Directive #3, COVID-19 Guidance Document for LTCHs, and Rapid Testing Merged FAQs

Table of Contents

OVERVIEW

1. What has changed?

The changes made to the COVID-19 Guidance Document for LTCHs, and the Minister's Directive: COVID-19 Surveillance Testing and Access to Homes include:

- Merging of Visitor Policy into the Guidance Document resulting in a single, consolidated document
- Updates to Visitor Policy:
    - The limit of two designated caregivers per resident is removed. Processes to designate persons as caregivers continue to be in place.
    - Up to 10 people at a time can come for an outdoor visit with a long-term care home resident.
    - All residents may have up to 2 general visitors and 2 caregivers at a time for an indoor visit.
    - Personal care services, such as those provided by hairdressers/barbers, are permitted. Please note that personal care service providers are considered general visitors if they are not staff of the licensee or designated caregivers.
- Cohorting of residents can be relaxed during outdoor activities.
- Individuals who repeatedly test 'false positive' with rapid antigen tests may switch to solely PCR testing.

2. What are the updates for when the Province Enters Step 3 of the Broader Reopening Plan? When will these changes take place?

The exact timing of these updates will be announced at a later day once the move to Step Three is confirmed. Changes will include:

- Returning to homes setting their own maximums for visitors based on operational capabilities with potential guidance on minimums.
- Permitting buffet and family style dining.
- Allowing activities such as karaoke, singing, and dancing.
- Permitting all residents to go on day and overnight absences regardless of immunization status.
- Enabling the resumption of off-site group excursions for residents.

Please note that only the changes taking effect July 7 have been included in the updated MLTC Guidance Document. A further update for the changes that will come into effect in Step Three of the broader reopening plan will be provided later.

COVID-19 GUIDANCE DOCUMENT FOR LTCH

Definitions

3. What is meant by "fully immunized" in Directive #3 and the MLTC guidance document?

A person is **fully immunized** against COVID-19 if:

- they have received the total required number of doses of a COVID-19 vaccine approved by Health Canada (e.g., both doses of a two-dose vaccine series, or one dose of a single-dose vaccine series); and
- they received their final dose of the COVID-19 vaccine at least 14 days ago.

Currently, the required number of doses for the Pfizer, Moderna, and AstraZeneca vaccines to complete the vaccine series is two.

4. What are "immunization coverage rates/thresholds"?

For the purposes of interpreting the MLTC guidance document, immunization coverage rates refer to the percentage of residents who are fully immunized and the percentage of employees of the long-term care licensee who are fully immunized. The level of precautions homes must implement for communal dining and social activities depends on whether they have immunization coverage rates of 85% of residents and 70% of employees fully immunized.

5. What does "cohorting" refer to?

Cohorting is an important IPAC measure to limit the potential transmission/spread of infection throughout the home in the event COVID-19 has been introduced into the home. Cohorting is a way of grouping residents and staff to prevent the spread of infection within a facility, especially during an outbreak. Public Health Ontario resources

on cohorting during an outbreak of COVID-19 in long-term care homes are available here.

Residents:

Residents should be cohorted to the maximum extent possible even when the home is not in outbreak.

- Residents are to be cohorted into small groups which are together consistently for the purposes of dining, activities, etc.
- Cohorts can consist of fully immunized, partially immunized, and/or unimmunized residents.
    - However, in homes which have not met the 85%/70% immunization coverage threshold, physical distancing should be maintained during group activities (i.e., communal dining and activities/social gatherings).
- To the extent possible, residents should be cohorted within a single floor/unit.
- Resident cohort sizes should be as small as possible.
- Each cohort should stay physically distant from other cohorts to the maximum extent possible and mixing of cohorts is to be avoided.
- Scheduling of dining, activities, etc. should be staggered to prevent cohorts from mixing together.
- Cohort sizes should balance the psychosocial needs of the resident, the home's staffing needs, and take into consideration capacity limits for common areas and inclusion of essential caregivers as required.

Staff:

Staff cohorting means having each staff member provide service to only one cohort (group) of residents. To the maximum extent possible, staffing assignments should be organized for consistent cohorting in specific resident areas (e.g., within a single floor or a unit) to limit interactions with other staff and residents in different areas of the home.

6. What is the definition of a COVID-19 outbreak in long-term care homes?

The definition of outbreak has been moved out of Directive #3 and is now found in both the MLTC guidance document as well as the MOH COVID-19 Guidance: Long-Term Care Homes and Retirement Homes for Public Health Units. The definition has NOT changed from what was last set out in Directive #3:

- A **suspect outbreak** in a long-term care home is defined as one single lab-confirmed COVID-19 case in a resident.

- A **confirmed outbreak** in a long-term care home is defined as two or more lab-confirmed COVID-19 cases in residents and/or staff (or other visitors) in a home with an epidemiological link, within a 14- day period, where at least one case could have reasonably acquired their infection in the home.

