

**Rapid Antigen Testing  
Frequently Asked Questions  
Dated March 2, 2021**

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## Timeline for Transitioning to Rapid Antigen Testing

### 1. Will long-term care homes be required to transition to rapid antigen testing?

Yes, the ministry signaled the start dates for mandatory transition to rapid antigen tests in the Associate Deputy Minister memo on January 27, 2021. Homes must have fully operational rapid antigen testing programs in place in accordance with the following timelines:

Region	Initiation of Transition Period	Begin Offering “Day Of” Antigen Tests for Support Workers and General Visitors (where Permitted) and Antigen Testing	Initiating 1 Weekly Antigen Test for Staff, Caregivers, Student Placements, Volunteers	Full Implementation of the Rapid Antigen Screening Program
Durham Region Health Department Ottawa Public Health Peel Public Health Simcoe-Muskoka District Health Unit Toronto Public Health Windsor-Essex County Public Health Unit York Region Public Health Services	February 8 to 15, 2021	February 16, 2021	February 28, 2021	March 15, 2021
All other public health units	February 16 to 21, 2021	February 22, 2021		

### 2. Can homes still accept PCR tests prior to March 15th?

Yes. Long-term care homes can take a phased approach to implementing the rapid antigen screening program. PCR tests can still be accepted up until the rapid antigen screening program is fully implemented on March 15<sup>th</sup>.

**3. I am a long-term care home located in Durham Region Health Department/ Ottawa Public Health/ Peel Public Health/ Simcoe-Muskoka District Health Unit/ Toronto Public Health/ Windsor-Essex County Public Health Unit/ York Region Public Health Services. What are my transition timelines?**

Transition timelines (recognizing flexibility in Q2) are as follows:

- Begin the transition to rapid antigen testing between February 8<sup>th</sup> and 15<sup>th</sup>, 2021
- Begin offering “day of” antigen tests for support workers and general visitors (where permitted) as well as antigen testing for caregivers by February 16<sup>th</sup>, 2021
- Initiate at least 1 weekly antigen test for staff, student placements, and volunteers by February 28<sup>th</sup>, 2021
- Must have fully implemented the rapid antigen screening program by March 15<sup>th</sup>, 2021

**4. I am a long-term care home in all other public health units. What are my transition timelines?**

Transition timelines (recognizing flexibility in Q2) are as follows:

- Begin the transition to rapid antigen testing between February 16<sup>th</sup> and 21<sup>st</sup>, 2021
- Begin offering “day of” antigen tests for support workers and general visitors (where permitted) as well as antigen testing for caregivers by February 22<sup>nd</sup>, 2021
- Initiate 1 weekly antigen test for staff, student placements, and volunteers by February 28<sup>th</sup>, 2021
- Must have fully implemented the rapid antigen screening program by March 15<sup>th</sup>, 2021

**5. Can staff, caregivers, student placements and volunteers opt for weekly PCR testing instead of rapid antigen testing following March 15th?**

No. As of March 15<sup>th</sup>, the rapid antigen screening program must be fully implemented in all long-term care homes and staff, caregivers, student placements and volunteers must be tested using the rapid antigen test. PCR testing will only be used to confirm a positive test result on a preliminary positive rapid antigen test (unless a rural, remote or far north exception applies).

**Current Testing Requirements under the Minister's Directive: Long-Term Care Homes Surveillance Testing and Access to Homes (effective February 16, 2021)**

**(Testing Requirements Prior to March 15<sup>th</sup>)**

**6. The Ontario Government announced on February 8th, 2021 that it is gradually moving back to the COVID-19 Response Framework. Does this impact the timelines?**

No. Homes should follow the restrictions and requirements that apply to the zone your PHU region is assigned to – restrictions and requirements are set out in the Minister's Directive: *COVID-19: Long-term care home surveillance testing and access to homes*. PHUs in the Shutdown zone should continue to follow the restrictions and requirements under the Grey zone in the Minister's Directive.

**7. Who must be tested for COVID-19?**

As per the Minister's Directive: *COVID-19: Long-Term Care Home Surveillance Testing and Access to Homes* effective February 16, 2021, all staff, student placements and volunteers working in long-term care homes must be tested regularly in accordance with the Minister's Directive, unless the exception for individuals who have previously had laboratory confirmed COVID-19 applies.

