

Ministry of Long-Term Care COVID-19 Response Measures Frequently Asked Questions (FAQs)

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OVERVIEW

1. What has changed since March 31, 2023?

The FAQs have been updated to align with recent changes made to the COVID-19 guidance document for long-term care homes. **Effective June 26, 2023:**

- Updates have been made to masking requirements and recommendations for staff, students volunteers and support workers. Additionally, caregivers and visitors are recommended, but no longer required to wear masks in all areas of the home.
- IPAC audits must be performed at least quarterly when not in outbreak, in alignment with the [Infection Prevention and Control Standard](#)

2. Can long-term care homes have their own policies that go above and beyond the requirements set out by the ministry?

While long-term care homes may go above and beyond requirements that are set out by the Ministry of Long-Term Care (unless otherwise noted in the directive or guidance document), they must do so with careful consideration of the *Fixing Long-Term Care Act, 2021* and the Residents' Bill of Rights. We strongly encourage LTC homes to consult with their legal counsel, resident council and family council, as well as their [local public health unit](#), when implementing a policy that goes beyond provincial requirements.

In addition, recognizing the toll that isolation has on the well-being of residents, homes are expected to follow the isolation requirements in the [COVID-19 guidance document for long-term care homes in Ontario](#) and the [COVID-19 Guidance: Long-Term Care Homes, Retirement Homes, and Other Congregate Living Settings for Public Health Units](#), and to not go beyond these requirements unless advised to do so by their local public health unit.

Masking

3. What are the current masking requirements?

For staff, students, support workers and volunteers:

- Masks are required based on a point of care risk assessment (PCRA), consistent with [Routine Practices](#), and based on the return-to-work protocol following COVID-19 infection.
 - A PCRA must be completed by every health care worker before every patient interaction and task to determine whether there is a risk to the health care worker or other individuals of being exposed to an infectious agent, including COVID-19, and determine the appropriate IPAC measures to be taken.
- Staff may consider wearing a mask during prolonged direct resident care (both indoors and outdoors).
- Masks are not required in administrative and staff only areas (e.g., lunchrooms, offices, gyms).
- Homes are encouraged to implement “mask friendly” policies, including accommodating staff who prefer to continue to wear a mask beyond minimum requirements, and residents (or substitute decision-makers) who request that a staff member wear a mask when providing care, in alignment with the Residents’ Bill of Rights.

For caregivers and visitors:

- Masks are recommended, but not required, when indoors in all areas of the home (e.g., social activities). Caregivers and visitors may now join in for dining and sharing a meal or beverage in communal areas.

In outbreak situations, or if a resident is on [Additional Precautions](#), all individuals are required to comply with masking and other personal protective equipment requirements as directed by the outbreak management team and the local public health unit.

Absences

4. Do residents have to screen or test upon returning from an absence?

Upon return from an absence, residents are not required to be actively screened for signs and symptoms of COVID-19, tested or isolated unless they have symptoms or have tested positive for COVID-19 as per the [COVID-19 Guidance: Long-Term Care Homes, Retirement Homes, and Other Congregate Living Settings for Public Health Units](#) or public health unit direction.

Activities

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

Yes, residents can socialize within and across units, both indoors and outdoors.

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

6. Can residents participate in physical activity, such as walks, when a home is in outbreak or a resident is in isolation?

Homes should follow the direction of the local public health unit when in COVID-19 outbreak.

Generally, group activities, dining and social gatherings can continue in non-outbreak areas if residents are able to follow public health measures.

For outbreak areas of a home, residents will be cohorted in small groups for all essential activities. Group activities for cohorts may continue or resume if operationally feasible.

For residents who are in isolation, at the discretion of the public health unit and where operationally feasible, some activities may continue such as one-on-one walks in an empty hallway or outdoors, with appropriate use of PPE.

Ward Rooms

7. 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 the home on a temporary absence or if the resident was discharged from the home:

- A bed in a ward room must be left vacant if a resident who occupied that bed is discharged from the home **and** there are two or more residents who continue to occupy a bed in that ward room.
- Residents who currently occupy a bed in a ward room with two (2) or more residents are allowed to return to their bed following a temporary absence, including medical absences requiring an admission or a transfer to another health care facility, after testing and isolation (if required as per the [COVID-19 Guidance: Long-Term Care Homes, Retirement Homes, and Other Congregate Living Settings for Public Health Units](#) or public health unit direction).

Screening Requirements

8. What are the screening requirements?

As it is an important tool aimed at reducing the risk of infectious illnesses within homes, passive screening, or self-monitoring, for COVID-19 is required. At a minimum, long-term care homes must:

- Establish and communicate an operational plan including guidance for staff, students, volunteers, support workers, caregivers, and general visitors to self-monitor for symptoms of COVID-19.
- Provide individuals with information (for example, screening questions) to monitor their health at home for COVID-19 symptoms and inform them that they are not permitted to enter the home if they are feeling ill or would otherwise fail screening.
 - Homes are not required to request verification or an attestation upon entry to the home. Nor are homes required to have staff conduct or verify screening at the door.
- Post signage at LTC home entrances and throughout the home that lists the signs and symptoms of COVID-19, for self-monitoring and steps that must be taken if COVID-19 is suspected or confirmed in any individual.