Only the public health unit can declare an outbreak and declare that an outbreak is over.

Absences

7. Are social absences permitted?

Yes, as of June 9, 2021, residents who are fully immunized can leave the home for social absences, which includes absences for all reasons not listed under medical, compassionate/palliative, and/or essential absences that do not include an overnight stay.

8. Do residents have to request approval from the home to go out for a short term (day) absence?

No. Residents DO NOT need to seek approval from the home to go out on a short-term absence.

9. Are temporary absences permitted?

Yes, as of June 9, 2021, residents who are fully immunized may leave the home for temporary absences, which includes absences that involve two or more days **and** one or more nights for non-medical reasons.

As per Directive 3, residents who leave the home for on an overnight absence are required to have a laboratory-based PCR COVID-19 test upon return and remain in isolation on Droplet and Contact precautions while their test result is pending.

10. Do residents have to request approval from the home to go out for a temporary absence?

Yes. Residents who are fully immunized will need to seek approval from the home to go out on temporary absences. Homes are asked to accommodate these requests wherever operationally feasible.

Note that requests for approval do not need to be made in writing.

11. Why are you only allowing fully immunized residents to go on short term and temporary absences?

The ministry has not mandated immunization for any residents, staff or caregivers and aims to provide all individuals, regardless of immunization status, the ability to socialize with loved ones. We are taking a cautious approach to modifying restrictions in homes based on an assessment of risk factors, including immunization status. As announced on June 29th, all residents will be able to go on short term and temporary absences when the province enters Step 3 of the broader reopening plan.

12. Can residents participate in physical activity such as walks in the immediate area?

It is important for residents to be able to engage in physical activity and take part in activities that bring them joy, comfort, and dignity while remaining safe. Residents who are not under isolation requirements or symptomatic can leave the home to take a walk in the immediate area to support overall physical and mental well-being, even if the home is in outbreak.

13. What protocols should continue to be followed by homes when residents are leaving to go out for an absence?

Homes must provide residents with a surgical/procedure mask and remind residents to comply with routine public health measures, including masking (as tolerated), physical distancing, frequent hand hygiene, and respiratory etiquette. Residents should maintain their distance from others (unless they require assistance/direct care) while they are out.

14. Do residents need to be screened upon return from an absence?

Yes. Returning residents must be actively screened for symptoms and exposure history for COVID-19 before they are allowed to enter the LTCH. Any resident returning to the LTCH following an absence who fails active screening must be permitted entry but isolated under Droplet and Contact Precautions and tested for COVID-19 as per the COVID-19: Provincial Testing Requirements Update.

Residents who leave the home for on an overnight absence are required to have a laboratory-based PCR COVID-19 test upon return and remain in isolation on Droplet and Contact precautions while their test result is pending.

Activities

15. Can residents from different cohorts socialize with each other?

Cohorting of residents can be relaxed when residents are outdoors. Residents should still follow public health measures whenever possible, including masking (as tolerated)

and physical distancing if the long-term care home does not meet the immunization coverage rate specified in the Guidance Document (85% of resident and 70% of employees are fully immunized).

16. Can homes resume communal dining?

Yes. All long-term care homes can resume communal dining with the following precautions:

- when not eating/drinking, residents should be encouraged to wear a mask where possible/tolerated.
- residents are to be cohorted and seating arrangements consistent.
- no buffet style service, no shared use of serving spoons, no shared utensils, etc.
- frequent hand hygiene of residents and staff/essential caregivers/volunteers assisted with feeding should be undertaken.
- two-metre physical distancing between all diners is to be maintained and capacity limits of the dining room/area are to be reduced.
    - **Additional flexibility should be introduced where homes have met a 85% resident and 70% employee immunization coverage rate**. Specifically, physical distancing can be suspended in cohorted groups for the duration of the dining period.

Fully immunized staff and fully immunized essential caregivers may accompany a fully immunized resident for meals by joining the resident's cohort, regardless of the immunization coverage rate in the home. Essential caregivers must continue to mask and practice physical distancing from other residents and staff.

For all activities, regardless of the immunization coverage rate in the home, workers, caregivers, and volunteers in the home are to adhere to all required IPAC measures, including masking and eye protection requirements, maintaining at least two metres from residents at all times (other than in the circumstances that are set out as exceptions to the physical distancing requirement in Directive #3 or the MLTC Guidance Document such as when residents have brief physical contact with their essential caregiver(s) and/or general visitor(s)), and engaging in frequent hand hygiene.

17. Can homes resume activities/social gatherings?

Yes. Homes need to provide safe opportunities for residents to gather in small cohorts for group activities.