The testing requirements in the Minister's Directive include all individuals working in long-term care homes who are:

- Staff as defined in the *Long-Term Care Homes Act, 2007*
- Volunteers as defined in the *Long-Term Care Homes Act, 2007*
- Student placement, meaning any person working in the long-term care home as part of a clinical placement requirement of an educational program of a college or university, and who does not meet the definition of "staff" or "volunteer" under the *Long-Term Care Homes Act, 2007*.

The Minister's Directive also includes additional testing and documentation requirements for general visitors, caregivers and support workers.

**8. What type of test for COVID-19 can be done to meet the surveillance testing requirements?**

Currently, COVID-19 testing can be done using a validated real-time polymerase chain reaction (PCR) laboratory test or a point-of-care rapid antigen screening test (antigen test) in accordance with the protocols and frequency contained in the [COVID-19 Guidance: Considerations for Rapid](#)

[Antigen Screening \(Provincial Testing Guidance\)](#). Once fully implemented (i.e., by March 15<sup>th</sup>), only rapid antigen tests will be used for surveillance testing in non-outbreak LTC homes (unless an exception applies).

**9. What are the testing requirements for staff, caregivers, student placements and volunteers (i.e., how often do they need to be tested)?**

The testing requirements for staff, caregivers, student placements and volunteers once a home has fully transitioned to rapid antigen testing is three times per week on non-consecutive work days or “day of” testing when attending to the home two times per week or less or only on two consecutive work days.

During the transition period, PCR testing may continue to be accepted based on the frequency identified in the Minister’s Directive for zone assignments.

**10. What are the testing requirements for support workers and general visitors (i.e., how often do they need to be tested)?**

The testing requirements for support workers and general visitors (where permitted) are “day of” regardless of how many times they attend to the home in a week. The testing requirements for caregivers are the same as for staff, student placements and volunteers.

During the transition period, PCR testing may continue to be accepted based on the frequency identified in the Minister’s Directive for zone assignments.

**11. Does the Minister’s Directive apply to MLTC inspectors?**

MLTC inspectors have a separate and specific protocol that has been established within the ministry. Inspectors must confirm that they have received a COVID-19 test (within either the past week or two weeks depending on zone) and must verbally attest to not subsequently having tested positive to their manager. Inspectors must keep an official record of all negative or positive tests and verbally attest to a negative test upon entering a home.

**12. Are sales representatives or maintenance workers subject to the Minister’s Directive?**

A sales representative is considered a general visitor under the COVID-19 Visiting Policy and is subject to the same requirements that apply to general visitors under the Minister’s Directive.

It is the discretion of the long-term care home to determine if the maintenance worker is considered a “staff” member for the purposes of the *Long-Term Care Homes Act, 2007* or if

they would be accessing the home as a visitor. If the long-term care home determines that the maintenance worker is a visitor, the individual would be considered a support worker and the home must follow the testing related requirements for support workers under the Minister's Directive. Alternatively, if the maintenance worker is a staff member, the long-term care home must follow the testing related requirements for staff under the Minister's Directive.

**13. 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.

**14. What are the requirements for residents who leave the long-term care home for extended periods of time?**

The mandatory rapid antigen screening test 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. According to Directive #3, the requirements are:

- Admissions and Transfers. Residents that have been admitted or transferred back to their long-term care home from either a hospital or the community must be tested for COVID-19 and undergo a 14-day isolation period.
- Short Term Absences. Residents who leave the long-term care home for a day (without an overnight stay) must be actively screened upon their return but do not require testing or self-isolation.
- Temporary Absences. Residents that are away from the long-term care home one or more nights for social reasons must be actively screened upon their return and must self-isolate for 14 days.
- Medical Absences. Residents who require out-patient medical visits or have a single night stay in the Emergency Department must be actively screened upon their return but do not require testing or self-isolation

