

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

Table of Contents

OVERVIEW	3
1. What has changed?	3
Definitions	4
2. What is meant by “fully vaccinated”?	4
Absences	4
3. What is a social absence?	4
4. What is considered a frequent day absence?	4
5. If a resident goes out on frequent absences, when and how often should homes test the resident?	4
6. Can residents participate in physical activity such as walks in the immediate area?	5
7. Do individuals taking a resident on a day absence (when permitted) require testing (if they are not entering the home and not doing an outdoor visit)?	5
8. What should homes do in the event that a resident leaves the home in violation of current absence requirements?	5
Activities	5
9. Can residents from different cohorts socialize with each other?	5
10. Can fully vaccinated visitors and essential caregivers join residents for a meal and for social gatherings (both for communal dining or in the resident’s room)?	6
11. Are live performers allowed entry into homes?	6
12. My home has an on-site hair salon. How many residents can we provide services to at a time?.....	6
Ward Rooms	6
13. Can a resident from a three (3) or four (4) bed ward room return to that room if they leave the home?	6
Screening Requirements	7
14. What are the active screening requirements?	7
Visitor Policy	7

15. What are the indoor and outdoor gathering allowances for long-term care home residents?	7
16. How many designated caregivers is each resident permitted and how often can they be changed?	8
17. Can unvaccinated caregivers visit outdoors?	8
18. Does an individual have to be providing direct, <i>physical</i> care to a resident in order to be deemed a caregiver?.....	9
19. Can general visitors have close contact with a fully vaccinated resident? ...	9
20. How are homes supposed to determine if a visitor is fully vaccinated?	9
21. Are general visitors permitted when the home is in outbreak?	9
22. Are essential visitors permitted when the home is in outbreak?	9
23. Are homes allowed to restrict hours when general visitors are permitted? ..	10
24. Can areas of visitation be restricted?	10
25. Can you clarify what is meant by palliative or end-of-life care and how it impacts the ability of unvaccinated caregivers or general visitors to enter the home?	10
26. Are Adult Day Programs permitted while general visitors are restricted? ..	11
MINISTER'S DIRECTIVE: SURVEILLANCE TESTING	11
Testing Requirements.....	11
27. What is the objective of Long-Term Care Homes Surveillance Testing? ...	11
28. Who must be tested for COVID-19?	11
29. What if I want to test more frequently than the Minister's Directive requires? 12	
30. Can staff, student placements, or volunteers enter the home while waiting for rapid antigen test results?	12
31. Do support workers who attend to multiple homes in the same day need to be tested at each home?	12
32. Do individuals who test positive on the rapid antigen test need to be confirmed positive with additional testing?	12
33. How can homes order test kits to rapidly implement the new testing requirements?.....	13
34. Are expiry dates for rapid test kits being extended?	13
35. Do individuals who previously had COVID-19 need to resume testing?	14
36. 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?	14
37. Do infants under the age of one need to be tested?	14
38. Do children aged one and older need to be tested (ages 1-17)?.....	14

39. Does the Minister’s Directive apply to inspectors?	14
40. Can homes ask a person visiting a resident receiving end of life care to demonstrate that they have received a negative PCR test result or take an antigen test?	15
41. Does a preliminary positive result on a Rapid Antigen Test mean the long-term care home is in outbreak?	15
42. If a long-term care home is in outbreak, should the home still do surveillance testing?	15
43. What are the requirements for the retention of screening and surveillance test results?	15
44. Who can perform the rapid antigen test? Can a nursing student or student in a health care program perform the test?	15
45. Is self-swabbing an acceptable method of specimen collection for rapid antigen test?	15
46. In unsupervised self-swabbing for rapid antigen tests permitted?	16
47. What happens if individuals refuse to be tested?	16
48. Is a dedicated person for third party oversight required 24 hours a day, seven days a week?	16
Test-To-Work/Return to Work.....	16
49. When should testing on days 6 and 7 be conducted?	16
50. What should be done if a staff member tests positive on day 6 or 7?	17
Contact Information	17
51. I have questions regarding the Health Data Collection Services portal. Who can I contact?	17
52. Who can I contact if I have any issues?.....	17

OVERVIEW

1. What has changed?

The FAQs have been updated to reflect the announcement regarding the gradual easing of temporary enhanced measures currently in place to reduce the risk of COVID-19 transmission and serious illness in long-term care homes. Including updates on visitor policy and absences.

