

**Ontario Enhancing COVID-19 Protections for Long-Term Care
Residents, Families and Staff
Top Q&As
April 29, 2020**

QUESTIONS AND ANSWERS:

1. Can the Ministry provide clarification on issues related to masking in long-term care homes?

Based on direction from Ontario's Chief Medical Officer of Health, masks must be worn at all times in long-term care homes.

Please refer to the [COVID-19 Guidance: Long-Term Care Homes, Version 4 - April 15, 2020](#)

2. Are there restrictions to what is covered for COVID-19 related expenses, including increased expenses for screening, staff accommodation, operations and virtual care systems?

The ministry intends to continue to provide flexibility for long-term care operators 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. Our government committed to \$243 million in emergency funding to financially support the necessary incremental expenditures of long-term care homes to prevent and contain COVID-19 and is not limited to specific expenditure categories. Potential uses of this funding may include:

- The incremental costs of increasing the hours of part-time staff in order to enable them to work in one home only.
- The costs of providing hotel accommodation to some staff to assist them in reducing travel or exposure to families.
- Incremental costs of screening, staff and equipment associated with prevention and containment.
- Any other incremental expenditures required for the rapid response to prevent and contain COVID-19 in a long-term care home.

3. How should we handle additional costs for accommodations of new admissions during this time? How about if the resident cannot pay for their accommodation?

Please note: based on Ontario's Chief Medical Officer of Health's guidance, all admissions and readmissions are stopped in long-term care homes during an outbreak.

Residents who are unable to afford their accommodation co-payment should be considered for a rate reduction. Furthermore, the ministry will reimburse the cost of preferred accommodation where a home is required to place a resident who has requested a basic room into a preferred room. The resident will be considered a basic room resident and will be eligible for a rate reduction at the basic room rate.

The ministry has also provided one-time emergency funding of \$243 million to long-term care homes to assist with additional costs related to the outbreak of COVID-19. The costs related to a resident who is unable to pay their accommodation fees resulting from the outbreak of COVID-19 may be considered an eligible expense for the emergency funding.

In addition, ministry support for bad debts related to unpaid accommodation charges continues to be available as outlined in the LTC Bad Debt Policy which provides cost sharing of bad debt between the Ministry and the LTC Operator. Long-term care homes are expected to maintain a record of their expenses as the ministry will monitor the use of the emergency funding and any related increases in bad debt claims through the annual report process.

4. What do we do if a current resident cannot afford accommodation fees due to recent family financial distress caused by COVID-19?

The ministry is committed to supporting residents and their families during the ongoing COVID-19 outbreak. The ministry is aware that residents and families may require financial relief in order to ensure the continued affordability of long-term care accommodations.

Residents in basic accommodation, who cannot afford to pay for their long-term care home co-payment, may be eligible to have their long-term care home co-payment amount reduced. This policy is known as a rate reduction. A resident's rate reduction is calculated based on a standardized income assessment, as outlined in Ontario Regulation 79/10 (Regulation). The standardized income assessment uses information obtained from a resident's notice of assessment as issued by the Canada Revenue Agency. In this case, the co-payment rate is solely based on the resident's income, thereby eliminating the need for financial contributions from family members. Residents in basic accommodation should consult with the long-term care home regarding the process for obtaining a rate reduction based on their income.

5. What is the process for hospitals to discharge residents to a long-term care home?

Based on direction from Ontario's Chief Medical Officer of Health, hospitals may discharge patients to long-term care homes where:

1. It is a readmission to long-term care (the resident is returning to their home)
2. The receiving home is NOT in a COVID-19 outbreak
3. The resident has been tested for COVID-19 at point of discharge, has a negative result and is transferred to the home within 24 hours of receiving the result
4. The receiving home has a plan to ensure that the resident being readmitted can complete 14-days of self-isolation

Initial admissions to long-term care homes from hospitals continue to be temporarily paused. An approach that balances health service provider and patient/resident impacts is under consideration.

6. Can testing be done for all residents and staff when there is a case of COVID-19 in the long-term care home, even those who are asymptomatic?

Public Health Units and long-term care homes are working in collaboration with the Ontario Health regions and the Ministry of Long-Term Care regions to test **every** resident and staff at each long-term care home.

Testing guidance for residents and staff as part of screening and surveillance activities in homes can be found in the COVID-19 Provincial Testing Guidance Update (April 15, 2020).

Please refer to the [MOH-MLTC-CMOH -Testing in Long-Term Care - April 21, 2020](#) and [MOH/CMOH/OH Memo re Update on COVID-19 Preparations and Actions - April 23, 2020](#).

7. What is the protocol on CPR for long-term care homes?

When CPR is needed, chest compression should begin right away as it is not considered an aerosol generating medical procedure. The person who will perform the manual ventilation and intubation should put on an N95 respirator and eye protection. Consider having a respirator (the type most commonly worn) and eye protection as part of the intubation tray set up.

Chest compressions alone are not an aerosol generating medical procedure (AGMP), where as CPR with either intubation or manual ventilation is. Chest compressions are the most important component and should begin immediately. Efforts should be made to clear the space prior to airway management.

8. If homes are choosing to postpone or cut back on Resident Assessment Instrument (RAI) assessments, how will this impact their compensation/future funding?

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 to ensure resident safety and security.

9. Which employees are impacted by the April 15 emergency order that restricts employees to only work in one long-term care home?

The government has issued an emergency order effective April 15 directing long-term care employers to ensure their employees, including registered nurses, registered practical nurses, personal support workers, kitchen and cleaning staff only work in one long-term care home. This means that employees cannot work in multiple locations such as a retirement home or other health care setting. Homes were given until April 22 to become compliant.

In order to ensure a steady supply of staff available to work on an emergency basis in long-term care homes, this order would not apply to agency workers or other critical contract staff.

To ensure the safety of long-term care residents, all workers, including agency workers and other critical contract staff, as well essential visitors are to undergo "active screening" as set out in a directive by the Chief Medical Officer of Health. "Active screening" requires a rigorous screening process including temperature and symptom checks prior to entry, self-monitoring while in the home and undergoing a second screening, either at the end of the day/shift or when leaving the home.

All workers and essential visitors must wear a surgical/procedure mask and follow Personal Protection Equipment guidelines while in the home, including the appropriate use of surgical masks, gowns, gloves, and eye protection as required.