**15. 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.



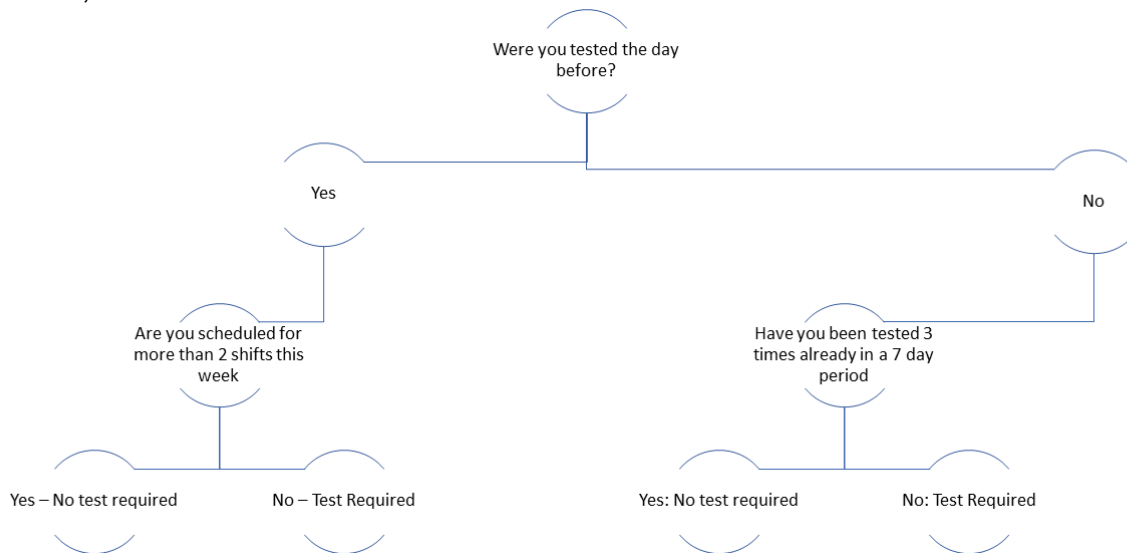
## Testing Requirements Following Full Implementation of Rapid Antigen Screening Program (March 15<sup>th</sup> Onwards)

### 16. How often should I conduct rapid antigen testing?

Testing frequency remains unchanged. See questions 9 and 10.

### 17. How do I know when staff, caregivers, student placements and volunteers need to be tested? It gets complicated when considering sick days, vacation days, and shift work.

Below is a flow chart that may help navigate testing requirements for staff, caregivers, student placements, and volunteers:



**18. What does “before entry to the long-term care home” mean (i.e. do staff, student placements and volunteers need to be tested prior to entry)?**

Staff, student placements and volunteers must be tested as soon as possible after beginning a shift.

**19. What does “before entry to the long-term care home” mean (i.e. do caregivers, support workers or general visitors need to be tested prior to entry)?**

Caregivers, support workers and general visitors (where permitted) must be tested and receive their results before direct contact with residents. Support workers and general visitors (where permitted) must be tested “day of” regardless of how often they attend to the home in a week. Caregivers are subject to the same testing frequency as staff, student placements and volunteers.

**20. What if a support worker or general visitor attends the home more than once in a single day? Do they need to be re-tested each time?**

Testing is only required once on the “day of” entry to a long-term care home.

**21. Do support workers and general visitors who attend to multiple homes in the same day need to be tested at each home?**

No. Testing is required at the first long-term care home the support worker or visitor enters that day and before contact with residents. Before entry into any additional long-term care homes, it is necessary to demonstrate proof of a negative antigen test from that day or otherwise take another test.

**22. How can proof of a negative antigen test be demonstrated?**

Homes may choose to use the optional COVID-19 Antigen Test template released February 24<sup>th</sup> 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.

**23. I am a support worker/general visitor. Why do I need to be tested daily when staff do not?**

The approach to rapid antigen testing for staff, student placements and volunteers, as well as caregivers, is aimed at maximizing the frequency of testing in the context of home operations, and staff knowledge and training on strong infection prevention and control practices and proper use of personal protective equipment.

**Exceptions to the Transition Schedule**

**24. What if a home is in outbreak? Does the transition schedule still apply?**

Consistent with the current clinical guidance from the Office of the Chief Medical Officer of Health, long-term care homes in outbreak should plan to start transition to rapid antigen testing within three weeks of an outbreak being resolved.

**25. 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 (e.g., for caregivers) during an outbreak.

**26. Does a positive antigen test result mean a home is in outbreak?**

LTC homes should work with their local Public Health Unit as the authority for declaring a suspected or confirmed outbreak.

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

A confirmatory PCR test can be performed at an assessment centre or onsite if the LTC Home has the capacity to do so.