All long-term care homes can have organized events and social gatherings with the following precautions:

- Cohorting
- Masking, including for residents where possible/tolerated

- Avoiding high risk activities (e.g., singing)
- Limited capacity in a room to allow physical distancing
- All participants should physically distance from one another unless staff are providing direct support
- Cleaning and disinfection of high touch surfaces between activities/room use
- Natural ventilation wherever possible (e.g., open windows)

Where homes have met the 85% resident and 70% employee immunization coverage rate, physical distancing can be suspended for the duration of the activity/social gathering.

For all activities, regardless of the immunization coverage rate in the home, workers, caregivers, and volunteers in the home are to adhere to all required IPAC measures, including universal masking/eye protection requirements, maintaining at least two metres from residents at all times (other than in the circumstances that are set out as exceptions to the physical distancing requirement in Directive #3 and the MLTC Guidance Document such as when residents have brief physical contact with their essential caregiver(s) and/or general visitor(s)), and engaging in frequent hand hygiene.

18. Are personal care services permitted?

Yes. As of July 7th, personal care services such as hairdressing and barber services are permitted in long-term care homes in accordance with all applicable laws including Regulations under the *Reopening Ontario (A Flexible Response to COVID-19) Act, 2020*.

Public health measures including masking, hand hygiene, respiratory etiquette should continue to be followed.

Please note that personal care service providers are considered general visitors if they are not staff of the licensee or designated caregivers.

19. My home has an on-site hair salon. How many residents can we provide services to at a time?

Personal care services such as hairdressing and barber services are permitted in long-term care homes in accordance with all applicable laws including Regulations under the *Reopening Ontario (A Flexible Response to COVID-19) Act, 2020*.

20. How do homes know what their immunization coverage rates are?

Residents: Homes must establish and implement a process to collect information on resident's vaccine status, using a consent-based model and adhering to existing laws.

The overall resident immunization coverage rate should be updated as occupancy in the *home changes over time.*

Employees: Homes must also establish and implement a process to collect information on employee's vaccine status. All long-term care home employees are asked to voluntarily show a copy of their COVID-19 vaccine receipt(s) to the home. Any employee who does not share these receipt(s) cannot be considered fully immunized. Homes must handle this information in accordance with existing laws. As employees are retained or leave, ongoing updating of the overall employee immunization coverage rate is required, at a monthly frequency at a minimum.

21. How can homes calculate their immunization coverage rate?

$$\text{TOTAL RESIDENT COVERAGE RATE} = \frac{\text{\# fully immunized residents}}{\text{total \# residents in home}} \times 100$$

$$\text{TOTAL EMPLOYEE COVERAGE RATE} = \frac{\text{\# fully immunized employees}}{\text{total \# employees in home}} \times 100$$

22. What can homes do to encourage staff and essential caregivers to be vaccinated?

Licensees and home leadership should work to continually amplify messages about the benefits of vaccination and to find opportunities for additional actions such as:

- Having one-to-one conversations with team members
- Tailoring messages to the unique staff characteristics and needs within homes
- Working with local public health units to find onsite vaccine opportunities wherever possible to vaccinate new residents who have not been vaccinated pre-admission and remaining staff
- Giving staff the opportunity to go to an offsite vaccination clinic during paid work time and covering the transportation costs (where onsite options are not feasible)
- Assisting staff with booking vaccine appointments, and
- Identifying vaccine champions in homes' communities including primary care physicians, seasoned staff, and faith/cultural leaders to talk to staff directly (e.g., through a virtual event) and share their personal stories.

Homes are also encouraged to promote and share widely the ministry's COVID-19 Vaccine Promotion Toolkit which contains a welcome letter, posters, fact sheets, tips for holding effective conversations, an FAQ, and sample Facebook and Twitter posts that users can share in social networks. The kit is available in English, French, and ten other languages.

Additionally, on June 16, 2021, the ministries of long-term care, health, and seniors and accessibility announced a new *Vaccine Maintenance Strategy for Long-Term Care and Retirement Homes*. Broadly speaking, the plan envisions:

- Local public health units (PHUs) working with LTC and retirement homes, as well as other community and health partners as needed, on an approach for independent administration of vaccines by LTC and retirement homes, where the home indicates interest and capacity to do so.
- PHUs continuing to support homes who are not able to independently administer vaccine through alternative approaches to ensure continued access to vaccine doses (e.g., mobile/onsite clinics, hub model, etc.).