Definitions

2. What is meant by “fully vaccinated”?

In line with the Ministry of Health’s [COVID-19 Fully Vaccinated Status in Ontario](#), a person is **fully vaccinated** against COVID-19 if they have received:

- the full series of a COVID-19 vaccine authorized by Health Canada, or any combination of such vaccines,
- one or two doses of a COVID-19 vaccine not authorized by Health Canada, followed by one dose of a COVID-19 mRNA vaccine authorized by Health Canada, or
- three doses of a COVID-19 vaccine not authorized by Health Canada; and
- they received their final dose of the COVID-19 vaccine at least 14 days before providing the proof of being fully vaccinated.

Please refer to the [Minister’s Directive: Long-term care home COVID-19 immunization policy](#) for any additional vaccination requirements, including requirements for third doses.

Absences

3. What is a social absence?

A social absence is a type of short term (day) absence that is less than or equal to 24 hours. A social absence includes any absence that does not fall under medical, compassionate/palliative, and/or essential absence that do not include an overnight stay. A short walk in the immediate area is not considered a social absence. Examples of a social absence include going on a day-trip or visiting family.

4. What is considered a frequent day absence?

A resident that leaves the home several times a week (e.g., 3 or more times in one week) is considered to be leaving frequently for a day absence. These absences are typically on a predictable schedule or for a predictable reason, such as to receive medical care such as dialysis.

5. If a resident goes out on frequent absences, when and how often should homes test the resident?

As per the *COVID-19 guidance document for long-term care homes in Ontario*, residents that go on absences on a daily or frequent basis are to have a laboratory-based PCR test and rapid antigen test, on the same day, two times per week (for example, PCR and rapid test on Tuesday; and PCR and rapid antigen test on Friday).

6. 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.

7. Do individuals taking a resident on a day absence (when permitted) require testing (if they are not entering the home and not doing an outdoor visit)?

No, individuals only require testing if they are entering the home or are taking part in an outdoor visit.

8. What should homes do in the event that a resident leaves the home in violation of current absence requirements?

The Ministry of Long-Term Care requires all homes to follow the requirements set out in the applicable Directives, legislation/regulations and orders. If a resident leaves the home of their accord, homes are encouraged to discuss the matter with their legal counsel.

Activities

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

Yes, residents can socialize within and across units, in small groups, when indoors and outdoors. Residents should still follow public health measures, especially when indoors, which includes masking (as tolerated) and maintaining physical distancing when possible.

Residents should be cohorted when residents are eating or drinking (such as during dining hours); during high risk activities such as singing and dancing; during an outbreak or when a resident(s) is isolating; or when following the direction of a local public health unit which has explicitly prohibited mixing cohorts.

While the specific limit to social gatherings under the Roadmap to Reopen does not apply to LTC homes, each home should determine the size of social gatherings among residents that best reflect the realities of the home from a staffing and space perspective in order to ensure these social opportunities are as safe as possible.

10. Can fully vaccinated visitors and essential caregivers join residents for a meal and for social gatherings (both for communal dining or in the resident's room)?

Fully vaccinated caregivers and general visitors (once permitted entry again) may accompany a resident for meals to assist a resident with eating, however the visitor should remain masked at all times and not eat with the resident. Caregivers and general visitors (once entry is permitted again) must also remain masked while in the resident's room, even in situations where residents are receiving end of life care.

Caregivers who have three vaccine doses can join small gatherings with residents.

11. Are live performers allowed entry into homes?

Live performers are considered 'general visitors' and are at present not allowed into the home.

12. 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*.

Homes that have personal care service workers on staff may continue to utilize them as any other staff. For homes that rely on general visitors to provide personal care services, entry to these individuals should not be permitted until the visits by general visitors are once again allowed.

Ward Rooms

13. 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

14. 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 actively checked and validated by a screener 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 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.

Visitor Policy

15. What are the indoor and outdoor gathering allowances for long-term care home residents?

As of December 31th, 2021, there are new restrictions to the number of visitors that residents may have as follows:

- For indoor and outdoor visits, up to 2 people (caregivers only) may visit a resident at a time

If a resident is in isolation or is symptomatic, or if the resident resides in a declared outbreak area, then the resident may only have one caregiver visit at a time.