## **28. 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.

## **29. What and who is eligible for the regional exemption to the rapid antigen program?**

Long-term care homes in rural, remote and northern communities will be able to adopt an alternative model for staff, caregivers, student placements and volunteers in recognition of the unique or exacerbated challenges facing these communities (e.g., lower than average access to human resources). The alternative model will include:

- 1 PCR (lab-based or Abbott ID NOW™ COVID-19 Test) and 1 antigen test (Panbio™ COVID-19 Ag Rapid Test) on separate days within a 7-day period no later than Feb. 22 (regardless of PHU region).
- For staff, caregivers, student placements and volunteers who only attend the home once in a 7-day period, either of these tests would be acceptable.
- For support workers and general visitors, an antigen test would still be required “day of” regardless of how many times the individual presents at the home in a 7-day period.

As a guideline, long-term care home licensees may consider the following characteristics for rural, remote and northern communities: a community with a population of less than 30,000, and a travel time that is greater than 30 minutes from a community with a population of more than 30,000; a community that is without year-round road access, or reliant on a third party (such as train, airplane or ferry) for transportation to a larger centre (source: Rural and Northern Health Care Framework/Plan, Ministry of Health and Long-Term Care, 2011). Homes that wish to pursue this exemption should notify the ministry and contact

[Renee.Mahalanobis@ontario.ca](mailto:Renee.Mahalanobis@ontario.ca)

## Other Questions

### **30. Why are long-term care homes being asked to start using antigen tests for surveillance testing?**

The Panbio™ COVID-19 Ag Rapid Test is a screening tool that is used for point-of-care testing to detect COVID-19 within 15 to 20 minutes of taking the test, making it simpler and faster to identify potential COVID-19 positive cases that otherwise may be missed.

### **31. Who can perform the Panbio™ test?**

The government has recently made regulatory amendments under the *Laboratory and Specimen Collection Centre Licensing Act* (LSCCLA) allowing for a time-limited exemption from the LSCCLA for persons who perform point-of-care antigen testing and who are participating in the rapid antigen screening program and are in compliance with its conditions.

This change allows a broader range of health professionals to collect specimens and perform COVID-19 point-of-care antigen testing. In addition to all regulated health professionals, this may include, for example, (active or retired) Personal Support Workers, Occupational Therapists, Registered Massage Therapists and others. A list of examples is included in Appendix 1 at the end of the Update: Enhancing the Protection for LTC Homes Memo.

### **32. What are acceptable methods of specimen collection for rapid antigen testing?**

The Panbio™ test kit swab can be used to collect a specimen via a combined swab of throat and both nares, a shallow (anterior) nasal swab, a deep nasal swab, or a nasopharyngeal swab.

Please note that the nasopharyngeal swab is a controlled act that requires a specialized workforce. Combined swab of throat and both nares and shallow (anterior) nasal swab can both be performed by a broad group of health professionals and are reported to be less invasive and more comfortable for persons especially with higher testing frequency.

**33. Does the specimen collection need to be conducted in accordance with the type of swab included in the test kit?**

Yes, specimen collection must be conducted in accordance with the type of swab included in the test kit. The only exception is the use of the Abbott Panbio™ rapid antigen NP swab as a lower nasal swab, as this has been determined to be an acceptable alternative specimen collection modality by the Ministry of Health

**34. What are the advantages of doing an alternate type of specimen collection?**

An alternate type of specimen collection, specifically a combined swab of throat and both nares or a shallow (anterior) nasal swab, has the advantage of:

- Increasing the availability of testing as an option by allowing for a broad range of health professionals to collect the specimen
- Reducing the inconvenience or discomfort due to repeated nasopharyngeal swabs.

**35. Can a nursing student or a student in a health care professional program perform the test?**

A broad range of health professionals can perform rapid antigen screening (with the exception of the nasopharyngeal swab which is a controlled act) as part of the provincial antigen screening program 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. There is nothing preventing a nursing student or a student in a health care professional program from performing the test using either a combined swab of throat and both nares or a shallow (anterior) nasal swab.

**36. Is self-swabbing an acceptable method of specimen collection?**

No. Currently rapid antigen tests must be performed by health professionals which includes all regulated health professionals and also includes (active or retired) Personal Support Workers, Occupational Therapists, Registered Massage Therapists and others.

