



HOMES AND SENIORS SERVICES

POLICY & PROCEDURE NUMBER: 2.23

DEPARTMENT: *Infection Control*

SUBJECT: *Pandemic Prevention and Control – Staff Testing – e.g. COVID-19*

APPROVAL DATE: July 2020 **REVISION DATE:** March 2021; October 2021; March 2022, November 2022

REVIEW DATE: December 2021

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PURPOSE:

The health and safety of workers is a priority at all times, especially during a pandemic (e.g. COVID-19 coronavirus). This priority includes protecting staff from exposure to infectious diseases at work.

To provide a safe environment for both staff and residents, all staff shall be tested as directed by Ontario Health and/or Ministry of Long-Term Care and any other applicable legislative authority.

Testing of staff is key during a pandemic, as the sooner cases can be identified, the better positioned health care organizations are to contain them, and, ultimately save lives of staff, residents and their families.

PROCEDURE:

1. Elgin County Homes will follow the direction and recommendations of Ontario Health, Ministry of Long-Term Care and other applicable legislative authorities in regards to the testing of staff (frontline workers, management, food service workers, contracted workers, etc.). Testing will be as directed by the ministry and/or Ontario Health and may include the following: rapid antigen testing, PCR testing.
2. Information provided by Ontario Health and/or Ministry of Long-Term Care and any other applicable legislative authority regarding staff testing requirements, and this policy, will be made available in the workplace.
3. Education regarding the occupational expectation and requirements of this policy will be provided upon implementation, time of hire, annually, and as required (e.g. with changes in directives).
4. Where feasible, on-site testing will be made available; otherwise Elgin County Homes will identify alternative approaches (e.g. local assessment centres, etc.) to support required testing.



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5. Staff testing during a pandemic is mandatory.
6. Specific requirements related to intervals of testing will be as per Ontario Health and/or Ministry of Long-Term Care and any other applicable legislative authority direction; and, will be communicated to staff upon notification to the licensee.
7. All new hires, and staff members returning to work after an absence (maternity/parental leave, short term disability or long-term disability, etc.) should be tested as per ministry and/or Ontario Health/public health directive(s) prior to their start/return to work date to ensure the safety of both their colleagues and residents.
8. If required, long-term care Home staff may get PCR tested at any assessment centre. A long-term care home specific requisition (assigned staff investigation number INV/outbreak number) may be required for each test.
9. The clinician (physician, nurse practitioner, paramedic, registered nurse or registered practical nurse) performing the test is required to obtain consent from the staff member.
10. Any positive test results will be sent to the local public health unit for case management. Local public health units will notify the long-term care (LTC) home of any positive results.
11. If an employer is advised that a worker has tested positive due to exposure at the workplace, or that a claim has been filed with the workplace safety and insurance board (WSIB), the employer is required to give notice in writing within four (4) days to:
 - a. The Ministry of Labour, Training and Skills Development
 - b. The workplace Joint Health and Safety Committee or a health and safety worker representative
 - c. The worker's trade union (if applicable)

Additionally, the employer must report any instances of occupationally acquired illnesses to WSIB within three (3) days of receiving notification of said illness.



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12. The health and safety of workers is a top concern during a pandemic. Testing results help employers protect both staff and residents from exposure to infectious diseases while on the job. Homes are required to implement policies and procedures, including those related to staff refusal, in order to protect the health and safety of staff and residents.

13. Testing is conducted at a point in time as directed by Ontario Health and/or Ministry of Long-Term Care and any other applicable legislative authority. In the case of COVID-19, existing literature indicates that the incubation period (the time from exposure to development of symptoms) ranges from 2-14 days. Retesting is necessary because the virus may not be detectable when the person was originally tested. In addition, the person may have come into contact with an infected person (who was symptomatic or asymptomatic) to the virus in the time after the earlier test.

14. Where possible, LTC homes are to keep statistical information regarding the number of staff tested and the dates on which testing was conducted.

15. Staff members who refuse to be tested are required to meet with the Administrator, departmental manager, and union (if applicable). The meeting will include education regarding the purpose of staff testing, directives and staff informing the employer of the reason(s) for refusal and discussion regarding next steps. The meeting will be documented and a letter outlining the discussion details provided to the staff member.

16. If a staff member continues to refuse testing following the meeting, the staff member will be provided with the following direction:
 - a. If citing medical reasons, the staff member is to contact their attending physician and schedule an appointment within seven (7) days to determine potential options to support the required testing (e.g. medication, alternate testing options, etc.) Supporting documentation will be provided by the employer for the Physician.



