

FREQUENTLY ASKED QUESTIONS
STAFF, STUDENT AND VOLUNTEER COVID-19 TESTING IN LONG-TERM HOMES
Effective: January 8, 2021

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COVID-19 TESTING REQUIREMENTS

Q1. Who must be tested for COVID-19?

As per the Minister's Directive: *COVID-19: Long-Term Care Home Surveillance Testing and Access to Homes* (Minister's Directive) effective January 8, 2020, all staff, students and volunteers working in long-term care homes must be tested regularly, unless they have previously tested positive for COVID-19 (see question 5). The health and safety of individuals in long-term care homes must continue to be a top concern during the COVID-19 pandemic. This includes protecting individuals from exposure to infectious diseases at work.

The testing requirements in the Minister's Directive include all individuals working in long-term care homes who are:

- Staff as defined in the *Long-Term Care Homes Act, 2007*
- Volunteers as defined in the *Long-Term Care Homes Act, 2007*
- Students, meaning any person working in the long-term care home as part of a clinical placement requirement of an educational program of a college or university, and who does not meet the definition of "staff" or "volunteer" under the *Long-Term Care Homes Act, 2007*.

Q2. Who is considered staff?

Under the *Long-Term Care Homes Act, 2007*, "staff", in relation to a long-term care home, means persons who work at the home:

- as employees of the licensee,
- pursuant to a contract or agreement with the licensee, or
- pursuant to a contract or agreement between the licensee and an employment agency or other third party.

Q3. How often must staff, students and volunteers be tested?

Long-term care home licensees are required to conduct frequent COVID-19 testing of staff, student placements and volunteers in accordance with the protocols and frequency described in the Ministry of Health's [COVID-19 Provincial Testing Guidance](#). For the duration of the Provincewide Shutdown, long-term care home licensees are required to conduct testing frequency appropriate to the grey zone.

For individuals who have previously tested positive for COVID-19, see question 5.

Q4. If a staff, student or volunteer has already received a negative test result for COVID-19, do they need to be retested?

Yes, staff, students and volunteers must be retested, unless they have previously tested positive for COVID-19 and the exception for previous laboratory confirmed COVID-19 applies (see question 5). Ongoing testing of all staff, students and volunteers in long-term care homes will help provide a safe environment in the home.

Testing is done at a point in time. Existing literature indicates that the incubation period (the time from exposure to development of symptoms) of COVID-19 ranges from two to 14 days. Re-testing is necessary because the virus may not have been detectable when the person was originally tested. In addition, the person may have come into contact with another person (who was symptomatic or asymptomatic) with the virus in the time after the earlier test.

Q5. If an individual previously tested positive for COVID-19, should they be tested again?

An individual who has previously had laboratory-confirmed COVID-19 AND was cleared by the local PHU, should generally not be re-tested for surveillance purposes due to persistent shedding. Previously cleared individuals should continue to follow public health guidance for COVID-19 prevention, including self-isolating after high risk exposures to cases.

Re-testing after clearance should generally only be done with new onset of symptoms of COVID-19, and can be considered if there is exposure to a confirmed case of COVID-19 or in an outbreak and/or at the direction of the local PHU.

Individuals who have previously been infected with and recovered from COVID-19 should not undergo antigen testing.

Q6. How can long-term care homes determine that a person who has previously tested positive for COVID-19 has been cleared by the local public health unit?

A long-term care home should:

1. Ask the individual to demonstrate proof of their past positive COVID-19 test result.
2. Ensure that more than 10 days have passed since the date the test was administered.
3. Ask the individual to verbally attest that:
 - a. They have completed their isolation period as directed by a local public health unit; and,
 - b. Since completing their isolation period, they have not been identified as a COVID-19 case or a contact by the local public health unit.

Q7. If an individual has been vaccinated for COVID-19, do they still need to be tested prior to visiting a long-term care home?

Yes, the testing requirements of the Minister's Directive continue to apply to individuals who have been vaccinated, in addition to continuing to follow public health measures including masking, physical distancing, hand hygiene, and symptom screening. This includes active screening on entry to the LTC home for symptoms and exposures for COVID-19, including temperature checks, attesting to not be experiencing any of the typical and atypical symptoms of COVID-19 (in accordance with Directive #3).

