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

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OVERVIEW

1. What has changed?

The following changes have been made since the last update to the FAQs distributed on October 1, 2021:

- *The Minister's Directive on LTC Home COVID-19 Immunization Policy* has been amended to provide that staff, student placements, volunteers, and support workers who have received their first dose of COVID-19 vaccine by November 15, 2021, have until December 13, 2021 to provide proof of having received a second dose, so that they can benefit from the NACI-recommended optimal interval of 8 weeks.

- Long-term care home staff and essential caregivers are now eligible for a booster dose of a COVID-19 vaccine.

- Clarifications related to vaccination and random testing requirements have been added in response to frequently asked questions.

COVID-19 GUIDANCE DOCUMENT FOR LTCH

Definitions

2. What is meant by "fully immunized" in the MLTC guidance document?

In line with the Ministry of Health's COVID-19 Fully Vaccinated Status in Ontario, a person is **fully immunized** 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.

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 regular 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. Cohorting helps limit the potential transmission of infection throughout the home in the event of an introduction of the virus that causes COVID-19. Cohorting residents is done based on their COVID-19 or risk of COVID-19 (for example, due to close contact exposure), especially during an outbreak.

Residents:

Mixing cohorts outdoors

Residents can freely socialize and interact with each other outdoors **within and across cohorts**, including during planned or organized group activities. Physical distancing amongst residents in the same cohort is not required but physical distancing should be maintained between residents from different cohorts as much as possible.

Mixing cohorts indoors

Residents can also socialize indoors and interact with each other **within and across cohorts**. For example, this means a resident from one cohort can visit a resident from another cohort or two cohorts of residents can come together to watch a movie.

If residents from different cohorts are mixing indoors then they should:

- wear a mask (as tolerated)
- maintain physical distancing from one another as much as possible.

Exceptions to mixing cohorts (either indoors or outdoors)

Exceptions to mixing of resident cohorts are as follows:

- When activities involve eating or drinking (for example, during regular dining and when celebrations involve eating or drinking), **residents from different cohorts are not to be mixed**.
- In the event of a COVID-19 outbreak, residents should be cohorted for all organized activities taking place indoors, different cohorts are not to be mixed and residents from different cohorts should not visit one another.

- Residents who are isolating under droplet and contact precautions must not interact with any other residents unless by virtual means (for example, video conferencing).
- The local public health unit directs the home not to mix resident cohorts.

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 confirmed COVID-19 case in a resident.
- A **confirmed outbreak** in a long-term care home is defined as two or more 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. 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. What kinds of absences are permitted?

Social absences - 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.

Temporary absences - 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.

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

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

9. 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.

10. 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.

11. 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.

12. 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.

13. Can homes resume off-site excursions?

Off-site excursions are permitted. All residents are permitted to take part in off-site excursions, regardless of immunization status. However, the government announced that, as of September 22, 2021, individuals will need to be fully vaccinated to access some indoor settings, such as restaurants, museums, theatres, casinos, and banquet halls, unless they have a medical exemption. This may limit the social outings of some residents who have not been vaccinated. As with any activity, residents and staff need to follow public health guidance and maintain vigilance in practices like hand hygiene, masking and physical distancing where appropriate.

14. 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

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

Yes, residents can socialize within and across cohorts 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.

Mixing of cohorts is not permitted when either/both residents are eating or drinking (such as during dining hours); 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.

16. Can homes permit communal dining?

Yes. All long-term care homes can permit 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 for caregivers to assist a resident with eating. (Note: staff assisting residents with eating is considered part of resident care and is not dependent on staff immunization status).
- limiting room capacity to allow physical distancing between tables; note that residents do not need to be physically distance at the table
- buffet and family style dining are permitted both indoors and outdoors
- frequent hand hygiene of residents and staff or caregivers or volunteers assisting with eating should be undertaken

17. Can homes permit buffet and family style dining?

Yes, communal dining, such as buffet and family style dining, are permitted.