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- b. Staff member must receive testing within the directed timeframe
 - c. Failure to receive testing within the directed timeframe, or provide substantiation that is acceptable to the employer, will result in the following:
 - i. Staff member will not be permitted to work until the staff member receives testing (and provides evidence of testing) within the required timelines;
 - ii. Staff member will be placed on an unpaid leave of absence;
 - iii. Disciplinary action as deemed appropriate by the employer, up to and including termination (may be deemed position abandonment)
17. Pregnancy is not considered a contraindication for testing.
18. When a pandemic outbreak in a long-term care home is confirmed by the Medical Officer of Health (MOH), all applicable staff will be required to be tested as directed by the MOH and public health.
19. The choice of test should be a clinical decision to be made by the health care provider. Testing measures may include, but not limited to:
- a. Nasopharyngeal (NP) swab is the best choice for testing and provides the most accurate results.
 - b. Deep nasal swab
 - c. Rapid Antigen Testing – as of March 14, 2022, a combined oral and nasal swab is recommended
 - d. Anterior nasal swabs
 - e. Throat swabs

Procedure if Staff Test Positive with Rapid antigen swab upon arrival to work:

- Any staff that tests positive upon arrival for their shift may complete a PCR test prior to leaving the premises. Doing so will provide prompt data collection/surveillance and quicker response to potential outbreaks.
- Staff who become symptomatic during their shift may complete a PCR prior to leaving the premises.



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- If deemed appropriate, staff may be provided an opportunity to complete PCR on sight given direction from IPAC program manager. This will decrease barriers in the event a staff member is unable to access timely swab collection.

Note: These guidelines may change based on eligibility of testing, and any change to guidance or practice recommendations based on Medical Director, IPAC committee, MOH, or MLTC guidance. Staff will be updated promptly on any changes.

Swab Collection Eligibility for PCR:

To maintain optimal viability of the virus, specimens should be stored at 2-8°C following collection and transported to PHO Laboratory on ice packs within **72 hours of collection**. If longer storage/transit time is anticipated, do not complete the swab and staff member will need to seek an assessment centre for further testing.

Consent:

Any staff member completing a PCR swab at the Home is accepting informed consent; and allowing the home to be notified of their results. Staff members are also consenting to the home IPAC program manager to share results with Public Health if applicable (e.g. Outbreak notification, contact tracing initiated).

Who conducts PCR collection:

- Any Registered staff, IPAC lead or delegate may complete PCR testing on symptomatic/rapid positive staff using the technique outlined below.

Important Considerations:

- PPE must be worn (mask, gown, eye protection)
- Place swab in specimen fridge for pick up by laboratory services (swab result must be received at laboratory by 72 hrs of collection date)
- PCR results are most accurate when collected at point in time (when experiencing symptoms)
- If staff have been positive less than 90 days ago, and experiencing new symptoms contact IPAC program manager for direction.

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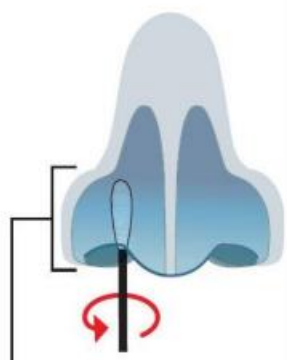
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- Ensure to complete requisition form as noted below. Ensure collection tube has staff identifiers (full name, DOB, HC# and date of collection). If staff do not have their health card number version code, a PCR is still able to be collected and processed.