Recognizing there are caregivers who want to volunteer to support more than one resident, in the event of an outbreak, caregivers may support up to two residents who are COVID-19 positive, provided the home obtains consent from all involved residents (or their substitute decision makers). Caregivers may also support more than one resident in non-outbreak situations, with the same expectation regarding resident consent.

It is the discretion of the home to decide if outdoor visits are permissible in the winter months depending on the weather and the homes outdoor facilities. Recognizing that not all homes have suitable outdoor space, outdoor visits may also take place in the general vicinity of the home.

In cases where a resident is receiving end of life care, there are no restrictions of number of visitors permitted.

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.

16. How many designated caregivers is each resident permitted and how often can they be changed?

As of February 7, 2022, a maximum of 4 caregivers may be designated per resident at a time. Caregivers who were designated prior to December 15th, 2021, may continue to be designated as a caregiver even if this means the resident has more than 4 designated caregivers.

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 one caregiver visit at a time.

As per the *COVID-19 guidance document for long-term care homes in Ontario*, a resident or their substitute decision-maker may change a designation in response to a change in:

- The resident’s care needs that is reflected in the plan of care, or
- Availability of a current designated caregiver which could be temporary (for example, due to illness) or permanent.

While residents or their substitute decision-maker may not continuously change a designation in order to increase the number of people permitted to enter the home, homes should have an internal policy on the frequency allowed that takes into account resident needs (e.g., residents with high support needs may require more frequent switching of caregivers to allow caregivers to have a break).

The responsibility to designate an individual as a caregiver is the responsibility of the resident or their substitute decision-maker and not the home. The designation of a caregiver should be made in writing to the home and homes should have a procedure for documenting caregiver designations.

17. Can unvaccinated caregivers visit outdoors?

Yes, unvaccinated caregivers may still visit residents outdoors.

18. Does an individual have to be providing direct, *physical* care to a resident in order to be deemed a caregiver?

No. A caregiver is a type of essential visitor who is visiting the home to provide *direct care* to meet the essential needs of a particular resident. Direct care includes providing direct physical care (such as supporting the resident with eating, bathing, and dressing) but also includes providing social-emotional support and support to help the resident self-regulate, communicate, and make decisions.

19. Can general visitors have close contact with a fully vaccinated resident?

Fully vaccinated general visitors may have close physical contact with a fully vaccinated resident, but must continue to wear a mask at all times (once general visits resume).

20. How are homes supposed to determine if a visitor is fully vaccinated?

As of January 27, 2022, the enhanced vaccination certificate (i.e., QR code) is the only valid proof of vaccination. The QR code can be used digitally or by printing a paper copy. Those without a phone or a computer may get their QR code at their local library, Service Ontario center, or call the Provincial Vaccine Contact Centre at 1-833-943-3900 to have their vaccine certificate mailed to them.

Individuals who previously provided proof of vaccination in accordance with the Minister's Directive are not required to re-submit proof of vaccination, however, a licensee may require an individual confirm proof of vaccination using the enhanced vaccination certificate / QR code.

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

General visitors are currently paused. Once resumed:

General visitors will not be permitted to visit residents indoors if the entire home is in outbreak or the resident is symptomatic or isolating under additional 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 or caregivers.

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

22. Are essential visitors permitted when the home is in outbreak?

Essential visitors are permitted when a home is in outbreak. Essential visitors to the home include people visiting very ill or residents receiving end of life care, government inspectors with a statutory right of entry, support workers, and caregivers. Please note that government inspectors with a statutory right of entry cannot be prohibited from entering the home.

23. 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.

24. 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.). For fully vaccinated visitors and caregivers, 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.

Visitors and caregivers who are permitted entry to the home (due to medical exemption or to visit a resident receiving end of life care) who are not fully vaccinated are restricted to only visits in the resident's room and must ensure to physically distance from residents unless providing direct care and other individuals in the room.

25. Can you clarify what is meant by palliative or end-of-life care and how it impacts the ability of unvaccinated caregivers or general visitors to enter the home?

Unvaccinated caregivers and general visitors may enter the home only in circumstances where the resident is actively/imminently palliative and/or are deemed to be receiving end-of-life care. In these instances, the unvaccinated individual is restricted to visiting within the resident's room only.

