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

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OVERVIEW

1. What has changed?

The FAQs have been updated to align with the Ministry of Health's COVID-19 Guidance: Long-Term Care Homes and Retirement Homes for Public Health Units. Updates have been made to testing and isolation practices.

Definitions

2. What is meant by "staying up-to-date" with COVID-19 vaccination?

The Ministry of Health released updated COVID-19 vaccination recommendations, as outlined in the guidance document Staying Up to Date with COVID-19 Vaccines: Recommended Doses. Staying up-to-date with COVID-19 vaccines means a person has received all recommended COVID-19 vaccine doses, including any booster dose(s) when eligible.

The Ministry of Health guidance recognizes that some settings may retain in their vaccination policies the definition of "fully vaccinated", as defined on the Proof of COVID-19 vaccination website. For these purposes, "fully vaccinated" may be defined as someone having received:

- the full series of a COVID-19 vaccine authorized by Health Canada, or any combination of such vaccines, or one dose of Janssen, or
- 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.

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 (i.e. dialysis).

5. 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.

6. 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.

7. If a resident has previously tested positive for COVID-19, do they have to test and isolate upon return from an absence?

Residents are exempt from applicable testing and isolation requirements if they are within 90 days from a confirmed COVID-19 infection (assuming they do not have symptoms).

Activities

8. **Can residents from different units/floors socialize with each other?**

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

There are no requirements for residents to remain in a cohort unless during an outbreak.

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. Large social group activities where potential crowding can occur should continue to be avoided, and IPAC measures should continue to be followed by staff, residents and visitors.

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

Caregivers and general visitors may accompany a resident for meals to assist a resident with eating, however the visitor should remain masked at all times while in the home and not eat with the resident. Caregivers and general visitors do not need to physically distance themselves from residents they are visiting, however, must remain masked while in the resident's room, even in situations where residents are receiving end of life care.

Caregivers and visitors may join group activities with residents where space permits.

Ward Rooms

10. **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

11. 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

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

The number of visitors that residents may have is:

- For indoor visits, up to 4 visitors (including caregivers) may visit a resident at a time
- There are no limits on the number of individuals permitted at outdoor visits, but homes may restrict the number of visitors per resident based on available space.

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.

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

13. How many designated caregivers are permitted for each resident 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.

Please refer to the *COVID-19 guidance document for long-term care homes in Ontario*, for further information on the caregiver designation.

14. 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 additional precautions. If only a portion of the home is in outbreak, residents unaffected by that outbreak may still have visitors both indoors and outdoors.

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

Essential visitors are permitted when a home is in outbreak. Essential visitors include people visiting very ill residents 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.

Minister's Directive on Surveillance Testing

16. 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 approaches for testing of staff, caregivers, students and volunteers:

a) A rapid antigen test at a frequency of two tests per week, at a minimum, on separate days if fully vaccinated, or at a frequency of three tests per week, at a minimum, if not fully vaccinated; **OR**
b) One PCR test and one rapid 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" rapid antigen test (or PCR test) unless they show proof of negative test from the previous day.

17. Is there a preferred testing approach?

While homes can choose either testing approach, as per the question above, they are encouraged to use the rapid antigen testing only pathway (i.e., rapid antigen testing two times per week) rather than one rapid antigen test and one PCR test, when it is more reasonable or accessible to do so, to not place unnecessary pressure on PCR lab processing capacity.

18. What if homes want to test more frequently than the Minister's Directive requires?

The Minister's Directives sets out minimum requirements and homes may choose to increase the frequency of rapid antigen testing based on their own assessment of need in the context of their operations and local circumstances.

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.

19. What if staff, students, volunteers or support workers choose not to disclose their vaccination status?

Individuals who do not provide proof of their vaccination status would be required to be tested at a frequency of three times per week (or 1 PCR and 1 rapid antigen test if that's the testing approach the home uses). It is up to individuals to decide whether or not to demonstrate proof of being fully vaccinated in order to take advantage of the less frequent testing (i.e., twice per week).

20. 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.

21. 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 test to gain entry without the need to be retested.

22. Is testing required for outdoor visits or for support workers who only work outside the home?

Surveillance testing requirements do not apply for outdoor visits or for support workers who solely do work outside of the home (e.g., roof maintenance). All other health and safety requirements remain in place.

23. 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:

a) Counsel the individual that the result is preliminary positive and that a confirmation test is required within 24 hours.

b) 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.

c) 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.