18. 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 possible and following public health precautions such as masking and physical distancing when mixing cohorts
- 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)

19. Are activities such as singing and dancing permitted?

Yes, activities such as singing and dancing are permitted in the home.

20. Are live performers such as singers, dancers and musicians who play wind instruments required to wear masks during a performance?

Live performers are considered 'general visitors' and are required to wear a medical mask or a non-medical mask during their visit. If the visit is indoors, general visitors must wear a medical mask. This is in addition to meeting the required screening and testing surveillance requirements.

If the entertainment provided by a live performer (i.e. general visitor) requires the removal of their mask to perform their talent, such as for a singing performance, this is permissible, provided the provincial requirements for live entertainment are met:

- In line with the provincial rules for areas at Step 3 under Ontario Regulation 364/20, where live entertainment is performed, performers must maintain a physical distance of at least two metres from spectators or be separated from any spectators by plexiglass or other impermeable barrier. The same precautions apply in LTC homes.

21. Are personal care services permitted?

Yes, 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*.

Vaccination

23. When do vaccines become mandatory for staff, support workers, student placements, and volunteers?

All staff, support workers, student placements, and volunteers must be vaccinated against COVID-19 by November 15, 2021, unless they have a valid medical contraindication, in order to work, train or volunteer in a long-term care home, in accordance with the updated *Minister's Directive: Long-Term Care Home COVID-19 Immunization Policy*. As communicated on November 4, 2021, if a staff, support worker, student, and/or volunteer shows proof of at least a first dose of a COVID-19 vaccine series by November 15, they must provide proof of having received all required doses of COVID-19 vaccine by December 13, 2021.

As of October 1, 2021, any new staff, support workers, student placements and volunteers must provide proof that they have received all required doses, or a valid medical exemption, before attending the home to work, train or volunteer.

For clarity, staff, student placements, volunteers, and support workers who have not provided proof of a first dose or documentation of a valid medical contraindication by November 15, 2021 will not be permitted to enter a long-term care home to work, train, or volunteer (with limited exceptions, e.g., emergency responders) as of that date.

24. Are vaccines mandatory for visitors or essential caregivers?

No, general visitors and essential caregivers are not subject to the *Minister's Directive: Long-Term Care Home COVID-19 Immunization Policy* (link). All individuals entering the home must be actively screened, and must be tested in accordance with the *Minister's Directive: COVID-19: Long-term care home surveillance testing and access to homes* (link). In addition, general visitors and essential caregivers must follow public health guidance, wear appropriate PPE when required, and should be encouraged to maintain vigilance with practices such as hand hygiene.

25. Could licensees implement a policy to restrict unvaccinated general visitors and essential caregivers from entering the home?

While homes may choose to impose their own vaccination requirements for general visitors and caregivers to the home they must do so with careful consideration of all legal obligations, including the Residents' Bill of Rights and the obligation to ensure a safe and secure home. Any vaccine requirement must appropriately balance a resident's right to receive visitors of their choice and the right to live in a safe environment. This balancing must consider available alternative measures such as reasonable ways to limit the movement of unvaccinated general visitors and caregivers within the home and developing a general visitor and caregivers policy that takes into account the overall context of the home (e.g., layout of the home, availability of outdoor

space, etc.) and the broader community (e.g., local transmission of COVID-19), as well as direction from local public health units.

The ministry strongly encourages licensees to consult with their local public health unit, legal counsel, Residents' Council and Family Council prior to developing and implementing their visitor policies, given the importance of these connections to resident mental and emotional wellbeing and quality of life.

26. 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 homes, 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.

27. What information should be provided to individuals who are hesitant to mix vaccines?

It is crucial for all individuals to complete their two dose vaccine series with a second dose of a COVID-19 vaccine, and for those eligible for a third dose to receive their third dose, to receive the optimal level of protection. Data from clinical trials and real-world studies clearly demonstrate that a complete two dose vaccine series provides enhanced protection against COVID-19.

