

COVID-19: Long-term care home surveillance testing and access to homes

Read the Minister's Directive about the long-term care home testing strategy that's part of the COVID-19 (coronavirus) response framework.

Effective March 14, 2022

Minister's Directive: COVID-19 — Long-term care home surveillance testing and access to homes

This Minister's Directive is issued pursuant to s. 174.1 of the [Long-Term Care Homes Act, 2007](#) (Act), which authorizes the Minister of Long-Term Care to issue operational or policy directives respecting long-term care homes where the Minister considers it in the public interest to do so. Every licensee shall carry out every operational or policy directive that applies to the long-term care home.

This Directive is effective as of March 14, 2022. This Directive updates and replaces the previous version of this Directive dated December 17, 2021.

This Directive relates to surveillance testing and access to long-term care homes that are not experiencing an outbreak of COVID-19. Additional measures apply in an outbreak situation, including measures as per local public health direction and measures contained in [Directive #3](#) for Long-Term Care Homes issued by the Chief Medical Officer of Health.

Definitions

All terms in this Directive have the same meaning as under the Act and [Ontario Regulation 79/10](#) under the Act, unless otherwise defined.

The following definitions apply for the purpose of this Directive.

- **Antigen test** means a point-of-care rapid antigen test for the novel coronavirus known as COVID-19.
- **Caregiver** means a type of visitor who is visiting the home to provide direct care to meet the essential needs of a particular resident. Caregivers must be at least 16 years of age and must be designated by the resident or their substitute decision-maker (if any).
 - **Direct care** includes providing support or assistance to a resident that includes providing direct physical support (for example, eating, bathing and dressing) and/or providing social and emotional support.
- **Confirmed COVID-19 infection** means a positive diagnostic COVID-19 result, confirmed through a laboratory-based PCR test, or through a molecular point-of-care test that was taken following a positive antigen test.
- **Directive #3** means Directive #3 for Long-Term Care Homes under the [Long-Term Care Homes Act, 2007](#) issued under section 77.7 of the [Health Protection and Promotion Act \(HPPA\)](#), R.S.O. 1990, c. H.7, by the Chief Medical Officer of Health, as amended from time to time.
- **General visitor** means a person who is not an essential visitor and is visiting the home to provide non-essential services related to either the operations of the home or a particular resident or group of residents. This excludes children under the age of one.
- **Licensee** has the same meaning as under the Act.
- **Molecular point-of-care test** means a point-of-care test for the novel coronavirus known as COVID-19 that may be used to confirm a positive test result following an antigen test.
- **Ontario Health** means the corporation continued under section 3 of the [Connecting Care Act, 2019](#)
- **PCR test** means a validated real-time polymerase chain reaction (PCR) assay laboratory test for the novel coronavirus known as COVID-19.
- **Regulated health profession** has the same meaning as under [Ontario Regulation 79/10](#).
- **Staff** has the same meaning as under the Act.
- **Student placement** means a person working in the long-term care home as part of a clinical placement requirement of an educational program of a college or university, who does not meet the definition of “staff” or “volunteer”.
- **Support worker** means a person who visits a home to provide support to the critical operations of the home or to provide essential services to a resident. Essential services include, but are not limited to, services provided by regulated health professionals, emergency services, social work, moving services, legal services, post-mortem services, maintenance and repair services, food and nutrition services, water and drink delivery services, mail, delivery and courier services, assistive devices program vendors, and election or voting services.

- **Volunteer** has the same meaning as under the Act.

I hereby issue the following Directive with respect to every long-term care home:

1. Test frequency

Every licensee shall ensure that:

1.1. Staff, caregivers, student placements and volunteers

Subject to the exceptions in section 3, 4.1, and 5 of this Directive, as applicable, every licensee shall ensure that all staff, caregivers, student placements and volunteers working in or visiting a long-term care home take either:

- a. one PCR test and one antigen test on separate days within a seven-day period. The time period between PCR testing should be as close to seven days as can practically be achieved.
- b. an antigen test at a frequency of two times per week, at a minimum, on separate days, if they are fully vaccinated against COVID-19.
- c. an antigen test at a frequency of three times per week, at a minimum, on separate days, if they are not fully vaccinated against COVID-19.

1.1.1 Occasional entry

Despite section 1.1, where a staff, caregiver, student placement or volunteer enters a long-term care home fewer than the number of times they are required to be tested as required in section 1.1, the licensee shall ensure that the staff, caregiver, student placement or volunteer is tested in accordance with section 1.1 of this Directive or takes an antigen test on each day they enter the home in accordance with this Directive. For clarity, such staff, caregivers, student placements and volunteers are not required to attend the home for the sole purposes of meeting the testing requirements set out in section 1.1.

1.1.2 Occasional entry (consecutive days)

Despite sections 1.1 and 1.1.1, where a staff, caregiver, student placement or volunteer only enters a long-term care home on two consecutive days within a seven day period and demonstrates a

negative test result from an antigen test or from a PCR test taken on the first day, the licensee may permit entry on the second consecutive day without requiring a negative test.

1.2. Support workers

Subject to the exceptions in sections 3, 4.1, and 5 of this Directive, every licensee shall ensure that all support workers demonstrate that they have received a negative COVID-19 test result from an antigen test or a PCR test on the day of the visit or demonstrate proof of a negative antigen test or PCR test that was taken on the previous day before granting them full entry into a home as a visitor.