To support PHUs, LTC, and retirement homes to implement this strategy, the ministries have developed an Onboarding and Readiness Toolkit that includes guidance on program planning and governance, communication protocols, logistics and oversight, vaccine storage, IT requirements, data reporting, and clinical guidance, among other topics

Ward Rooms

23. Can a resident from a three (3) or four (4) bed ward room return to that room if they leave the home?

It depends on whether the resident has left to go on a temporary absence or whether the resident was discharged from the home:

- A bed in a ward room must be left vacant if a resident who occupied a bed in the ward room is discharged from the LTCH **and** there are two or more residents who continue to occupy a bed in the ward room.
- Residents who are currently occupying a bed in a ward room with two (2) or more residents must be permitted to return to their bed following a temporary absence, including medical absences requiring an admission or a transfer to another health care facility, after completing their testing and isolation (if required) per Directive #3.

Screening Requirements

24. What are the active screening requirements?

All individuals (staff, visitors, and residents returning from an absence) must be actively screened for symptoms and exposure history for COVID-19 before they are allowed to enter the home. All staff and visitors should self-monitor for symptoms while in the home, but do not need to be actively screened again during their shift/visit or at exit.

25. LTC homes can use a 'Screening App' if they wish but results must be checked and validated at the entrance prior to entrance.

There are no changes to the third party screening requirements:

- LTC homes may use a vendor of their own choosing or may use a dedicated hire of their own.
- Vendor arrangements and dedicated hires are acceptable regardless of how long these have been in place.
- Individuals performing the oversight function can be coupled with existing staff who have been trained to assist with confirming PCR testing and active screening.
- Individuals do not need to be security personnel and/or uniformed personnel.

There is an exception to screening requirements for first responders: they must be permitted entry without screening in emergency situations.

26. Why is temperature checking during the screening process for staff, visitors, and returning residents no longer required?

Directive #3 provides minimum requirements with which all homes must comply. Removing temperate checking as a requirement when screening staff, visitors, and returning residents upon entry to the home aligns active screening advice for long-term care homes with other sectors in Ontario, including acute care. It is challenging to ensure temperature checks are done consistently, reliably, and accurately (e.g., using the device correctly, ensuring it is calibrated for use, etc.) Additionally, fever is only one among a number of other symptoms that may be suggestive of COVID-19.

Visitor Policy

27. What are the outdoor gathering allowances for long-term care home residents as of July 7th?

As of July 7th, a resident may have a maximum of 10 visitors, including caregivers and general visitors, outdoors at one time.

28. What are the indoor visitor allowances for long-term care home residents as of July 7th?

As of July 7th, all residents can have a maximum of 2 general visitors and 2 caregivers visit indoors at one time.

29. **The province is allowing outdoor gatherings of up to 25 people in Step Two of the broader reopening plan. Why are long-term care home residents limited to only ten visitors (including general and essential visitors)?**

This is a next cautious step to further ease restrictions put in place to protect long-term care home residents and expand opportunities to improve residents' quality of life.

Outdoor visits still need to allow for physical distancing among and between groups. Increasing the limit to 10 visitors – including both caregivers and general visitors – per resident will help homes maximize available outdoor space and schedule as many visits as possible for multiple residents at any given time. The limit of 10 visitors does not restrict the resident from having multiple different visits arranged at separate times.

30. **What are the screening and surveillance testing requirements for general visitors?**

General visitors must undergo active screening upon arrival at the home. Homes may use tools and practices to make this screening as efficient as possible (e.g., phone apps).

For outdoor visits, general visitors do not need to undergo rapid antigen tests as their visit will be outdoors.

For indoor visits (or if the general visitor needs to enter the home for any reason), general visitors must test negative for COVID-19 prior to being granted entry to the home, in accordance with the Minister's Directive: *COVID-19 Surveillance Testing and Access to Homes*.

31. **My home does not have any / enough outdoor space. Where can an outdoor visit take place?**

Outdoor visits may also take place in the general vicinity of the home. Homes should leverage nearby amenities such as local parks or parkettes to enable family and friends to visit their loved ones.

32. **How many designated caregivers is each resident permitted?**

As of July 7th, the ministry is not limiting the number of caregivers a resident is permitted to designate. The designation should be made in writing to the home, and homes should have a procedure in place for documenting caregiver designations.

33. If essential caregivers come for an outdoor visit, how many are allowed inside the home?

The number of caregivers taking part in an outdoor visit does not impact the indoor visitor limits. A maximum of 2 caregivers per resident may visit inside the home at a time.

34. How many caregivers are allowed to visit a resident during an outbreak or when a resident is in isolation?

While all residents can have up to 2 caregivers visit indoors as of July 7th, if a resident is in isolation or is symptomatic, or if the resident resides in a declared outbreak area, then the resident is allowed to have 1 caregiver visit at a time.

35. Can general visitors have close contact with a fully immunized resident?

Where either the resident or general visitors are not fully immunized the general visitor must maintain two metres physical distance from residents.

As of June 9th, where both the resident and the general visitor are both fully immunized close physical contact is permitted. Brief hugs will also be permitted regardless of immunization status.

Close physical contact between a fully immunized resident and a fully immunized caregiver is permitted.