**37. How many Panbio™ COVID-19 Ag Rapid Tests should long-term care homes order?**

Long-term care homes should place orders with Ontario Health 7-14 days in advance, to ensure timely delivery. Homes are encouraged to pre-order testing kits for multiple rounds of

testing (e.g., bulk order). Ontario Health recommends that long-term care homes order approximately one month's supply of testing kits at a time.

- For large orders: There are 800 tests per case. Please place your order in multiples of 800 (i.e. 800, 1600, 2400, etc.), to ensure timely delivery.
- If your site requires fewer than 400 tests, you may continue to order in multiples of 25 (25 tests per box).

Where possible, Ontario Health encourages head offices to place and receive orders for multiple homes by contacting [covid19testing@ontariohealth.ca](mailto:covid19testing@ontariohealth.ca).

**38. The waste generated from the testing is considered microbiological waste. Do the materials need to be autoclaved or incinerated? Are the costs of the waste disposal covered in the Prevention and Containment Fund?**

Upper respiratory swabs and Panbio™ waste are considered microbiological waste. The Ministry of the Environment, Conservation and Parks ([MECP](#)) and [PIDAC](#) provide guidance on how to dispose of microbiological waste. According to PIDAC, incineration is not required for microbiological waste and if the treatment (such as autoclave) is capable of inactivating spores, then disposal in a landfill is permitted. This expense is eligible for Prevention and Containment Funding.

**39. Do individuals need to provide consent every time they are tested?**

The health practitioner 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.

**40. 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.

**41. 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.

**42. If an individual has been vaccinated or immunized for COVID-19, do they still need to be tested prior to visiting a long-term care home?**

Yes, the testing requirements of the Minister's Directive continue to apply to individuals who have been vaccinated, in addition to continuing to follow public health measures including masking, physical distancing, hand hygiene, and symptom screening. This includes active screening on entry to the long-term care home for symptoms and exposures for COVID-19, including temperature checks, attesting to not be experiencing any of the typical and atypical symptoms of COVID-19 (in accordance with Directive #3 issued by the Chief Medical Officer of Health).

**43. Why does a person that has been vaccinated still need to be tested at the same rates as a non-vaccinated individual?**

There is currently insufficient evidence on the duration of protection of COVID-19 vaccines as well as whether the vaccines prevent asymptomatic infection and reduce transmission of COVID-19. Ongoing testing and public health measures should continue to be followed after vaccination to help prevent the transmission of COVID-19.

**44. Do individuals who test positive on the rapid antigen test need to be confirmed with lab-based PCR testing?**

A positive test result on the rapid antigen test should be considered a preliminary positive and requires a confirmatory laboratory-based PCR test. The following actions should be taken:

1. Counsel individual that the result is preliminary positive and PCR confirmation is required.
2. Issue guidance to return home and self-isolate until receipt of confirmatory laboratory PCR test result.
3. Ensure confirmatory laboratory-based PCR testing is performed within 24 hours.
4. Report the preliminary positive result to the local Public Health unit as soon as possible.

**45. Does a preliminary positive result on the Panbio™ COVID-19 Ag Rapid Test mean the long-term care home is in outbreak?**

No, a preliminary positive result does not mean the long-term care home is in outbreak. The individual who tested positive is required to have a confirmatory PCR test. Local Public Health Units (PHUs) will remain the authoritative body on the declaration of a COVID-19 outbreak and may determine a suspected outbreak where circumstances warrant.



**46. Does the Panbio™ COVID-19 Ag Rapid Test detect variants of concern?**

Abbott (the manufacturer of the test) confirmed that the test detects the nucleocapsid protein rather than the spike protein (where the mutation exists).

**47. 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](mailto:askhealthdata@ontario.ca).

**48. How can I learn about the rapid antigen testing implementation experiences of other long-term care homes?**

Ontario Health has been holding webinar-based Community of Practice (CoP) sessions for homes to share their successes, concerns, problems, knowledge and expertise with using rapid antigen tests. You can find information about upcoming sessions on Thursday, March 4<sup>th</sup> [here](#) and on Thursday, March 11<sup>th</sup> [here](#).

**49. Who can I contact if I have any issues?**

Please send any issues to [covid19testing@ontariohealth.ca](mailto:covid19testing@ontariohealth.ca) (or your Ontario Health primary contact) with a description of your issue.