Ontario

Ontario Enhancing COVID-19 Protections for Long-Term Care Residents, Families and Staff
Top Q&As
July 10, 2020

1. **As the number of COVID-19 cases continue to drop, will residents, staff and visitors (essential and non-essential) continue to be tested and why?**

   Testing is a key measure in defeating COVID-19, and that is why we have introduced more aggressive testing, screening, and surveillance to limit the potential for staff or essential visitors to bring the virus into the home.

   The government knows that on-going testing is a very important part of the strategy to keep long-term care residents safe. As such, the government will be continuing the surveillance testing of all staff working in long-term care homes effective immediately.

   Per the memo shared by the Ministry, long-term care licensees on May 31, the province will require continued surveillance testing on long-term are staff. It is intended that all long-term care staff be tested, at reasonable intervals, at minimum twice in the month. Homes should continue testing residents based on the existing COVID-19 Provincial Testing Guidance.

   In addition, visitors who are deemed essential, and all residents continue to be actively screened. Active screening was implemented very early in our effort to prevent the virus. This screening includes twice-daily temperature checks and assessment for typical and atypical symptoms.

   Non-essential visitors visiting loved ones at a long-term care home are also required to verbally attest to home staff that they have tested negative for COVID-19 within the previous two weeks and subsequently not tested positive. The home is not responsible for providing the testing.

2. **Long-term care homes now have extra financial strain to bring all staff in to get continually tested. How is this being accommodated?**

   The ministry has provided additional funding to support LTC homes in managing the incremental costs related to the COVID-19 Outbreak.

   As was noted in the Assistant Deputy Minister letter issued on May 7th, eligible expenses may include a range of operating expenses incurred as a result of COVID-19. This may include:

   - Implementing infection prevention and control measures based on clinical evidence that have been advised by a physician or other regulated health practitioners with expertise in infection prevention and control.
   - Staffing recruitment and retention strategies (e.g. over-time pay, additional costs of converting part-time staff to full-time, costs of back-filling staff on sick leave).

   This additional funding is intended to financially support the necessary incremental expenditures and provide flexibility to prevent and contain COVID-19 and is not limited to specific expenditure categories. We recognize that actual expenditures will vary across homes depending on a variety of local circumstances and the nature of the spread of the virus.

3. **What are the expectations of staff who test positive for COVID-19 and are asymptomatic? Can they still work in emergency situations?**

   As per Directive #3, issued by the Chief Medical Officer of Health, on June 10, 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 the 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, June 25, 2020, or as amended, and the Public Health Ontario document, How to Self-Isolate While Working, March 25, 2020, or as amended.

4. **How will the Ministry support long-term care homes that anticipate widespread staffing shortages in light of increased staff testing? Following the emergency order to only allow staff to work at one home, casual staffing pools to backfill shifts have become small as most positions are full-time.**

This government has acted swiftly to support all long-term care homes, residents, and staff from the start of the COVID-19 outbreak. Significant actions have been taken that include the aggressive COVID-19 Action Plan for Protecting Long-Term Care Homes, four emergency orders, two packages of amended regulations, and $243 million in emergency funding.

These measures ensure all long-term care homes have the flexibility and funds to rapidly hire and retain nurses, personal support workers, and other frontline staff they need, when they need them. These funds are directly available to help long-term care homes cover the incremental costs of new staff and also of offering full-time hours to part-time staff who are restricted to one workplace.

The Ministry is also working with health sector partners to ensure long-term care homes are being supported with urgent staffing needs, and pools of workers are being matched to meet the ongoing needs of homes across the province to combat COVID-19, through our Health Workforce Matching Portal.

The ministry knows that proper staffing is essential to meet the needs of residents living in long-term care homes, and that shortages of staff working within long-term care homes is an ongoing concern.

In February 2020, the ministry launched a Staffing Study, led by an expert advisory group, to identify potential staffing model and skill mix to support the current and future needs of residents and consider how to optimize recruitment and retention of staff.

The Staffing Study is expected to be completed this month, and the findings will be used to inform a comprehensive long-term care staffing strategy.

5. **Regarding the RAI-MDS funding, is there any additional information regarding responsibilities? The memo says that Resident Assessment Instrument-Minimum Data Set (RAI-MDS) submissions related to clinical submission, Continuing Care Reporting System (CCRS), will be postponed until further notice. Is this specific to submissions only? What would happen with coding and Resident Assessment Protocols (RAPS)?**

The government's top priority is keeping long-term care residents and staff healthy and safe. We will support long-term care homes wherever possible, including temporarily lifting the financial penalties for missed or late RAI-MDS submissions as staff focus on preventing and containing the spread of COVID-19.

The ministry will work with its partners to consider options that is the most appropriate in determining a home's CMI and mitigation measures for homes that may be heavily impacted by the pandemic.

We will update the sector as soon as decisions are made. In the meantime, we encourage homes to continue to maintain and update residents' care plans as needed with existing mechanisms. The ministry will continue to explore opportunities to ensure that funding is reflective of the needs of each home.