36. How are homes supposed to determine if a general visitor is fully immunized?

Homes can establish their own policies and/or requirements to determine if a general visitor is fully immunized. They should remind all visitors at entry of the requirements.

37. Are general visitors permitted when the home is in outbreak?

General visitors are not permitted to visit residents indoors if the entire home is in outbreak or the resident is symptomatic or isolating under Droplet and Contact precautions. If only a portion of the home is in outbreak, residents who are in an area of the home that is not part of the outbreak area may receive a maximum of two general visitors, in addition to 2 caregivers.

General visitors are permitted to visit residents outdoors provided the resident is not symptomatic or isolating under Droplet and Contact precautions. This means that where a portion of the home is in outbreak, residents unaffected by that outbreak may still have outdoor visits.

38. Do homes have a choice to continue the restriction on general visitors?

Per the Residents' Bill of Rights under the *Long-Term Care Homes Act, 2007*, homes must fully respect and promote a resident's right to receive visitors. It is expected that homes will provide for residents to see visitors in accordance with Directive #3 and ministry policy and guidance and will not place unreasonable restrictions on residents' ability to do so. Where homes believe there is a valid health and safety reason for imposing additional restrictions on general visitors beyond what is set out in Directive #3 and ministry guidance, they should consult with the local public health unit.

39. Do general visitors need to be fully immunized before entering the home?

General visitors may enter the homes regardless of their immunization status provided they have passed symptom screening and have tested negative for COVID-19 per a home's testing program.

40. Are homes allowed to restrict hours when general visitors are permitted?

As per the Guidance Document, homes have the discretion to require general visitors to:

- schedule their visits in advance
- limit the length of the visit; however, each visit should be at least 60 minutes long
- limit the frequency of visits; however, homes should allow at least two visits per resident per week
- visit during specified hours

Homes should aim to be as flexible as operationally feasible to ensure residents are able to receive visitors. Homes should not limit or restrict visits unnecessarily or unreasonably, in accordance with the Residents' Bill of Rights, which states that residents have a right to receive visitors of their choice.

41. Can areas of visitation be restricted?

Homes should have a reasonable approach to support health and safety during visits (for example, monitoring the flow of visitors to ensure sufficient physical distancing can be maintained, supporting residents during the visit, providing suggestions of nearby outdoor spaces that can be used, etc.). Homes should not be limiting visits to only residents' rooms and should be as flexible as is possible and safe when allowing visits to take place.

Air *Conditioning* and Air Flow

42. In situations of outbreak, can the doors to rooms where residents are isolated be left ajar to allow for better air flow and cooler temperatures? Can portable HEPA filters be used in these rooms?

Yes. Doors to rooms where residents are being isolated can be left ajar generally speaking, however where an aerosol generating medical procedure is being performed, the door should be temporarily closed. Portable HEPA filters may also be used in these rooms. In using portable HEPA filters, homes should seek the advice of a qualified expert in the proper installation and use of such filters and follow the manufacturer's instructions to determine what type of portable filter is appropriate for the space. In addition, air filters should not be seen as replacing the need to follow strong IPAC practices, including hand hygiene, PPE, etc.

43. Can fans or portable air conditioning units be used in these rooms?

Yes, fans and portable air conditioning units may be used in rooms where residents are isolated. Units (fans or AC) should not be pointed directly at the resident and should be positioned away from the door. Fans / AC units should be turned off when performing an aerosol generating medical procedure. [placeholder for any additional resources on use]

44. Are there any resources available to help guide homes in the use of portable fans/AC units and Portable air cleaners?

Below is a list of PHO knowledge products that could help further inform the use of portable fans/AC units and portable air cleaners. These summarize a number of considerations such as placement, cleaning/maintenance and room size:

- At A Glance: The Use of Portable Fans and Portable Air Conditioning Units during COVID-19 in Long-term Care and Retirement Homes
- FAQ: Use of Portable Air Cleaners and Transmission of COVID-19 (Q3 outlines performance standards and Q6 talks about placement in general)
- Focus On: Heating, Ventilation and Air Conditioning (HVAC) Systems in Buildings and COVID-19

MINISTER'S DIRECTIVE: SURVEILLANCE TESTING

Testing Requirements

45. What is the objective of Long-Term Care Homes Surveillance Testing?

The objective of surveillance testing is to protect vulnerable Ontarians living in long-term care homes by helping to prevent the spread of COVID-19 within homes. Point-of-care rapid antigen testing ensures that individuals entering the home can be screened simply and quickly and that positive COVID-19 cases that may otherwise be missed are identified. 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* effective March 15, 2021, all staff, student placements and volunteers working in long-term care homes must be tested regularly in accordance with the Minister's Directive, unless the 90-day exception for individuals who have previously had laboratory confirmed COVID-19 applies (effective June 9th).

