of hospital transfer restrictions?

No, occupancy targets have been suspended for this year so there will be no penalty.