Q8. What type of test for COVID-19 can be done?

COVID-19 testing can be done using a validated real-time polymerase chain reaction (PCR) assay laboratory test or a rapid point-of-care antigen screening test (e.g., Panbio™).

Rapid antigen testing is used for screening purposes of asymptomatic individuals only and should NOT be used for diagnosis of acute COVID-19 infection.

Any individual who is symptomatic or a contact of a confirmed case should be directed to their healthcare provider, to an assessment centre, or participating licensed community lab to seek PCR testing

If an outbreak is declared in a home, the surveillance testing requirements in the Minister's Directive do not apply; and homes must comply with all Chief Medical

Officer of Health directives pertaining to outbreaks and follow directions from the local public health unit.

Q9. Can Panbio rapid antigen testing be used for asymptomatic individuals in outbreak homes?

Rapid antigen tests are intended to be used as a screening tool in order to quickly identify asymptomatic individuals who may be positive for COVID-19. It is another layer of screening on top of the daily symptom screening that all individuals must complete prior to being admitted entry into the home.

When diagnosing infections, it is important to use the best available test to accurately identify infected and non-infected individuals to facilitate timely diagnosis and management. The best available test for diagnosing acute infection of COVID-19 is the lab-based PCR testing, which is the most accurate and reliable test available. While the PanBio rapid antigen test is suitable for screening purposes of asymptomatic individuals, it is NOT to be used for diagnosis of acute COVID-19. The PanBio rapid antigen test can miss infected individuals ("false negative" results, i.e. people who truly have the infection test negative on the antigen test) when compared with lab-based PCR tests. In order to reduce the chances of a false negative serial PanBio tests are recommended.

Where a long-term care home is in an outbreak, antigen testing may only be used on asymptomatic individuals working solely in non-outbreak areas of the LTCH, and if they are tested at least 3 times per week. The local public health unit should be consulted on the appropriate testing approach for homes in outbreak.

Q10. Is the rapid antigen test replacing the lab-based PCR test to diagnose presence of COVID-19 infection?

No. Rapid antigen testing is used for screening purposes of asymptomatic individuals only and should NOT be used for diagnosis of COVID-19 infection.

A positive result on a rapid antigen test is considered a preliminary positive and should be followed up with a laboratory-based PCR test to act as a confirmatory test, as per [Provincial Testing Guidance](#).

All individuals who receive a preliminary positive result on the rapid antigen test should immediately self-isolate, while they seek and wait for the results of their confirmatory laboratory-PCR test.

Similarly, an individual who receives a negative antigen test result should be reminded of the possibility that the result may be inaccurate. Long-term care homes should reinforce the mandated COVID-19 infection prevention and control measures, such as appropriate distancing, use of PPE, and hand washing, to reduce the risk of infection.

Q11. What changes have been made to the Minister's Directive COVID-19: *Long-Term Care Home Surveillance Testing and Access to Homes*?

Rapid antigen testing has been added to the Minister's Directive as an acceptable test and additional screening tool for early detection of COVID-19.

Rapid antigen testing is used for screening purposes only and should NOT be used for diagnosis of COVID-19 infection and does not replace public health measures such as symptom screening, physical distancing, masking and hand hygiene. For individuals who receive a positive test result from a rapid antigen test, see question 26.

SWABS AND TESTING KITS

Q12. What type of swab can be used to perform a rapid antigen test?

The Nasopharyngeal swab (NPS) is the preferred specimen collection type due to its high sensitivity and it is this type of specimen collection that is authorized by Health Canada for use with the Abbott Panbio™ rapid antigen screening test.

Acceptable specimens when an NPS is contraindicated or unavailable include a combined swab of throat and both nares or a deep nasal swab. The choice of an

acceptable specimen collection type is to be determined based on clinical judgment.

Nasal and throat specimen collection may be less sensitive than nasopharyngeal specimens for the detection of COVID-19. For more details of the effect of specimen collection on sensitivity please see <https://www.publichealthontario.ca/-/media/documents/ncov/evidence-brief/2020/08/eb-covid-19-pcr-testing-alternative-collection-testing.pdf?la=e>

Q13. Where can long-term care homes get swab testing kits for on-site testing?