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*
- Student placements, 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*.

The Minister's Directive also includes additional testing and documentation requirements for general visitors, caregivers and support workers.

46. Why are long-term care homes being asked to use antigen tests for surveillance testing?

The Panbio™ COVID-19 Ag Rapid Test is a screening tool that is used for point-of-care testing to detect COVID-19 within 15 to 20 minutes of taking the test, making it simpler and faster to identify potential COVID-19 positive cases that otherwise may be missed.

47. Does the Panbio™ COVID-19 Ag Rapid Test detect variants of concern?

Abbott (the manufacturer of the test) confirmed that the test detects the nucleocapsid protein rather than the spike protein (where the mutation exists).

48. What are the testing requirements for staff, caregivers, student placements and volunteers?

Homes can choose one of two options for screening and testing of staff, caregivers, students and volunteers:

a) An Antigen Test at a frequency set out in the Ministry of Health COVID-19 Guidance: Considerations for Antigen Point-of-Care Testing,
OR
b) One PCR Test and one Antigen Test on separate days within a seven-day period.

49. Are staff, student placements and volunteers required to come in on their day off to be tested in order to meet the minimum testing requirements?

The Minister's Directive includes provisions to ensure that staff, student placements and volunteers are not required to be tested on their day off.

50. Are staff, caregivers, student placements and volunteers required to be tested on consecutive days?

Homes using the antigen testing only model need to meet the testing frequency as outlined in the Ministry of Health COVID-19 Guidance: Considerations for Antigen Point-of-Care Testing.

In instances where staff, caregivers, student placements and volunteers enter the home only two consecutive days in the week, an antigen test is only required on the first day of entry.

51. Who is considered a support worker?

A **support worker** is a type of essential visitor who is visiting to perform essential support services for the home or for a resident at the home.

- Examples of support workers include physicians, nurse practitioners, maintenance workers, persons delivering food, patient transfer services, and funeral directors/staff, provided they are not staff of the LTC home as defined in the LTCHA.

52. What are the testing requirements for support workers and visitors?

Support workers and (where permitted) general visitors entering the LTC home building are required to undergo a “day of” antigen test unless they were tested the previous day (i.e. an antigen test result is valid for 2 days), and a test result must be obtained before entry to the home.

Support workers who are regulated health professionals may have direct contact with residents while the antigen test results are pending so long as they are wearing appropriate personal protective equipment as per Directive #3 and following infection prevention and control practices.

53. Do support workers and general visitors who attend to multiple homes in the same day need to be tested at each home?

Support workers and general visitors are required to be tested once per day and the test is valid for that day and the next day. If visiting multiple homes, support workers and general visitors can show proof of a valid negative antigen test to gain entry without the need to be retested.

54. How can proof of a negative antigen test be demonstrated?

Homes may choose to use the optional COVID-19 Antigen Test template released February 24th on LTCHomes.net or another method of proof (e.g., verbal attestation). Regardless of the accepted form of proof, the home should keep a record, including a notation of the proof provided.

55. Does surveillance testing need to take place for outdoor visits?

Visitors taking part in exclusively outdoor visits do not need to undergo surveillance testing. General visitors are not permitted to fully enter the home at this time, unless the exception for residents with health conditions that limit mobility applies. During outdoor visits, general visitors may come into the entryway for the purposes of completing active screening, notifying staff that they have arrived, and meeting the resident en route to the outdoor visit.

56. What if I want to test more frequently than the Minister’s Directive requires?

The updates to the program are minimum requirements and homes may choose to increase the frequency of antigen testing based on their own assessment of need in the context of their operations.

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

At this time, the testing requirements of the Minister's Directive continue to apply to individuals who have been vaccinated (partially or fully), 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 long-term care home for symptoms and exposures for COVID-19 and attesting that one is not experiencing any of the typical and atypical symptoms of COVID-19 (in accordance with Directive #3 issued by the Chief Medical Officer of Health).

58. Why does a person that has been vaccinated still need to be tested at the same rates as a non-vaccinated individual?

The government will continue to consider available evidence regarding the impact of vaccination on reducing the risk of infection and transmission and make changes to requirements and public health measures based on advice of the Office of the Chief Medical Officer of Health. At this time, the testing requirements of the Minister's Directive continue to apply to individuals who have been vaccinated.

59. Do individuals who test positive on the rapid antigen test need to be confirmed with lab-based PCR testing?

A positive test result on the rapid antigen test should be considered a preliminary positive and requires a confirmatory laboratory-based PCR test. The following actions should be taken:

1. Counsel individual that the result is preliminary positive and PCR confirmation is required.
2. Issue guidance to return home and self-isolate until receipt of confirmatory laboratory PCR test result.
3. Ensure confirmatory laboratory-based PCR testing is performed within 24 hours.

