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

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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:

- Removal of sector-specific limits on number of visitors who may visit a resident (indoors and outdoors)
- Removal of requirements contingent upon homes' immunization coverage rates
- All absences are permitted for all residents, regardless of immunization status
  - Off-site excursions may resume
- Buffets and family style dining may resume
- Activities involving singing and dancing may resume
- Removal of testing requirement for asymptomatic, fully immunized individuals

These changes go into effect on July 16th when Ontario enters Step 3 of the *Roadmap to Reopen* plan.

COVID-19 GUIDANCE DOCUMENT FOR LTCH

Definitions

2. 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 full series of a COVID-19 vaccine or combination of COVID-19 vaccines 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.

3. Do homes still need to consider "immunization coverage rates/thresholds" for social activities and dining?

As of the province entering Step 3 of the *Roadmap to Reopen* plan on July 16th, immunization coverage rates/thresholds are no longer being used to determine requirements for activities within the home. Requirements contingent on immunization rates have been removed.

However, some restrictions continue to remain in place based on the immunization status of staff, caregivers and visitors, such as maintaining physical distancing, participating in surveillance testing and being able to join a resident for dining and other activities.

4. 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 are not dependent on the residents immunization status.
- 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.

5. 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

6. Are social absences permitted?

Yes, as of July 16th, 2021, all residents, regardless of immunization status, 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.

7. 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.

8. **Are temporary absences permitted?**

Yes, as of July 16th, 2021, all residents, regardless of immunization status, 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.

9. **Do residents need to be tested after returning from an absence?**

Residents who leave the home for an overnight absence (including temporary absences) are required to follow the isolation and testing requirements as set out in the Admissions and Transfers section of the COVID-19 Guidance: Long-Term Care Homes and Retirement Homes for Public Health Units, effective May 5, 2021 or as current.

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

Yes. Residents 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. **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.

12. **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.

13. **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.

14. Can homes resume off-site excursions?

As of July 16th, in recognition of the reopening of attractions and entertainment venues, off-site excursions are permitted. All residents are permitted to take part in off-site excursions, regardless of immunization status.

15. Do residents need to be socially distanced in vehicles when on absences/off-site excursions?

For all types of absences, LTCHs are required to provide a medical mask to the resident (as tolerated) and remind them to follow public health measures, such as physical distancing and hand hygiene, while they are away from the home. With this in mind, residents should wear medical masks (as tolerated) and follow public health measures during an absence.

When on a van or bus, it is ideal that residents can remain socially distanced whenever possible. Additionally:

- when possible, residents should remain in the cohorts assigned by the home (particularly if not able to social distance)
- residents should be encouraged to mask, and have alcohol rubs/sanitizer readily available
- windows of vehicle should be open, if tolerated, to promote air circulation
- have seating arrangements (i.e. assigning seats and keeping track of seating plans) as much as possible to facilitate contact tracing

It should also be ensured that the vehicle driver follows all precautions (e.g. masking and appropriate eye protection), particularly when physical distancing may not be possible and if a physical barrier [i.e. Plexiglas] separating the driver from residents is not in place.

Activities

16. 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 when possible.

17. Can homes resume communal dining?

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

- when not eating or drinking, residents should be encouraged to wear a mask where possible or tolerated
- residents are to be within their cohort and seating arrangements be kept consistent
- Fully immunized staff and fully immunized visitors may accompany a resident for meals including for the purposes of either having a meal themselves or to assist a resident with feeding
- limiting room capacity to allow physical distancing between tables
- NEW: buffet and family style dining are permitted both indoors and outdoors
- frequent hand hygiene of residents and staff or caregivers or volunteers assisting with feeding should be undertaken

Fully immunized staff, essential caregivers and general visitors may accompany resident for meals by joining the resident's cohort.

18. Can buffet and family style dining resume?

Yes, as of July 16th communal dining, such as buffet and family style dining, may resume.

19. 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 (when indoors)
- Masking, including for residents where possible/tolerated
- Limited capacity in a room to allow physical distancing where necessary
- 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)

20. Are activities such as singing and dancing permitted?

Yes, as of July 16th activities such as singing and dancing are permitted in the home.

21. 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.

22. 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*.

23. 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

24. 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

25. 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.

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 indoor and outdoor gathering allowances for long-term care home residents as of July 16th?