Long-term care homes may be able to obtain swab testing kits from their local/regional distribution source. If not, the kits can be obtained directly from Ontario Health using an online request form, available [here](#). Please note that swabs should be ordered 72 hours in advance, to ensure timely delivery.

Nasal or nasopharyngeal swabs, as well as rapid antigen test kits, can be ordered for testing in long-term care homes. For reference, see Public Health Ontario [guidance on specimen collection kits](#).

For additional information on ordering and storage of testing kits, please refer to the *Additional Information and Contacts* section of this document.

Q14. How will long-term care homes receive swabs for each round of testing?

Long-term care homes will need to acquire the necessary swabs for each round of testing from their local/regional distribution source (or from Ontario Health using an online request form, available [here](#)). Please note that swabs should be ordered 72 hours in advance, to ensure timely delivery. Homes are encouraged to pre-order testing kits for multiple rounds of testing (e.g., bulk order).

Q15. How do we get personal protective equipment (PPE) to protect those doing the swabbing?

Long-term care homes will use their own supply of PPE for testing purposes. Homes can connect with their Ontario Health regional contacts with any questions about PPE requirements and sourcing.

REQUISITION FOR PCR TESTING

Q16. Where can long-term care homes get the lab requisition for PCR testing?

The lab requisition form is available [here](#). Each long-term care home should obtain their unique investigation (INV) number for staff, student and volunteer testing from their established regional contact at Ontario Health. The long-term care home can re-use this number for each round of COVID-19 testing. The unique INV number must be entered onto the requisition form.

Q17. Who should be identified as the ordering clinician on the requisition?

For on-site testing, each long-term care home should determine their appropriate ordering clinician.

This could be, for example, a contracted occupational health physician, or a physician or nurse practitioner from an external medical team. If the long-term care home cannot identify an appropriate ordering clinician for on-site testing; staff, students and volunteers should be sent to an [Assessment Centre or participating pharmacy](#). Staff, students and volunteers going to an Assessment Centre or pharmacy for testing must be provided with the assigned home-specific investigation (INV) number for use by the [Assessment Centre or pharmacy](#).

Q18. How will surveillance numbers (i.e., investigation [INV] numbers) be assigned for each long-term care home?

A unique investigation number (INV) for each long-term care home will be provided by your established regional contact at Ontario Health. This number can be reused for each round of COVID-19 surveillance testing at the long-term care home (indefinitely).

RAPID ANTIGEN TESTING

Q19. Who can perform a rapid antigen test?

In accordance with recent regulatory changes under the *Laboratory and Specimen Collection Centre Licensing Act* (LSCCLA), the following healthcare providers are exempted from the LSCCLA to swab a patient and/or perform a rapid antigen test: physicians, nurse practitioners, registered nurses, registered practical nurses, dentists, pharmacists, paramedics and community paramedics.

Q20. Is a requisition form required for antigen testing?

No. Requisition forms are not required for health care providers performing antigen testing. Health care providers are responsible for meeting their professional obligations and ensuring proper documentation is in place when performing COVID-19 rapid antigen testing.

CONDUCTING THE TEST

Q21. Do staff, students and volunteers need to provide consent every time they are tested?

The health practitioner administering the COVID-19 test must obtain the consent of the individual in accordance with the *Health Care Consent Act, 1996*. An individual must consent to a test for COVID-19 before the test can be administered— this includes staff, students and volunteers.

Q22. What happens if staff, students or volunteers refuse to be tested?

The health and safety of individuals in long-term care homes is a top concern. Testing results help protect individuals in the home (e.g., staff, students, volunteers, residents,) from exposure to infectious diseases. As provided in the Minister's Directive, every licensee of a long-term care home must ensure that no staff, students or volunteers enter the long-term care home unless the requirements contained in the Directive for testing have been met.

Q23. Can a long-term care home determine their own testing dates for staff, students and volunteers, or will these dates be assigned from Ontario Health?