Note: Preliminary positive tests (antigen test positives) do not need to be reported to the local Public Health Unit (PHU), unless the PHU issued an official request for the reports.

60. Does the confirmatory PCR test following a positive rapid antigen test need to be performed onsite?

A confirmatory PCR test can be performed at an assessment centre or onsite if the LTC Home has the capacity to do so.

61. What are the requirements for residents who leave the long-term care home for extended periods of time?

The mandatory rapid antigen screening program does not apply to residents. Long-term care homes may choose to test returning residents using a PCR test or a rapid antigen test at their own discretion. For further information on requirements for testing and screening of residents, please refer to Directive #3.

Exemptions

62. Do individuals who previously had COVID-19 need to resume testing after 90 days?

Yes. As of June 9th, 2021, all individuals who previously had laboratory confirmed COVID-19 must resume following all surveillance testing requirements 90 days from their COVID-19 infection (based on the date of their positive result).

63. I have repeatedly tested false positive with rapid antigen testing (preliminary positive result on a rapid antigen test, followed by a negative confirmatory PCR test result), can I switch to solely PCR testing?

Yes. Effective June 30th, the requirements of the rapid antigen program do not apply to individuals who have received three "false positives" (preliminary positive rapid antigen test followed by a negative confirmatory PCR test) within a 30-day period, starting from the day of the initial preliminary positive rapid antigen test. Instead, these individuals may undergo solely PCR testing. All individuals who fall under this exemption must provide proof of a negative PCR test taken within the last 7 days before being granted entry into the home.

64. Do children under the age of two need to be tested?

As children under two years of age are not consider a visitor, there is not a requirement for testing for those who are entering the home.

65. Does the Minister's Directive apply to inspectors?

The Minister's Directive does not apply to individuals with a statutory right of entry (e.g. government, labour, public health inspectors). The Ministries of Long-Term Care (MLTC) and Labour, Training and Skills Development (MLSTD) inspectors have separate and specific testing protocols that have been established within their ministries. Inspectors must confirm that they have received a COVID-19 test and must verbally attest to not subsequently having tested positive to their manager. Inspectors

must keep an official record of all negative or positive tests and verbally attest to a negative test upon entering a home. Note: MLTSD inspectors have the options of verbally attesting upon entry to a home or requesting to have a rapid antigen test completed at the home.

In addition, MLTC inspectors and MLTSD inspectors (who regularly attend to LTC homes) have been included as part of the phase one priority list for vaccinations.

66. Are sales representatives or maintenance workers subject to the Minister's Directive?

A sales representative is considered a general visitor under the COVID-19 Visiting Policy and is subject to the same requirements that apply to general visitors under the Minister's Directive.

It is the discretion of the long-term care home to determine if the maintenance worker is considered a "staff" member for the purposes of the *Long-Term Care Homes Act, 2007* or if they would be accessing the home as a visitor. If the long-term care home determines that the maintenance worker is a visitor, the individual would be considered a support worker and the home must follow the testing related requirements for support workers under the Minister's Directive. Alternatively, if the maintenance worker is a staff member, the long-term care home must follow the testing related requirements for staff under the Minister's Directive.

67. Can homes ask a person visiting a palliative resident to demonstrate that they have received a negative PCR test result or take an antigen test?

The testing requirements do not apply in a palliative situation. Homes have the discretion to request testing in these situations.

68. What is the exception for certain homes?

The Ministry is working in partnership with two homes to collect information on a proof-of-concept regarding uptake in vaccination rates of staff, caregivers, student placements and volunteers when there is a decrease in testing frequencies.
Under this exception, staff, caregivers, student placements and volunteers who have received at minimum the first dose of an mRNA vaccine for COVID-19 and have waited 14 days since the first dose was administered will only require 1 PCR test a week. All other individuals who enter the home will follow the testing frequency as required in the Minister's Directive.

Outbreak

69. Does a preliminary positive result on the Panbio™ COVID-19 Ag Rapid Test mean the long-term care home is in outbreak?

The individual with a positive screening result is required to have a confirmatory PCR test. Local Public Health Units (PHUs) remain the authoritative body on the declaration of a COVID-19 outbreak and may determine a suspected outbreak where circumstances warrant. Preliminary positive tests (antigen test positives) do not need to be reported to the local Public Health Unit (PHU), unless the PHU issued an official request for the reports.

70. If a long-term care home is in outbreak, should the home switch back to using solely PCR testing?

The rapid antigen testing program is suspended in an outbreak as all staff and residents must be tested using (diagnostic) PCR tests. Homes should work with their local Public Health Unit if they wish to continue using antigen tests for specific purposes during an outbreak (e.g., for caregivers).