Vaccines can be safely mixed for a first and second dose. Using a mixed (or "heterologous") vaccine schedule is an established process in immunization programs where similar vaccines from different manufacturers are used when vaccine supply or public health programs change. Additionally, the use of a heterologous vaccine series for COVID-19 vaccines is consistent with current guidance from the National Advisory Committee on Immunization (NACI).

For more information on vaccine mixing, please refer to the province's safe and effective second dose fact sheet and this Ministry of Health Q and A document.

28. How long following a positive COVID-19 test are individuals able to receive a COVID-19 vaccine? Am I exempt from being vaccinated if I have COVID-19?

There is no formal time interval required between a positive COVID-19 test and receiving the COVID-19 vaccine. The Ministry of Health recommends isolating following a positive COVID-19 test and only receiving a COVID-19 vaccine after symptoms have disappeared. As such, a positive COVID-19 test is not considered a valid medical exemption.

29. How long following a COVID-19 vaccine are individuals able to receive an influenza/flu vaccine?

The National Advisory Committee on Immunization (NACI) has determined that COVID-19 vaccines may be administered concomitantly with, or at any time before or after non-COVID-19 vaccines. This means that going forward, COVID-19 vaccine can be co-administered with other vaccines, including the flu vaccine, with informed consent.

30. What information should be provided to individuals who are hesitant to get vaccinated because they are pregnant and/or breast feeding?

The Ontario Society of Obstetricians & Gynecologists and The Society of Obstetricians and Gynecologists of Canada (SOGC), state that all pregnant women in Canada should be offered a COVID-19 vaccination at any time during their pregnancy if they are eligible and no contraindications exist.

For information regarding COVID-19 immunization for individuals planning to get pregnant and for those who are pregnant or breast feeding, please refer directly to the following:

- Immunization in pregnancy and breastfeeding: Canadian Immunization Guide (NACI)
- Statement on COVID-19 Vaccination in Pregnancy (SOGC)
- COVID-19 Vaccination Recommendations for Special Populations (Ministry of Health)
- Vaccination in Pregnancy & Breastfeeding Patient Decision-Making Tool (Ministry of Health)

31. Who is eligible for a third or booster dose of COVID-19 vaccine?

As announced on August 17th, 2021, residents in high-risk congregate settings (i.e., LTC homes and higher risk licensed retirement homes) are eligible for a third dose, as well as individuals who are severely immuno-compromised.

On November 3, 2021, the government expanded eligibility for a booster dose of COVID-19 vaccine to additional groups, including health care workers, to provide them with additional protection against the Delta variant, as recommended by the National Advisory Committee on Immunization (NACI).

Staff and designated caregivers within long-term care homes have been identified as priority groups and are eligible for a booster dose if at least six months have passed since their last dose. The booster dose is being offered based on evidence of gradual waning immunity six months after receiving the second dose in order to bolster protection against severe illness, hospitalization, and death from COVID-19.

32. After what interval of time following a second dose are LTC home residents, staff and essential caregivers eligible for a third dose?

LTC home residents, staff and essential caregivers are eligible to receive their third / booster dose at least six months after their second dose. There is no upper limit to the dosing interval for third doses.

33. Which vaccine should residents, staff and caregivers be receiving for their third / booster dose?

If readily available, third / booster doses should be the same product as second doses, but the mRNA vaccines can be interchanged if needed for operational reasons.

34. Who is administering third / booster doses for LTC home residents, staff and caregivers?

Following successful efforts to offer third doses to residents in long-term care homes, the ministry is asking every home that has not already done so, to onboard to independent home administration. This is the best way to ensure timely and effective COVID-19 vaccine access.

Homes that fundamentally do not have the capacity for independent vaccine administration can refer their staff and designated caregivers to the provincial COVID-19 vaccination portal, or to the Provincial Vaccine Contact Centre where they will be able to book their booster dose appointment as of Saturday, November 6, 2021 at 8:00 a.m.