Testing dates for staff, students and volunteers can be determined by long-term care homes, but must comply with the required testing frequency in the Minister's Directive which requires that antigen tests be taken in accordance with the protocols and frequency contained in the Ministry of Health's [COVID-19 Guidance: Considerations for Rapid Antigen Screening](#).

Q24. How will on-site testing be implemented for long-term care homes in active outbreak?

PHUs will continue to coordinate on-site testing of long-term care homes in active outbreak and LTC homes must follow all applicable requirements in Directive #3 issued by the Chief Medical Officer of Health. The long-term care home will work collaboratively with the local PHU to ensure testing is completed. This will happen as soon as possible after an outbreak has been declared.

TEST RESULTS

Q25. How are test results conveyed and managed?

When using the PCR test, the clinician(s) listed on the requisition form will receive the results directly and will notify the person of their test result. The local PHU will contact the person to conduct case and contact management (including contact tracing) and will notify the long-term care home of any individual with positive results. Individuals can also access their results (positive and negative) through the [COVID-19 test results website](#), if they include their (green) health card number on the requisition.

To support timely follow-up, individuals should include their primary care physician's contact information on the requisition.

For antigen testing, a positive result should be considered preliminary positive and the following actions must be taken:

- The individual must receive a confirmatory PCR test immediately, at the long-term care home.
- The individual and their close contacts must isolate immediately, pending results of the confirmatory, lab-based PCR test.

- Individuals tested with an antigen test who receive a positive result should be informed that the test does not yield accurate results 100% of the time. As such, they should be reminded that the test result should be interpreted as a *preliminary* positive and that they must seek a confirmatory PCR test as soon as possible.
- Public health direction requires that a preliminary positive on the antigen test be reported to the local Public Health Unit immediately.

A negative result using an antigen test does not require further confirmatory testing. However, the individual tested should be reminded of the possibility that the result may be inaccurate. Participating long-term care homes should reinforce the mandated COVID-19 infection prevention and control measures, such as appropriate distancing, use of PPE, and hand washing, to reduce the risk of infection.

Q26. How can the ordering clinician ensure PCR reports are received as soon as results are available?

The ordering clinician can receive test results of samples tested at licensed labs through auto-faxing and view results in [online electronic health record viewing solutions](#) (e.g., provincial viewers or Ontario Laboratories Information System-enabled electronic medical records).

Before submitting specimens, clinicians interested in auto-faxing should contact the testing lab to complete a fax verification process (e.g., lab faxes a new submitter and the submitter faxes back to verify the fax came to the correct number and location). The clinician should also ensure their fax machines are powered on at all times and are able to receive the expected volume of lab reports (e.g., memory capacity, toner, paper). Results that cannot be faxed will be mailed to an address provided on the requisition.

If the clinician's organization currently does not have access to an online viewing solution, they may complete the [online form](#) to submit a request.

Q27. How can long-term care homes get PCR test results for their staff, students and volunteers?

Local PHUs will notify the long-term care home of any positive results. To obtain all results (positive and negative), long-term care homes must develop a process to obtain consent from staff, students and volunteers to have this information released to the home or for staff, students and volunteers to share their results directly (e.g. printout or on a mobile device showing the individual's name, test date and result).

DATA AND REPORTING

Q28. Do long-term care homes need to collect or disclose any statistical information on staff, student and volunteer testing?

The Minister's Directive requires long-term care homes to collect and maintain data on:

- The number of staff, students and volunteers tested.
- The number of staff, students and volunteers who refused a test.
- The dates on which staff, students and volunteers were tested (either at the home or another testing location).

Long-term care homes must disclose this information, upon request, to the Ministry of Long-Term Care, the local PHU and/or to Ontario Health.

In collecting, using or disclosing this information, long-term care homes must continue to adhere to all applicable requirements of the *Freedom of Information and Protection of Privacy Act* and the *Personal Health Information Protection Act, 2004*.

Q29. Are there any other reporting requirements related to positive test results?

If the head ("superintendent", as defined under the [Health Protection and Promotion Act](#)) of the long-term care home becomes aware of diseases of public health significance in the home, including COVID-19, they have a duty to report to the local medical officer of health under the [Health Protection and Promotion Act](#).