As of July 16th, there are no longer sector-specific limitations on the number of visitors who can visit a resident, either indoors or outdoors. Homes' policies should ensure there is the ability for adequate physical distancing between groups and persons (as required) and that public health measures are being followed.

Homes are reminded that residents have a right under the *Long-Term Care Homes Act, 2007*, to receive visitors and homes should not develop policies that unreasonably restrict this right. It is expected that at a minimum, residents would be permitted two general visitors and two caregivers at a time.

Note: The indoor and outdoor "gathering limits" set out under regulations governing the province's Roadmap to Reopen made under the Reopening Ontario (A Flexible Response to COVID-19) Act, 2020 do not apply with respect to visitors coming to a long-term care home.

28. 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).

Any general visitor that can provide proof of full immunization status does not need to undergo surveillance testing.

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

For indoor visits for those general visitors who are not fully immunized (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*.

29. 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.

30. 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.

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

There are no longer sector specific limitations on the number of essential or general visitors permitted indoors or outdoors. Homes may establish reasonable policies based on resident needs and operational considerations.

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

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.

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

Where a general visitor is fully immunized close physical contact is permitted. Where the general visitors is not fully immunized the general visitor must maintain two metres physical distance from residents. Except for brief hugs which is permitted regardless of immunization status.

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

People can prove they are fully immunized by showing the physical or emailed receipt that was provided to them at the time of vaccination. 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.

35. 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.

36. 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.

37. 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 where the visitor has not provided proof of being fully immunized.

38. 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.

39. 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

40. 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.

41. 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]

42. 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

43. 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.

As of July 16, 2021, surveillance testing is no longer required for asymptomatic, fully immunized individuals.

44. 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.

45. 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).

46. Why have fully immunized individuals been exempted from asymptomatic surveillance testing?

The Testing Strategy Expert Panel, the Provincial Infectious Diseases Advisory Committee (PIDAC), the Science Advisory Table, as well as the Office of the Chief Medical Officer of Health, have all strongly recommended discontinuing routine surveillance testing of fully immunized people who have no symptoms of COVID-19.

The ministry will monitor the impact of these changes and can quickly re-introduce any measures if necessary.

47. Who does this change apply to?

A person is considered fully immunized if they have received the full series of a COVID-19 vaccine or combination of COVID-19 vaccines approved by Health Canada (e.g., two 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.

Any person entering a long-term care home who is fully immunized will be exempted from surveillance testing. This includes staff, caregivers, students, volunteers, support workers and general visitors.

48. How do people prove they are fully immunized?

People can prove they are fully immunized by showing the physical or emailed receipt that was provided to them at the time of vaccination. Vaccination receipts can also be downloaded or printed through the provincial portal.

49. What if a caregiver or general visitor does not want to show proof of immunization status?

Any individual who does not wish to provide proof of immunization status must follow the testing requirements as stated in the Minister's Directive.

50. What are the testing requirements for staff, caregivers, student placements and volunteers who are not fully immunized?

Testing requirements remain the same for individuals who are not fully immunized. 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.

51. 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.

52. 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.

53. 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.

54. What are the testing requirements for support workers and visitors who are not fully immunized?

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.

55. Do support workers and general visitors who are not fully immunized and 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.

56. 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.

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

No visitors taking part in exclusively outdoor visits do not need to undergo surveillance testing, regardless of their immunization status. 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.

58. 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.

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 are not fully immunized and 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?

If you are fully immunized, you no longer need to undergo surveillance testing. If not fully immunized, effective July 7th, 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 considered a visitor, there is not a requirement for testing for those who are entering the home.

65. Do children over the age of two need to be tested (ages 2-18)?

All individuals entering the home ages 2 and up must follow the testing requirements as stated in the Minister's Directive. Parental consent is required for minors (individuals under 18 years of age) that undergo testing. If consent is not given and/or testing is refused, the individual is not permitted to enter the home.

If a minor who is eligible for vaccination (currently ages 12-17) is fully immunized, they are exempt from asymptomatic surveillance testing.

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

The Minister's Directive on surveillance testing does not apply to inspectors Rather, inspectors from the Ministry of Long-Term Care and the Ministry of Labour, Training and Skills Development have separate and specific testing protocols that have been established within their ministries, which now include an exemption for fully immunized individuals from asymptomatic surveillance testing. Inspectors are not required to provide proof of immunization to the long-term care home in order to enter the home.

67. 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.

68. 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.

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.

If administering a test on a minor (ages 2-17) parental consent must be provided.

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.