

May 15, 2020

**Ontario Enhancing COVID-19 Protections for Long-Term Care
Residents, Families and Staff
Top Q&As
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1. Are cases of COVID-19 in long-term care homes being reported publicly?

Since April 26, 2020, the Ministry of Long-Term Care has been posting a daily list of all long-term care homes in active outbreak, as well as noting the current number of outbreaks that have been resolved. This is part of the transparent reporting of COVID-19 cases and can be found at:

<https://www.ontario.ca/page/2019-novel-coronavirus>.

This data is current as of the previous day at 3:30pm and is based on self-reporting from homes.

An active COVID-19 outbreak indicates that the home has at least one lab confirmed case of COVID-19 (in resident or staff) and the local public health unit or the long-term care home has declared an outbreak.

As data is self-reported by the long-term care homes to the Ministry of Long-Term Care, daily case and death figures may not immediately match the numbers posted by the local public health units (i.e. Integrated Public Health Information System (iPHIS) database) due to lags in reporting time.

We're working on closing this gap, but while we do, we want to ensure that all the information is shared transparently and promptly.

2. If a resident has COVID-19 and dementia, can they be restrained? Since they can wander and can be agitated and aggressive.

Long-term care homes are encouraged to consider alternative measures for residents with cognitive disabilities (e.g. increase one-on-one programs, use of preventive wandering barriers, or dedicated resident time for sensory stimulation activities).

Long-term care homes should take into consideration the detrimental physical, emotional and social impacts of isolation on elderly residents and should consider alternative options for support (e.g. exercise programs for resident

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rooms, one-on-one programs, use of technology to allow visual and auditory contact with family and friends, and activities that meet the needs of individual residents).

Source: [MOH - COVID-19 Outbreak Guidance for Long Term Care Homes \(LTCH\) – Version 2 - April 15, 2020](#)

3. Can Behavioural Supports Ontario help us with techniques for those residents with cognitive disabilities?

Individual plans of care must be developed by medical practitioners and care teams in the long-term care home in consultation with the resident and family. The ministry supports homes in caring for residents exhibiting, or at risk, of exhibiting responsive behaviours through the Behavioural Supports Ontario (BSO) program.

BSO provides supports and services for older adults, including long-term care residents, in Ontario with or at risk for responsive behaviours associated with dementia, complex mental health, substance use, and/or other neurological conditions. Funding is allocated to staffing resources to support BSO emotion-based/responsive care models in long-term care homes; and training of direct care staff, purchase of therapeutic equipment and supplies, and retention of existing BSO specialized staff.

4. Will the ministry cover costs related to one-on-one care for residents with cognitive disabilities?

The ministry supports long-term care homes through the High Intensity Needs Fund (HINF). HINF funding may be provided for additional staffing costs for a resident who requires short-term one-to-one care and supervision because that resident is at significant risk of harming themselves or others as a result of responsive behaviours and the resident falls within at least one of the following categories:

- Current residents with ongoing or emerging responsive behaviours where there is a significant risk of seriously harming themselves or others;

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- Newly-admitted residents with ongoing or emerging responsive behaviours, who have a significant risk of seriously harming themselves or others;
- Residents newly transferred from hospital or other facilities back to a long-term care home with ongoing or emerging responsive behaviours, with a significant risk of seriously harming themselves or others;
- Residents returning from a psychiatric leave of absence or *Mental Health Act* Form 1 examination with ongoing responsive behaviours who require support as part of their reintegration back into the home and who exhibit a significant risk of seriously harming themselves or others.

5. Is payment of staff who are in self-isolation or refusing to work due to lack of personal protective equipment covered as a COVID-19 cost?

The government continues to distribute Personal Protective Equipment (PPE) as needed to long-term care homes, ensuring that urgent needs are met within 24 hours. We are tracking individual home supplies daily and your home's PPE regional lead should be informed immediately of any shortages. Homes are expected to continue to utilize their primary suppliers, and to reach out to the PPE Regional Table Lead if PPE supplies are not immediately forthcoming. Further requests can be escalated to the Emergency Operations as outlined in "Personal Protective Equipment (PPE): Guidance for the LTC & RH Sectors" (April 20, 2020).

In addition to PPE provided at no cost, the ministry continues to provide flexibility for long-term care licensees to use available funding to support their efforts and costs related to preventing and containing the spread of COVID-19 in their respective long-term care homes.

Emergency funding is intended to financially support the necessary incremental expenditures of long-term care homes to prevent and contain the spread of COVID-19 and is not limited to specific expenditure categories.

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6. What is the direction from the ministry for residents that leave their long-term care homes for procedures such as dialysis?

Based on guidance provided to long-term care homes by the Chief Medical Officer of Health on April 15, 2020, residents who leave their long-term care home for an out-patient visit (e.g. medical appointment), must, if tolerated, wear a mask while out and be screened upon their return. The home should provide the mask for the resident.

7. If long-term care homes are choosing to postpone Resident Assessment Instrument (RAI) assessments for low-risk residents, how will this impact their compensation?

The ministry is committed to alleviating the reporting burden on homes in order to focus staffing resources on resident care during the ongoing COVID-19 outbreak.

The ministry will explore opportunities to ensure that funding is reflective of the needs of each long-term care home if these assessments are postponed. Long-term care homes must continue to ensure residents are assessed and that their plans of care are updated to follow the Chief Medical Officer of Health directives and guidance to ensure resident safety and security.

8. Would it be possible to prioritize staff who have symptomatic family members for COVID-19 testing?

Family members of a health care worker are specifically discussed as a group for testing in the [updated testing guidance](#). Note that testing of all staff, regardless of symptoms, is underway.

9. As there are new updates to specific symptoms, such as the temperature for fever, will the ministry be releasing an updated case definition?

Testing for COVID-19 is not based on the case definition at this point in time, but the expanded list of symptoms and signs in the [updated testing guidance](#) and the clinical decision of the health care provider.

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10. Can families visit long-term care home residents who are dying with COVID-19?

Yes, as based on direction from [Ontario's Chief Medical Officer of Health](#), essential visitors includes a person visiting a very ill or palliative resident. If an essential visitor is admitted to the home, the following steps must be taken:

1. The essential visitor must be screened on entry for symptoms of COVID-19, including temperature checks and not admitted if they show any symptoms of COVID-19.
2. The essential visitor must also attest to not be experiencing any of the typical and atypical symptoms. The essential visitor must only visit the one resident they are intending to visit, and no other resident.
3. The essential visitor must wear a mask while visiting a resident that does not have COVID-19.
4. For any essential visitor in contact with a resident who has COVID-19, appropriate Personal Protective Equipment (PPE) should be worn in accordance with [Directive #1](#).

11. Will staff also be screened for atypical symptoms, as per the new testing guidelines?

As of April 24, 2020, long-term care and retirement homes must immediately implement active screening of all staff, essential visitors and anyone else entering the home for COVID-19. Screening must occur twice daily and include symptom screening and temperature checks (i.e., at the beginning and end of the day/shift for staff and when essential visitors enter and leave the home). The new screening questions include asking about signs and symptoms related to typical and atypical symptoms such as fever, new or worsening cough, shortness of breath, sore throat, runny nose or sneezing, nasal congestion, hoarse voice, difficulty swallowing, new smell or taste disorder(s), nausea/vomiting, diarrhea, abdominal pain, unexplained fatigue/malaise, chills, or headache.

Some additional questions focus on travel, as well as whether someone was in contact with anyone with a respiratory illness or COVID-19 and if that person wore personal protective equipment while interacting with the ill-person.