26. Are Adult Day Programs permitted while general visitors are restricted?

Participants of the adult day programs are considered general visitors to the home and thus not permitted entry to the long-term care home at this time.

MINISTER'S DIRECTIVE: SURVEILLANCE TESTING

Testing Requirements

27. 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.

28. Who must be tested for COVID-19?

Per the current [Minister's Directive COVID-19: Long-term care home surveillance testing and access to homes](#), all staff, caregivers, student placements, volunteers, support workers, and visitors at a long-term care home must be tested in accordance with the Minister's Directive.

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

- a) An Antigen Test at a frequency of 2 tests per week, at a minimum, if fully vaccinated, or at a frequency of 3 tests per week, at a minimum, if not fully vaccinated;
- OR**
- b) One PCR Test and one Antigen Test on separate days within a seven-day period.

Support workers and general visitors, regardless of vaccination status, are required to undergo a "day of" antigen test unless they were tested the previous day, and a test result must be obtained before entry to the home.

Any individual who has travelled outside of Canada in the past 14 days, regardless of vaccination status, must undergo a rapid antigen test prior to entering the home, unless they demonstrate a negative rapid antigen test result from a test taken on the

day of the visit or from the day before the visit. If the person has a negative PCR test result from a test taken on the day prior to entry, that test result is also acceptable.

Any individual that is required to quarantine by the Government of Canada is not permitted to enter a long-term care home until released from quarantine. This requirement also applies to individuals in the same household as the person required to quarantine. If they are released from quarantine during the 14-day period from their date of return to Canada, they must be rapid tested or provide proof of a negative test prior to entry.

29. 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 and local circumstances.

In light of the current testing supply constraints, homes are reminded that proof of a valid negative test is acceptable for support workers and caregivers if taken on the same or previous day. Additionally, homes should not be testing individuals more than once per day.

30. Can staff, student placements, or volunteers enter the home while waiting for rapid antigen test results?

The home must ensure that the test is taken as soon as possible after the individual begins a shift. While waiting for test results, the individual may enter the home with appropriate personal protective equipment as per Directive #3 and following infection prevention and control in place upon entry. The staff, student or volunteer should not provide direct care until receiving a negative test result.

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

Support workers are required to demonstrate proof of a negative COVID-19 test result from a test taken on the day of the visit or taken on the previous day. If visiting multiple homes, support workers can show proof of a valid negative antigen test to gain entry without the need to be retested.

32. Do individuals who test positive on the rapid antigen test need to be confirmed positive with additional testing?

A positive test result on the rapid antigen test should be considered a preliminary positive and generally requires a confirmatory molecular point-of-care test (e.g. ID NOW) and/or a laboratory-based PCR test*. The following actions should be taken:

1. Counsel the individual that the result is preliminary positive and that a confirmation test is required within 24 hours.
2. Issue guidance to return home and self-isolate until receipt of a confirmatory test result through a laboratory-based PCR test or a molecular point-of-care test.
3. Where a molecular point-of-care test is used to confirm a preliminary positive rapid antigen test:
 - If the molecular test is positive, the individual is considered positive.
 - If the molecular test is negative, a laboratory-based PCR test is required to confirm the negative result.

Note: Preliminary positive tests (e.g., from rapid antigen tests) should be reported to the local Public Health Unit (PHU) at this time. Confirmatory molecular point-of-care tests must be reported into the Ontario Laboratories Information System (OLIS)

*In light of recent testing shortages and a surge of cases due to the Omicron variant, homes may be unable to access confirmatory PCR tests and/or may be instructed by a local PHU to treat a positive rapid antigen test as a confirmed positive test result. Positive rapid antigen tests may be treated as a confirmed positive result if PCR tests are not accessible.

33. How can homes order test kits to rapidly implement the new testing requirements?

Due to current supply constraints, homes have been temporarily set up for automatic bi-weekly shipments of rapid antigen tests, and no longer need to place orders for rapid antigen tests. Should the bi-weekly supply of rapid antigen tests not be enough to meet the testing needs of your home, please reach out to mltcpandemicresponse@ontario.ca.

To order PCR swabs, homes are to follow the existing online ordering process using Ontario Health's [portal](#). If necessary, homes can categorize the order as an emergency order, and it will be prioritized with expedited shipping. For orders put through the OH portal, homes can follow up on the status of their order by emailing covid19supplychain@ontariohealth.ca.