35. Are patients designated Alternate Level of Care (ALC) and waiting to be transferred to LTC homes eligible for a third dose?

Yes, patients designated ALC that are waiting to be transferred to LTC homes are eligible for a third dose and can receive their dose from the hospital. This includes those waiting to be transferred to a LTC home from a licensed retirement home that is not deemed to be higher risk.

Ward Rooms

36. 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

37. 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.

38. 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

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

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.

40. 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*.

41. 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.

42. How many designated caregivers is each resident permitted?

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.

43. 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.

44. 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.

45. 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.

46. 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 visitor is not fully immunized, the general visitor must maintain two metres physical distance from residents, except for brief hugs which are permitted regardless of immunization status.

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

Homes can establish their own policies and/or requirements to determine if a general visitor is fully immunized. They should remind all visitors at entry of the requirements. The enhanced vaccine certificate with a QR code as well as the existing vaccine receipts issued to people at the time of vaccination are considered valid proof of vaccination. The enhanced vaccine certificate is now available for download on the provincial vaccine portal or by calling 1-833-943-3900 to have the enhanced vaccine certificate emailed or mailed. People who received their first or second dose out of province can contact their local public health unit about obtaining proper documentation.

48. 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.

49. 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 palliative residents, 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.

50. 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.

51. 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.

52. 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.

53. 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.

54. Can a visitor use the washroom at the long-term care home?

Homes should permit essential visitors (i.e., caregivers) and general visitors to use a washroom at the home provided visitors have met the required active screening and testing requirements (where required).

Homes may specify which washroom is to be used and should include appropriate infection prevention and control practices (e.g., enhanced cleaning of the space before and after each use).

Air Conditioning and Air Flow

55. 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.

56. 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.

57. 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

Fall Preparedness

58. Why are homes being asked to prepare for the fall?

While specific public health measures continue to be in place in all homes and the overall provincial vaccination rates in homes is high there remains uncertainty with respect to variants of concern, including the Delta variant. Additionally, the Ministry of Health announced on August 17th that the province's exit from the Roadmap to Reopen will be paused until further notice.

With the well-being of residents in mind, it is imperative that the sector remains vigilant and plans for a near-term future that could potentially see a rise in COVID-19 case counts and community transmission rates, especially in the context of the upcoming annual influenza season.

59. Is the readiness checklist mandatory? Will inspectors be using it?

The readiness checklist is intended to summarize and streamline the current expectations and best practices that homes should already be following, pulled from various sector-relevant documents. While it is not technically mandatory, homes are highly encouraged to use the checklist in order to best prepare for the fall and to help

identify any gaps in a home's plan that need to be filled, as well as identify risks and related mitigation strategies. Inspectors may ask if it has been completed as part of regular inspections to understand the status of the home's preparedness planning.

60. Are there any 'new' pieces of information or expectations included in the checklist?

The readiness checklist includes guidance from numerous existing documents and includes topics such as IPAC; staffing; outbreak preparedness; vaccination, etc. The checklist is not intended to present new or unexpected expectations. The checklist is intended to highlight current best practices and create a streamlined way for homes to "stress test" their updated fall preparedness plans.

61. How is the ministry supporting homes in preparation for the fall?

In addition to the creation of the readiness checklist, the ministry hosted informational webinars on fall preparedness, inspectors will be following up with homes to ensure fall preparedness planning is taking place as part of regular inspections, and the ministry will be proactively contacting homes who may have a higher risk for outbreaks due to factors such as increased community transmission in order to provide extra support with their planning.

MINISTER'S DIRECTIVE: SURVEILLANCE TESTING

Testing Requirements

62. 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.

63. 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, 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 who are *not fully immunized*:

a) An Antigen Test at a frequency of 3 tests per week, at a minimum;
OR
b) One PCR Test and one Antigen Test on separate days within a seven-day period.

Effective October 15th, homes must random test fully immunized individuals using rapid antigen tests (see question below for details).

