

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

- 1. Would it be possible to update the Ministry's screening tool to include the question of whether someone has been visiting other healthcare facilities?**

This could be considered in a future update to the Ministry of Health's COVID-19 Screening Tool for Long-Term Care Homes and Retirement Homes.

- 2. Can we get the Ministry screener to match the public health screener? The current screener references outside of Canada for travel, but the public health one makes reference to working within Ontario as well as working in other health care settings.**

The screening tools that have been developed by the Ministry of Health are guides only and can be adapted as needed. Public health units may add additional questions that they feel are needed/relevant.

- 3. Is there any documentation that outlines the process for the Ministry to take over management of a long-term care home in these 90 days, and what the expectations are for control to be rescinded?**

A long-term care home may require management assistance if they face challenges including a high number of cases among residents or staff, a high number of deaths, an outbreak that has not yet been resolved, significant staffing issues or outstanding requirements from infection prevention and control assessments.

Decisions regarding when and where to put alternative management support are made on a case-by-case basis.

The Director of the Long-Term Care Inspections Branch will determine when licensees will be permitted to resume management of the home. The Director may consider whether there are sufficient improvements to the management

of the COVID-19 outbreak, and if risks to residents and staff health and safety have been appropriately and sufficiently mitigated.

These management orders will be in place for 90 days from the date the order is served. The Director may extend the orders.

For information on the Emergency Order, please see the [News Release published on May 13th, 2020](#).

- 4. The LHIN has directed some preferred beds be given to a basic bed-rate applicant. Per the March 23, 2020 “COVID-19 ER measures funding policy” in section 3.2., the Ministry will reimburse the difference. What will the policy be after December 31, 2020 when this funding policy ends?**

As outlined in section 3.2 of the Covid-19 Emergency Measures Funding Policy, the Ministry will provide reimbursement in cases where a placement coordinator requires that a resident be placed in a preferred room even though the resident has requested basic accommodation. Regardless of the changes in co-payment rates, this Policy is effective as of March 23, 2020, and will continue until it is revoked. The ministry has not specified a timeframe for revoking the policy at this time.

- 5. With regards to surveillance testing, which member of staff should be collecting the test sample?**

This decision is made by the local Public Health Unit, or the facility depending on the specific needs/capacity realities.

- 6. What are homes' options for “approved” hand sanitizer without carcinogenic and teratogenic potential in long-term care homes? Health Canada has issued a time limited approval to use technical grade ethanol, but we disagree. What is Public Health Ontario's stance on this?**

Long-term care homes are to consult with Public Health Ontario regarding this.

7. There has been concern around the current COVID-19 testing using nasal swabs. Can government offer the use of throat swabs as an alternative?

Upper respiratory tract specimens include a nasopharyngeal swab (NPS), deep nasal swab, anterior nasal swab OR viral throat swab. NPS is the preferred specimen when swabs are available, followed by a deep nasal swab. An analysis of a subset of specimens tested at PHO Laboratory shows that throat swabs are less sensitive than NPS.

Throat swabs may be the only testing option for specific reasons such as limited supplies of NPS and nasal swabs, or patient factors e.g. nose bleeds with nasal/NP swabbing. PHO Laboratory will continue to accept and test throat swabs, however a NPS or nasal swab is preferred over a throat swab due to increased sensitivity.

For more information, please see PHO's [test information](#).

8. Some LTC homes are having trouble obtaining the swab kits and PPE they require. What should they do?

For swabs, LTC homes may be able to obtain testing kits from their existing local/regional distribution source (i.e., Public Health Unit or regional lead), based on the most recent testing guidance. If not, the kits can be obtained from the Ministry of Health, in accordance with the latest testing guidance, via the [COVID-19 Swab Kits Request online form](https://ehealthontario.on.ca/en/for-healthcare-professionals/digital-health-services) available at the link seen here: <https://ehealthontario.on.ca/en/for-healthcare-professionals/digital-health-services>.

For personal protective equipment (PPE), health service providers and employers should be sourcing PPE through their regular supply chain, and they remain responsible for sourcing and providing PPE to their frontline workers. PPE allocation from the provincial pandemic stockpile will continue, and PPE can be accessed, within available supply, on an emergency basis for those who have exhausted all efforts to procure their own stock through the established escalation process.

The escalation process for acquiring PPE includes the following steps:

1. Implement conservation and stewardship strategies: [Ontario Health Recommendations to Optimize PPE Supply](#).
2. Use existing supply chain processes and collaboration with local partners to obtain supplies.
3. Expand alternate inventories to obtain supplies: [Ontario Workplace PPE Supplier Directory](#).
4. Complete the [Critical PPE Intake Form](#) to escalate to the appropriate Regional Lead.