24. When do individuals who previously had COVID-19 need to resume testing? What proof of a COVID-19 infection is required?

All individuals who previously had a confirmed COVID-19 infection must resume surveillance testing **90 days** from their COVID-19 infection (based on the date of their confirmed positive result). A positive PCR test result is required in order to be exempt from surveillance testing for 90 days as per the Minister's Directive.

25. 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?

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.

26. Do children need to be tested?

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

27. 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.

28. 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 a rapid 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.

29. 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. Preliminary positive tests (rapid antigen test positives) do not need to be reported to the local PHU, as long as there is concurrent use of PCR or molecular testing for confirmation. In the context of outbreaks, a PHU may choose to have preliminary RAT positive results reported to facilitate their outbreak management, but that is not required of the homes unless at the request of the PHU.

30. 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).

31. 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.

32. 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.

33. 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 and does not require supervision. 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.

34. What is the recommended swabbing technique?

The COVID-19 Science Advisory Table and the Office of the Chief Medical Officer of Health recommend using a combined oral and nasal sampling when using rapid antigen tests for surveillance testing. There is emerging evidence that rapid antigen tests more reliably detect the Omicron variant using this method. An Ontario Health one-pager on how to collect the sample can be found here.

35. 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.

36. 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.

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

Homes have been set up for automatic bi-weekly shipments of rapid antigen tests, and no longer need to place orders for rapid antigen tests. Should the 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 SupplyChain.Inquiries@ontario.ca.

Vaccinations

38. Are vaccines still effective? How do third doses provide protection against the Omicron variant?

Vaccination continues to be the best defense against COVID-19, particularly in high-risk settings like long-term care homes. Vaccines have proven to be very effective against severe illness and outcomes, especially with a third or fourth dose.

Available studies estimate little to no protective effect against infection with the Omicron variant six months after a second dose. However, after receiving a third dose there is a restored protective effect between 50% and 70%. Additionally, for long-term care residents, a fourth dose 3 months after receiving a third dose offers increased protection against Omicron. Additionally, evidence shows that boosters are highly effective against severe outcomes, including hospitalizations and death, with a third dose restoring protection from hospitalization to 95%.

Every Ontarian should continue to be strongly encouraged to stay up-to-date with COVID-19 vaccination, including those who live, work, train and volunteer in long-term care homes and other congregate care settings. The more people who have up-to-date COVID-19 vaccinations, the lower the risk of infection and the lower the chance that COVID-19 will enter homes and affect the lives of residents.

For more information on recommended doses of COVID-19 vaccine, please review the Ministry of Health's guidance document [Staying Up to Date with COVID-19 Vaccines: Recommended Doses].

39. Could homes implement their own vaccination policies?

Long-term care licensees retain the ability to impose vaccination requirements for existing and new staff, students, and volunteers, provided they comply with all applicable laws, such as the *Human Rights Code*. In addition, nothing prevents licensees from having proof-of-vaccination requirements for caregivers, general visitors and support workers provided the licensee's requirements are consistent with the *Fixing Long-Term Care Act, 2021,* including the Residents' Bill of Rights and section 5 of the Act (right to a safe and secure home), and O. Reg. 246/22: General, and comply with all other applicable laws including the *Human Rights Code*.

Any licensee who developed vaccine requirements would be responsible for updating the policies and reviewing them going forward (for example, requiring existing and/or new staff be up to date with all recommended COVID-19 doses).

While licensees have the ability to develop their own proof-of-vaccination policies, to ensure that residents are not unreasonably restricted from having visitors in accordance with the Residents' Bill of Rights, vaccination policies must not apply to outdoor visitors nor to visitors under the age of 5 (who are not yet eligible to be vaccinated). Licensees should engage with their Residents' Council, Family Council and local public health unit to inform their policies and should seek independent legal advice as needed regarding their ongoing policies.

40. Could staff that were previously put on leave or terminated due to the vaccine requirements return to work?

While the Minister's Directive is revoked effective March 14, 2022, homes retain the ability to have a proof-of-vaccination requirement for staff, volunteers, support workers, student placements, caregivers, general visitors or other people entering a long-term care home, provided the home's requirements are consistent with the Long-Term Care Homes Act, 2007, including the Residents' Bill of Rights, and comply with all applicable laws, such as the Human Rights Code.

Hiring and termination decisions are ultimately the responsibility of long-term care home operators.

Contact Information

41. 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.

42. 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.