64. What does the random testing requirement mean? How should my home implement this policy?

Effective October 15, the *Minister's Directive on COVID-19 LTC Home Surveillance Testing and Access to Homes* requires all licensees to randomly test fully immunized individuals, including staff, students, volunteers, caregivers, support workers and general visitors entering the home, in addition to the requirements for regular testing of unimmunized or partially immunized individuals.

While licensees have flexibility to determine the approach and frequency of random rapid antigen testing for fully immunized individuals*, the guidance document requires the random rapid antigen testing be conducted on a weekly basis, and that it **not** occur on the same day each week (e.g., the testing should not take place every Monday). The Directive does not stipulate a minimum number of individuals to be tested weekly or a minimum frequency for each individual to be tested.

**PCR tests should be used for individuals who have a history of false positive rapid antigen tests.*

Reporting of random testing of fully immunized individuals will be required as of October 27th, 2021, in the form of an additional question added to the regular LTCH Base Information (L9 form) data questionnaire.

65. 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.

66. What are the testing requirements for staff, caregivers, student placements and volunteers who are not fully immunized due to a medical contraindication?

Testing requirements remain the same for individuals who are not fully immunized. Homes can choose one of two options for testing of staff, caregivers, students and volunteers:

c) An Antigen Test at a frequency of 3 tests per week, at a minimum;
OR
d) One PCR Test and one Antigen Test on separate days within a seven-day period.

67. 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.

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

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

69. 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.

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

Support workers and 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.

71. 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.

72. 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.

73. 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.

74. 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.

75. 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 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) do not need to be reported to the local Public Health Unit (PHU), unless the PHU issued an official request for the reports. However, confirmatory molecular point-of-care tests must be reported into the Ontario Laboratories Information System (OLIS)

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

A confirmatory molecular point-of-care and/or PCR test can be performed onsite at the LTC Home or offsite at an assessment centre or pharmacy, where they have the capacity to do so.

77. 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

78. 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 a confirmed COVID-19 infection must resume following all surveillance testing requirements 90 days from their COVID-19 infection (based on the date of their confirmed positive result).

79. 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.

80. 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.

81. Do children aged of two and older need to be tested (ages 2-17)?

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.

82. 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.

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

A sales representative or external vendor 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.

84. 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

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

The individual with a positive screening result is required to have a confirmatory COVID-19 diagnostic 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.

86. 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).

87. 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

88. 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.

89. How many 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.

90. Which Rapid Antigen tests are available through the Provincial Antigen Screening Program?

Three antigen test types will be deployed interchangeably through the Provincial Antigen Screening Program when placing orders through e-Health or the Order Management System: Abbott Panbio, BTNX and BD Veritor. All available rapid tests operate similarly – they have comparable performance specifications such as sensitivity, accuracy, storage requirements and shelf life, and they can all be performed similarly and used as visually-read devices.

91. Who can perform the rapid antigen test?

The collection of specimens do not 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.

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

Nasal specimen collection is used by all available rapid antigen test kits, including the BTNX test which can also be collected through a nasopharyngeal swab.

Please note that the nasopharyngeal swab is a controlled act that requires a specialized workforce.

93. 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.

94. 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.

95. 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.

96. 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.

97. 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.

98. The waste generated from rapid antigen testing is considered microbiological waste. Are the costs of the waste disposal covered in the Prevention and Containment Fund?

Waste generated from on-site workplace rapid antigen screening programs is considered a hazardous waste under the Environmental Protection Act. Waste from these tests is exempt from collection, storage and transportation requirements as long

as the waste is disposed in Ontario. This waste must still be disposed of at a waste facility approved to handle biomedical waste. Anyone collecting, storing or transporting these kits should follow Ontario's guidance on the Safe Handling and Management of Rapid Antigen COVID-19 Testing Waste. Expenses related to waste disposal of rapid antigen tests is eligible for Prevention and Containment Funding.

99. 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

100. 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.

101. 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.