For residents, while active screening upon return from an absence and daily temperature checks are no longer required, LTC homes will continue to be required to monitor residents daily to detect the presence of infection, including COVID-19, per section 3 of the IPAC Standard.

9. Are homes required to maintain records of daily symptom monitoring of residents?

While there are no specific requirements in regulation for licensees to maintain a record of the daily symptom monitoring of residents, an inspector who is conducting an inspection may request a licensee to demonstrate that the daily symptom and infection monitoring of residents is being implemented. It is the obligation of the licensee to ensure and be able to demonstrate that the daily symptom and infection monitoring requirements are being met.

As a reminder, in accordance with [O.Reg 246/22 s.274](#) of the [Fixing Long-Term Care Act, 2021](#), licensees must ensure that a resident's written record is kept up to date at all times. [O.Reg 246/22 s.275 and 276](#) indicate that every licensee shall ensure that records of the resident are kept at the home and the record of every former resident of the home is retained by the licensee for at least 10 years after the resident is discharged from the home.

Visitor Policy

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

Long-term care home operators are responsible for setting their own visitor policy and may restrict the number of visitors per resident based on available space and applicable guidance and laws. There are no provincially set limits on the number of individuals permitted to visit for indoor or outdoor gatherings.

11. What information should be included on a visitor log? How can this be done in the absence of a formalized screening area?

In accordance with section 267(2) of O. Reg. 246/22, homes must maintain visitor logs of all visits to the home. The visitor log must include, at minimum:

- the name and contact information of the visitor
- time and date of the visit
- the purpose of the visit (for example, name of resident visited)

These visitor logs or records must be kept for a period of at least 30 days and be readily available to the local public health unit for contact tracing purposes upon request.

The long-term care home licensee is best positioned to make decisions regarding whether and what authority the licensee has pursuant to all applicable laws to collecting, using (including storing) or disclosing identifying information. One, general rule for maintaining visitor logs is found in s. 267 of O.Reg. 246/22. The licensee must determine how best it will implement that legislative requirement and any additional applicable requirements with regards to collecting, using, storing and disclosing that data pursuant to applicable laws, policies and procedures.

12. Are essential caregivers still required to be registered with the LTCH and receive added training (IPAC, PPE)?

A “caregiver” is defined in O.Reg. 246/22 under the *Fixing Long-Term Care Act* as an individual who,

- (a) is a family member or friend of a resident or a person of importance to a resident,
- (b) is able to comply with all applicable laws including any applicable directives, orders, guidance, advice or recommendations issued by the Chief Medical Officer of Health or a medical officer of health appointed under the *Health Protection and Promotion Act*,
- (c) provides one or more forms of support or assistance to meet the needs of the resident, including providing direct physical support such as activities of daily living or providing social, spiritual or emotional support, whether on a paid or unpaid basis,
- (d) is designated by the resident or the resident’s substitute decision-maker with authority to give that designation, if any, and
- (e) in the case of an individual under 16 years of age, has approval from a parent or legal guardian to be designated as a caregiver.

The regulation also requires licensees to establish and implement a process for documenting and keeping a record of the designation of a caregiver.

For IPAC education, the *Fixing Long-Term Care Act* and the regulation require the LTC home’s IPAC program include an educational component for staff, students, volunteers, caregivers and residents, and requires the licensee to ensure that the IPAC lead

oversees the delivery of IPAC education to all staff, students, volunteers, support workers, caregivers, visitors and residents in LTC homes

LTC homes also have access to the province-wide network of IPAC Hubs to provide access to IPAC expertise, collaborative assistance and advice, guidance and direction support on IPAC practices for both prevention and response. To connect with your IPAC Hub, please reach out to ipachubs@ontario.ca.

13. Are visitors still permitted when the home is in outbreak?

Homes must follow the direction from their local public health unit during an outbreak, which may include advising general visitors to postpone all non-essential visits, per the COVID 19 Guidance: Long-Term Care Homes, Retirement Homes, and other Congregate Living Settings for Public Health Units (PDF). If only a portion of the home is in outbreak, residents unaffected by that outbreak may still have visitors.

Essential visitors are permitted when there is an outbreak in a home or area of a home or when a resident is symptomatic or in isolation. Essential visitors include caregivers, support workers and people visiting very ill residents or residents receiving end of life care, and government inspectors with a statutory right of entry. For clarity, individuals such as maintenance workers, contractors, or engineers, who provide support to the critical operations of the home, including performing critical maintenance services necessary to comply with applicable laws, are considered support workers and permitted to enter a home during an outbreak.