34. Are expiry dates for rapid test kits being extended?

Health Canada has recently approved an extension to the shelf life of BD Veritor System for Rapid Detection of SARS-CoV-2 to a total of 16 months. Homes should review any boxes of BD Veritor tests that might be nearing expiry and compare them to the manufactured lot numbers in the [memo from BD shared on December 14th](#) to confirm revised expiry date. All efforts should be made to use test kits before they expire and before ordering new test kits.

35. Do individuals who previously had COVID-19 need to resume testing?

Yes. As of December 17th, 2021, due to the higher reinfection rate of the Omicron variant, all individuals who previously had a confirmed COVID-19 infection must resume surveillance testing **30 days** from their COVID-19 infection (based on the date of their confirmed positive result).

36. 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?

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.

37. Do infants under the age of one need to be tested?

Infants under one year of age are not considered a visitor, and are not required to be tested before entering the home.

38. Do children aged one and older need to be tested (ages 1-17)?

All individuals entering the home over the age of one 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.

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

The Minister's Directive on surveillance testing does not apply to inspectors with a statutory right of entry. 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. In addition, all LTC inspectors **were** required to be fully vaccinated by December 13, 2021, unless they **had** a valid medical exemption, **and the requirements regarding third dose also apply to inspectors**. Inspectors are not required to provide proof of vaccination to the long-term care home in order to enter the home.

40. Can homes ask a person visiting a resident receiving end of life care to demonstrate that they have received a negative PCR test result or take an antigen test?

The testing requirements in the Minister's Directive do not apply in the situation of a resident receiving end of life care. Homes have the discretion to request testing in these situations.

41. Does a preliminary positive result on a Rapid Antigen Test mean the long-term care home is in outbreak?

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. At this time, preliminary positive tests (antigen test positives) should be reported to the local PHU.

42. If a long-term care home is in outbreak, should the home still do surveillance testing?

Homes should work with their local Public Health Unit on understanding the use of rapid antigen tests for specific purposes during an outbreak (e.g., for caregivers).

43. What are the requirements for the retention of screening and surveillance test results?

Homes should maintain screening and surveillance test results for **30 days**, in line with the requirement to keep visitor logs for a minimum of 30 days.

The Ministry requires surveillance test results data be submitted through the weekly data reporting requirement.

44. Who can perform the rapid antigen test? Can a nursing student or student in a health care program perform the test?

The collection of specimens do not need to be performed by a health professional and can be performed by anyone with appropriate training. Self-swabbing is also permitted as a voluntary specimen collection option.

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.

45. Is self-swabbing an acceptable method of specimen collection for rapid antigen test?

Yes. According to updated [Ministry of Health guidelines](#), self-swabbing is 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. Please note that while these videos are for self-swabbing at home, all self-swabbing for long-term care are required to take place at the home.

46. In unsupervised self-swabbing for rapid antigen tests permitted?

Yes. Self-swabbing is permitted as an optional and voluntary swabbing method and does not require supervision.

47. 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.

48. 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.

Test-To-Work/Return to Work

49. When should testing on days 6 and 7 be conducted?

In circumstances of serious staffing shortages homes may have fully vaccinated staff return, prior to the 10 days requirement when a close contact or due to being COVID positive, under circumstances identified in the *COVID-19 guidance document for long-term care homes in Ontario*. This guidance includes a risk-based framework to guide return to work planning for homes for lowest risk, moderate risk, and high-risk options. The home should assess the risk to transmission option most appropriate to their circumstances and follow the guidance accordingly.

If rapid antigen testing is being used in the scenario above, the tests conducted on days 6 and 7 **must be 24 hours apart**. For example, if a staff member is tested on day 6 at 3:00PM, they must be tested on day 7 no earlier than 3:00PM.

50. What should be done if a staff member tests positive on day 6 or 7?

If a staff member tests positive on either day 6 or 7, on either a rapid antigen test or a PCR test, and regardless if they were positive prior to the test on days 6 or 7 or a close contact, they must start the testing regimen again. For example, if a staff member is a close contact of a positive case and undergoes testing on days 0-5 with results being negative but then tests positive on day 6 on a PCR test or day 6 or 7 on a RAT, they are considered to be COVID positive with the positive tests treated as day 0.

Contact Information

51. 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.

52. 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.