1.3. General visitors

Subject to the exceptions in sections 3, 4.1, and 5 of this Directive, every licensee shall ensure that all general visitors visiting a long-term care home, where permitted based on [Directive #3](#) demonstrate that they have received a negative antigen test or a negative PCR test on the day of the visit or demonstrate proof of a negative antigen test or PCR test taken on the previous day before granting them full entry into a home as a visitor.

2. Testing timing

2.1 Staff, student placements and volunteers

Where a staff, student placement or volunteer takes either:

- a. an antigen test at the long-term care home, every licensee shall ensure that the test is taken as soon as possible after beginning a shift, and the individual may enter with appropriate personal protective equipment as per [Directive #3](#) and following infection prevention and control in place upon entry to the home.
- b. a PCR test, every licensee shall ensure that the individual demonstrates that they have received a negative COVID-19 test result, before granting them entry.

2.2 Caregivers

Where a caregiver takes a PCR test, every licensee shall ensure that the caregiver demonstrates that they have received a negative COVID-19 test result, before granting them full entry into a home as a visitor. Where a caregiver takes an antigen test at the long-term care home, every licensee shall ensure that the test is taken before granting them full entry into the long-term care home; however, the licensee may allow the caregiver to proceed to the resident's room with appropriate personal protective

equipment as per [Directive #3](#) and following infection prevention and control practices pending the antigen test results.

2.3 Support workers and general visitors

Subject to the exception in section 2.4 for certain support workers, every licensee shall ensure that support workers and general visitors (where permitted) are tested and demonstrate a negative antigen test or a negative PCR test as per the requirements in section 1 above before granting them entry to the home.

2.4 Support workers who are regulated health professionals

Despite the requirement in section 2.3, where a support worker who is a member of a regulated health profession takes an antigen test at the long-term care home, the licensee shall ensure that the test is taken before granting them full entry into the long-term care home; however, the regulated health profession support worker may gain entry to the home pending the test results with appropriate personal protective equipment as per [Directive #3](#) and following infection prevention and control practices. For clarity, the antigen or PCR test frequency in section 1.2 continues to apply to support workers who are members of a regulated health profession.

3. Repeat false positives

Despite the requirements set out in sections 1 and 2 of this Directive, where an individual described in section 1 takes an antigen test and the test result is positive for COVID-19 and subsequently receives a negative confirmatory lab-based PCR test result (“false positive” antigen test), and this sequence (a positive antigen test followed by a negative confirmatory lab-based PCR test) occurs three times within a 30 day period starting from the day the first preliminary positive antigen test was taken, section 1 does not apply with respect to that individual. Instead, the licensee shall ensure that such individuals provide proof that they received a negative PCR test that was taken within the last seven days, before granting them entry.

4. Previous COVID-19

4.1 Up to 90 days

Despite the requirements set out in sections 1 and 2 of this Directive and subject to section 4.2, where an individual has had a prior confirmed COVID-19 infection in the past 90 days from the date of the confirmed COVID-19 infection, the individual should not be re-tested except:

- a. with new onset of signs or symptoms of COVID-19
- b. can be considered:
 - i. if there is exposure to a confirmed case of COVID-19
 - ii. if there is a COVID-19 outbreak in the home
 - iii. at the direction of the local public health unit

4.2 Retesting after COVID-19

Despite section 4.1, every licensee shall ensure that an individual who has had a prior confirmed COVID-19 infection, immediately resumes asymptomatic screening testing in accordance with this Directive after the 90th day from the date of their confirmed COVID-19 infection.

5. Palliative and emergency situations

Despite the requirements set out in sections 1, 2, and 3 of this Directive, the requirements for support workers, caregivers and general visitors do not need to be followed in an emergency situation or in situations where residents are receiving end of life care, subject to any restrictions or requirements contained in [Directive #3](#).

6. Inspectors

This Directive does not apply to inspectors with a statutory right of entry.

7. Access subject to requirements

Every licensee shall ensure that no person described in sections 1 and 2 of this Directive enters the home unless the requirements contained in this Directive have been met.

8. Requirement to demonstrate proof of negative antigen or PCR test

Where a staff, caregiver, student placement, volunteer, support worker or general visitor received an antigen test or a PCR test not onsite at the long-term care home, on that day or the previous day, every licensee shall ensure that the staff, caregiver, student placement, volunteer, support worker or general visitor provides proof of the negative antigen or PCR test result in order to gain entry to the home or take a new antigen test. The licensee shall maintain a log that such proof has been demonstrated.

9. Statistical information

Every licensee shall collect, maintain and disclose statistical information on testing as follows:

- a. documentation that includes (collectively, “the statistical information”):
 - i. the number of staff, caregivers, student placements, volunteers, support workers, and general visitors tested with an antigen test
 - ii. the number of staff, caregivers, student placements, and volunteers tested with a PCR test and date it was presented at the home
 - iii. the number of caregivers, support workers and general visitors who were permitted entry under an emergency or palliative situation in accordance with section 5
 - iv. the number of staff, caregivers, student placements, volunteers, support workers, and general visitors that provided proof of a negative antigen test to gain entry
 - v. the number of staff, caregivers, student placements, volunteers, support workers and general visitors that provided proof of a negative PCR test in accordance with section 3 resulting from repeat false positives to gain entry

- b. upon request, disclose the statistical information to the Ministry of Long-Term Care, the public health unit for the area in which the long-term care home is located and to Ontario Health.

10. Prohibition on reselling or distributing to any other person

Every licensee shall ensure that an antigen test that has been obtained from Ontario Health is:

- used only for the purposes of the provincial antigen screening program
- not resold or distributed to any other person