Health care providers and licensed laboratories have the duty to report positive results of diseases of public health significance to the Public Health Unit under the

[Health Protection and Promotion Act \(HPA\)](#), *Laboratory and Specimen Collection Centre Act (LSCCLA)*, respectively.

Public health direction requires that a preliminary positive on the Panbio™ also be reported to the local Public Health Unit immediately.

If an employer is advised that a worker has tested positive for COVID-19 due to exposure at the workplace, or that a claim has been filed with the Workplace Safety and Insurance Board (WSIB), the employer is required to give notice in writing within four days to:

- The Ministry of Labour, Training and Skills Development.
- The workplace's joint health and safety committee or a health and safety representative.
- The worker's trade union (if applicable).

Additionally, the employer must report any instances of occupationally acquired illnesses to the WSIB within three days of receiving notification of said illness.

OTHER

Q30. Will the ministry provide financial support/resources to support homes in implementing rapid antigen testing?

Costs, including for additional staffing or partner supports, that are incurred for the purposes of surveillance testing, including point of care testing, are eligible expenses under the Prevention and Containment Fund.

Q31. My home doesn't have the resources or capacity to establish antigen testing at home; what additional supports can a home rely on?

Homes continue to be responsible for implementing the requirements under the Minister's Directive, including for antigen testing. Recognizing, however, that the transition to frequent rapid antigen testing will require additional preparation, capacity and support, the Ministry of Long-Term Care and Ontario Health will work with long-term care homes and health care partners to identify local supports (e.g. from pharmacies, community labs, paramedics) that could help conduct rapid

antigen testing at homes. Homes are encouraged to build on their existing relationships with health sector partners to aid the implementation of antigen testing.

ADDITIONAL INFORMATION AND CONTACTS

Surveillance, On-Site Testing, PPE

For information about asymptomatic surveillance (such as, investigation [INV] numbers), on-site testing at the long-term care home or PPE requirements and sourcing, contact your established regional contact at Ontario Health at one of the following email addresses below:

Region	Email
West	OHWestTesting@lhins.on.ca
Central	COVID19TestingCentral@lhins.on.ca
Toronto	TRTestingIntake@tc.lhins.on.ca
East	CovidtestingEast@ontariohealth.ca
North	OHNTesting@lhins.on.ca

Storage Considerations for Rapid Antigen Test Kits

To obtain swab testing kits, contact your local/regional distribution source or use the online request form, available [here](#), to obtain them directly from Ontario Health

Panbio™ rapid antigen test kits must be maintained at 2 to 25 degrees Celsius to maintain quality and accuracy. **Kits must not be frozen.**

Additional information that may be helpful to consider when ordering supplies includes:

- Number of tests in a box = 25
- Number of tests in a pallet = 9600 (or 384 boxes in a pallet)
- Size of a box (in mm)= 230 x 125 x 90
- Weight: 2 lbs

Ordering of Panbio™ Testing Kits

Long-term care homes can obtain COVID-19 antigen testing kits (i.e., Panbio™) directly from Ontario Health's Remedy System using an online request form, available [here](#). Please note that swabs should be ordered 72 hours in advance, to ensure timely delivery.

To streamline the distribution of test kits during the winter months and to ensure products do not freeze, Ontario Health will process only non-emergency orders of Panbio between Monday to Wednesday. Orders received on Thursday and Friday, or over the weekend will be delivered the following week. Any emergency orders (regardless of date) can be generally filled within 24 hours, and within 48 hours for more remote locations.

Lab Test Results

Local PHUs will notify the long-term care home of any positive test results of staff, students, volunteers or visitors. Any individual with a green Ontario health card (photo card) (including long-term care home staff, students and volunteers) may access their test results at the [COVID-19 test results website](#).

For any additional information or for questions on testing

Please contact the Ministry of Long-Term Care Action Line/Family Support Line, at [1-866-434-0144](tel:1-866-434-0144), between 8:30 am and 7:00 pm, seven days a week.