71. Can an essential caregiver visit a home if it is in outbreak?

A caregiver is considered an essential visitor according to Directive 3 and the LTC Home visitor policy document *COVID-19:visiting long-term care homes*. Essential visitors are the only type of visitors allowed when a resident is self-isolating or symptomatic or when the LTC Home is in an outbreak.

Specimen Collection

72. How many Panbio™ COVID-19 Ag Rapid Tests should long-term care homes order?

Long-term care homes should place orders with Ontario Health 7-14 days in advance, to ensure timely delivery. Homes are encouraged to pre-order testing kits for multiple rounds of testing (e.g., bulk order). Ontario Health recommends that long-term care homes order approximately one month's supply of testing kits at a time.

- For large orders: There are 800 tests per case. Please place your order in multiples of 800 (i.e. 800, 1600, 2400, etc.), to ensure timely delivery.
- If your site requires fewer than 400 tests, you may continue to order in multiples of 25 (25 tests per box).

Where possible, Ontario Health encourages head offices to place and receive orders for multiple homes by contacting covid19testing@ontariohealth.ca.

73. Who can perform the Panbio™ test?

The collection of throat, nasal, and deep nasal specimens no longer need to be performed by a health professional and can be performed by anyone with appropriate training. Supervised self-swabbing is also permitted as a voluntary specimen collection option.

74. What are acceptable methods of specimen collection for rapid antigen testing?

The Panbio™ test kit swab can be used to collect a specimen via a combined swab of throat and both nares, a shallow (anterior) nasal swab, and a deep nasal swab (i.e., not just a nasopharyngeal swab).
Please note that the nasopharyngeal swab is a controlled act that requires a specialized workforce. Combined swab of throat and both nares, shallow (anterior) nasal swab, and deep nasal swab can be performed by anyone with appropriate training and are reported to be less invasive and more comfortable for persons especially with higher testing frequency.

75. Does the specimen collection need to be conducted in accordance with the type of swab included in the test kit?

Yes, specimen collection must be conducted in accordance with the type of swab included in the test kit. The only exception is the use of the Abbott Panbio™ rapid antigen NP swab as a lower nasal swab, as this has been determined to be an acceptable alternative specimen collection modality by the Ministry of Health.

76. What are the advantages of doing an alternate type of specimen collection?

An alternate type of specimen collection, specifically a combined swab of throat and both nares or a shallow (anterior) nasal swab, has the advantage of:

- Increasing the availability of testing as an option by allowing for a broad range of health professionals to collect the specimen
- Reducing the inconvenience or discomfort due to repeated nasopharyngeal swabs.

77. Can a nursing student or a student in a health care professional program perform the test?

Any individual can perform rapid antigen screening (with the exception of the nasopharyngeal swab which is a controlled act) so long as they have the knowledge, skills, training and judgment to do so. It is up to the discretion of the home to determine whether an individual is qualified to perform the test.

78. Is self-swabbing an acceptable method of specimen collection?

Yes. According to updated Ministry of Health guidelines, supervised self-swabbing is now permitted as an optional and voluntary swabbing method. You can learn more about how to perform self-swabbing by watching this instructional video and following this Ontario Health guidance document.

79. Do individuals need to provide consent every time they are tested?

The person 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 COVID-19 test before it can be administered— this includes staff, caregivers, student placements, volunteers, support workers and general visitors.

80. How is consent given?

Consent must be obtained in accordance with the *Health Care Consent Act, 1996.* Long-term care homes should determine the best approach to get consent from an individual being tested.

81. What happens if individuals 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, student placement, 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, caregivers, student placements, volunteers, support workers or general visitors enter the long-term care home unless the requirements contained in the Minister's Directive for testing have been met.

82. The waste generated from the testing is considered microbiological waste. Do the materials need to be autoclaved or incinerated? Are the costs of the waste disposal covered in the Prevention and Containment Fund?

Upper respiratory swabs and Panbio™ waste are considered microbiological waste. The Ministry of the Environment, Conservation and Parks (MECP) and PIDAC provide guidance on how to dispose of microbiological waste. According to PIDAC, incineration is not required for microbiological waste and if the treatment (such as autoclave) is capable of inactivating spores, then disposal in a landfill is permitted. This expense is eligible for Prevention and Containment Funding.

83. Is a dedicated person for third party oversight required 24 hours a day, seven days a week?

The intent of third-party oversight is to support a rigorous approach to screening. Homes are best placed to determine how this oversight role is operationalized, including where and when the oversight function is present to best support an effective screening process.

Contact Information

84. I have questions regarding the Health Data Collection Services portal. Who can I contact?

For questions regarding data collection and the Health Data Collection Services Portal please contact askhealthdata@ontario.ca.

85. Who can I contact if I have any issues?

Please send any issues to MLTCpandemicresponse@ontario.ca or to covid19testing@ontariohealth.ca (or your Ontario Health primary contact) with a description of your concern.