14. Are homes able to restrict visitors who are visiting a resident receiving end of life care?

No, homes are not to restrict visitors who are attending the home to visit a resident receiving end of life care. In the event that the visitor(s) fail the home's screening process, or may not meet an individual home's vaccination or asymptomatic screen testing policy, the visitor(s) is to wear appropriate and applicable personal protective equipment as recommended by the organization's IPAC guidelines or best practice guidance for their sector.

Testing

15. Can homes continue conducting asymptomatic screen testing?

The Minister's Directive and Guidance Document set out minimum requirements and homes may choose to implement their own asymptomatic screen testing policies; however, it is not recommended at this time. In addition, policies must not apply to outdoor visitors, those visiting residents who are receiving end-of-life care or to inspectors with a statutory right of entry.

16. Are staff required to undergo testing if they have COVID-19 symptoms?

Per the Ministry of Health’s COVID-19 Guidance for Long-Term Care Homes, Retirement Homes, and Other Congregate Living Settings for Public Health Units, individuals working in long-term care homes who have COVID-19 symptoms should self-isolate and are encouraged to get tested for COVID-19. Molecular COVID-19 testing (using a laboratory-based molecular test, e.g., PCR or a rapid molecular COVID-19 test, such as ID NOW or GeneXpert) is the recommended testing modality for symptomatic individuals working in long-term care homes. Testing locations can be found online at [COVID-19 testing locations](#).

Staff with COVID-19 may return to work once their symptoms have been improving for 24 hours (or 48 hours if gastrointestinal symptoms) and they have no fever. Upon return to work, they should follow measures to reduce the risk of transmission for 10 days from their symptom onset/positive test, including wearing a mask and distancing from others before they remove their mask (for example, to eat or drink).

17. Are homes able to provide rapid antigen tests for at-home testing?

Long-term care homes are permitted to provide staff with rapid antigen tests to take home for the purposes of facilitating return to work testing or any asymptomatic testing that long-term care homes may choose to implement.

For information on implementing at-home testing, including how to repackage rapid antigen test kits for at-home use, please refer to Ontario Health’s [COVID-19 Rapid Antigen Testing Onboarding Guide](#). Rapid antigen tests continue to be provided to long-term care homes free of charge until **December 31st 2023**, and can be ordered through the [PPE Supply Portal](#).

As per the COVID-19 guidance document for long-term care homes in Ontario, antigen tests that have been provided by the Province of Ontario, either directly or indirectly (for example, through an agency of the government), must only be used for intended purposes and not be resold or distributed to any other person.

18. Are homes required to provide asymptomatic screen testing data to the ministry?

The ministry no longer requires homes to collect or submit weekly asymptomatic screen testing data.

Vaccinations

19. Can homes implement their own vaccination policies?

With the high vaccine uptake among residents, the availability of safe and effective antivirals, and high immunity in the general community, the risk of severe outcomes to residents has significantly decreased.

As the province transitions into a “new normal” state of ongoing COVID-19 transmission, LTC homes that have retained their proof-of-vaccination requirements are strongly recommended to revisit their policies, with consideration to the current context of the pandemic and the [Residents’ Bill of Rights](#), including the residents’ right to receive visitors of their choice. Specifically, while continuing to promote the uptake of boosters, homes are encouraged to consider permitting entry to visitors and qualified staff, regardless of their vaccination status. Licensees should engage with their residents’ council, family council, and local public health unit to inform the review of their policies to ensure revisions are supported by the most current clinical evidence. Licensees are also encouraged to seek independent legal advice as appropriate.

Long-term care licensees continue to retain the ability to impose vaccination requirements for existing and new staff, students, volunteers, support workers, caregivers and general visitors provided they are consistent with the [Fixing Long-Term Care Act, 2021](#), including the [Residents’ Bill of Rights](#) and section 5 (right to a safe and secure home), as well as [O. Reg. 246/22](#) under the Act, and comply with all other applicable laws including the [Human Rights Code](#).

However, vaccination requirements shall not apply to residents. For clarity, homes cannot deny admission to a resident due to their vaccination status. In addition, vaccination policies must not apply to outdoor visitors, children under the age of five, or to those visiting residents who are receiving end-of-life care.

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). For more information on recommended doses of COVID-19 vaccine, please review the Ministry of Health’s [COVID-19 Vaccine Guidance](#).

Contact Information

20. Who can I contact if I have any issues?

Please send questions about pandemic response in long-term care homes to MLTCpandemicresponse@ontario.ca.

For inquiries about ordering testing and PPE supplies, please contact SCO.Supplies@ontario.ca.

For inquiries related to laboratory-based testing, please contact Ontario Health at lrc.testing@ontariohealth.ca.