ROUTING AND TRANSPORTATION OF SPECIMENS FROM LONG-TERM CARE HOMES TO THE PROVINCIAL DIAGNOSTIC LABORATORY NETWORK (LICENSED LABORATORIES)

The following points will help ensure effective processing and optimal turnaround time for surveillance testing of long-term care staff, students and volunteers:

- **Asymptomatic long-term care home staff, students and volunteers may get a PCR test for COVID-19 at any [Assessment Centre or participating pharmacies](#).** Staff, students and volunteers must bring their long-term care home's assigned investigation (INV) number. Staff, students and volunteers may bring a requisition form with this information.

- **Each region has been tagged to a laboratory that will be the primary site for long-term care home staff, students and volunteer screening volumes.** In some cases, these are community labs; in this circumstance the community lab that has a relationship with the specific long-term care home should be engaged to pick up and process COVID-19 tests. The long-term care home should contact the community lab at least 48 hours before the planned test collection in order to make arrangements.

Ontario Health Region	Performing Lab
North	PHO Labs (Thunder Bay, Sault Ste Marie, Sudbury, Timmins) or Health Sciences North
West	PHO Labs (London, Hamilton)
Toronto	PHO Labs (Toronto)
Central	Community Labs
East	Community Labs

- **Where the long-term care home is affiliated with a hospital that is part of the provincial COVID-19 diagnostics network,** and that lab has been processing COVID-19 specimens for the long-term care home with the capacity to continue doing so, the long-term care home should continue to route to the hospital lab.
- **The long-term care home is responsible for arranging transportation to deliver specimens to the designated laboratory.** Where the long-term care home is sending specimens to a Public Health Lab, they may engage their community lab to support pickup and delivery of the specimens to that lab. The long-term care home should contact the community lab at least 48 hours before the planned test collection in order to make these arrangements. The long-term care home is responsible for the costs of specimen transportation.
- **Specimens should be sent to a COVID-19 diagnostics laboratory on the day of collection.** Specimens should not be kept on-site at the long-term care home overnight and should be stored at 2°C - 8°C until shipping. Frozen ice packs should be included in the container.

LAB ROLES AND RESPONSIBILITIES

All laboratories in the COVID-19 diagnostics network share a common set of responsibilities and expectations related to testing under the [Laboratory and Specimen Collection Centre Licensing Act \(LSCCLA\)](#) and quality management program provided by the Institute of Quality Management in Healthcare (IQMH). Community laboratories have assembled guidance documents to support long-term care homes; these outline specific processes related to their pickup process and will assist in planning.

- **Pickup of specimens:** The laboratories will leverage and where possible expand on existing routes to support the collection of specimens for COVID-19 testing. They will provide guidance on proper handling and preparation of specimens for pickup. They will not be involved in collection of samples from staff, students and volunteers.
- **Reporting to the submitter:**
 - **Positive results:** The lab will communicate positive results by fax/laboratory information system (LIS). For specimens that have an indicated investigation number (INV), the lab will also phone the submitter to notify of the first positive result from that investigation.
 - **Negative results:** The lab will communicate negative results by fax/LIS.

APPENDIX

Completion of the requisition form for PCR testing

- All sites must complete the Public Health Ontario requisition form for COVID-19 tests, regardless to which lab the specimen is being sent. The form can be found [here](#).
- All fields on the requisition form should be completed to ensure accurate and timely reporting of results to the submitter and PHU.
- For section 2 ('Patient Information'):
 - For staff, students and volunteers at a long-term care home, please use the home address of the staff, student or volunteer.
 - It is important to note the investigation (INV) number in the appropriate field on the form so that this can be provided on the lab report and tracked by Public Health.
- The specimen collection date must be entered accurately so the lab can assess how much time has passed since the specimen was collected.

Safe Specimen Handling and Transport

Specimens for COVID-19 testing should be handled and transported according to the [Transportation of Dangerous Goods Act, and its regulations](#). It is the responsibility of the sender to adhere to these regulations.

Useful tips:

- Place COVID-19 specimens in sealed biohazard bags and include the requisition in the outer pouches. The requisition should not be in contact with the specimen
- Place the individual biohazard bags together in sealed large plastic bags, along with some absorbent material (e.g., paper towels)
- Place the large plastic bags into a rigid outer shipping container
- Label the outer shipping container as "UN3373" and "COVID-19 specimens"
- Store specimens at 2°C - 8°C until shipping. Include frozen ice-packs in the container