



**To:** Mr. Matthew Anderson, Deputy Minister Richard Steele, Deputy Minister Helen Angus, Assistant Deputy Minister Erin Hannah

**CC:** Mason Saunders, Stakeholder Relations to Minister of Long Term Care

**From:** Rhonda Collins, V.P. of Ontario Long Term Care Clinicians

**Date:** January 29, 2021

**Re:** Observations and Recommendations (P. 2) for Implementation of Rapid Antigen Testing in LTC

***Background:***

Since June of 2020, routine surveillance testing of staff has been completed using a bi-weekly or weekly nasopharyngeal COVID-19 PCR test, depending on the degree of community spread in particular regions. This was a difficult task to operationalize, though most homes were quite successful at reaching high rates of compliance among staff despite the invasive nature of the test.

A new directive received January 27, 2021 Ministry of Long-Term Care is now mandating that all LTC homes transition to point-of-care Rapid Antigen tests. As of February 8, it is expected all LTC homes licensees will ensure that:

- Staff, student placements and volunteers who enter LTC homes two or more days in a 7-day period undergo Antigen Tests on non-consecutive days up to 3 times in the period prior to entry into the LTC home.
- Staff, student placements and volunteers who enter LTC homes only once in a 7-day period undergo an Antigen Test on the “day of” prior to entry into the LTC home.
- Caregivers, support workers and general visitors undergo an Antigen Test on the “day of” regardless of how many times they attend to a home in a 7-day period.
- A negative Antigen Test result is required according to the above frequencies before individuals are permitted to enter the home and have contact with a resident or another “cleared” person. Individuals awaiting their Antigen Test result may be permitted to wait in a separate secure area where physical distancing is possible.

***Issues:***

We are writing to note the concerns we have about the impact on the staff and residents of our Long Term Care homes in trying to operationalize the requirements of this directive in such a short timeline:

- There are a number of logistical issues that need to be resolved and the time required to adequately implement the steps required is not sufficient.
- The physical layout of many LTC homes – especially the older C-bed homes – does not allow staff to maintain appropriate physical distancing while waiting for their POC antigen test to be completed.
- The additional time required to ensure appropriate handover between shifts after the required wait time to ensure a negative test has the potential to negatively impact resident care.

- Staff who refuse to be tested must be denied entry to the LTC home, according to the directive. The sector is struggling with staffing, and we are concerned about the impact of further loss of staff and the detrimental effects this will have on providing resident care.
- To accommodate delays at shift change, staff will be required to come in early or stay beyond their shift to maintain the required number of staff on the units. This means additional time and further stress in a workforce that is already exhausted after almost one year of working through a pandemic. We are concerned about the impact on both the mental and physical health and wellbeing of frontline workers. There is diminished resilience to accommodate this rapid transition.
- Currently, the leadership at each home is focused on receipt of and administration of vaccines to our vulnerable residents and overcoming vaccine hesitancy for front-line workers. We believe this needs to remain the number one priority at this time.

***Recommendations:***

**1. Maintaining access to both lab-based PCR and rapid, point-of-care antigen testing** will allow people to choose. Having a sense of choice goes a long way toward improving compliance. Long Term Care Home staff are exhausted and have no additional resilience to accommodate this rapid transition.

**2. Vaccinations must remain the number one priority**, at this time. Currently, the leadership at each home is focused on receipt of and administration of vaccines to our vulnerable residents and overcoming vaccine hesitancy for front-line workers.

**3. Allowing staff onto their units while awaiting test results** will alleviate some of the issues. We know that strict PPE and IPAC practices are effective, as evidenced by the practically non-existent rates of influenza and gastrointestinal outbreaks we have seen and feel that allowing staff onto their units while awaiting test results will address some of the above issues.

We thank you for your continued leadership during this pandemic and know that we are all focused on keeping everybody safe, especially our most vulnerable population. I would be happy to discuss this further if that would be helpful.

Most sincerely,



Rhonda Collins MD, CCFP(COE), FCFP  
Vice President, Ontario Long Term Care Clinicians