COVID-19 throat/nasal specimen collection

<ol style="list-style-type: none"> 1. Insert swab in posterior pharynx and tonsillar areas. 2. Rub swab over posterior pharynx and bilateral tonsillar pillars; avoid tongue, teeth, and gums. 3. Using the same swab, insert about 1 cm (0.5 in) inside nares.* 4. Rotate swab and leave in place for 10-15 seconds. 5. Using the same swab, repeat for the other nostril. 6. Immediately place in sterile tube containing transport medium. <p><i>*Swab insertion distance will differ for paediatric patients.</i></p>	<div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>Steps 1-2</p>  </div> <div style="text-align: center;"> <p>Steps 3-5</p>  </div> </div>	<p>Advantages of throat/nasal specimen collection</p> <ul style="list-style-type: none"> • Is not a controlled act and be carried out by anyone with appropriate training • Can be performed with an NP swab or larger throat/nasal swab • May be better tolerated by patients as it is less invasive
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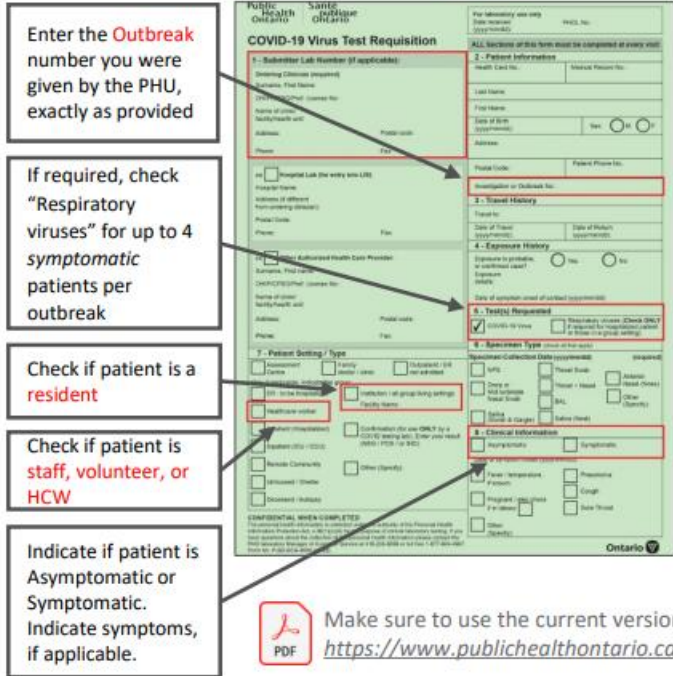
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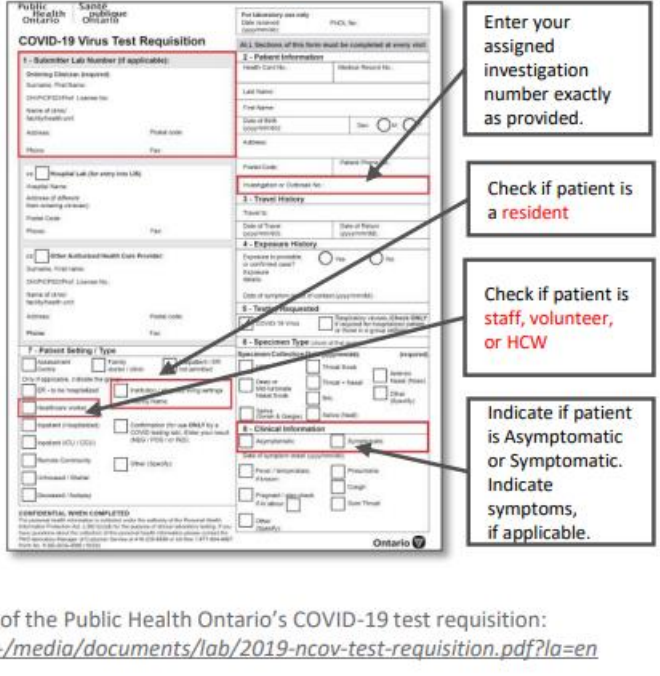
Completing COVID-19 requisition form

- The submitter named on the requisition must be registered for your laboratory’s Autofax service
- If testing in an outbreak situation – print requisition form on coloured paper to ensure test prioritization.
- In addition to *Submitter and Patient Information*, please ensure the highlighted areas below are properly completed.

Outbreak Testing



Routine Screen Testing



Make sure to use the current version of the Public Health Ontario’s COVID-19 test requisition: <https://www.publichealthontario.ca/-/media/documents/lab/2019-ncov-test-requisition.pdf?la=en>

References:

1. Ministry of Health ‘COVID-19 Guidance Document for Long-Term Care Homes in Ontario
2. Ministry of Health ‘COVID-19 Integrated Testing & Case, Contact and Outbreak Management Interim Guidance: Omicron Surge



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3. *Ministry of Health “COVID-19: Long-term care home Surveillance Testing and Access to Homes – March 14, 2022*
4. *Ontario Health “COVID-19 Surveillance Testing -Frequently Asked Questions Regarding Long-Term Care Homes Staff Testing*
5. *Ministry of Health COVID-19 Guidance: Considerations for Antigen Point-of-Care Testing, Version 4, March 19, 2021*
6. *Ministry of Long-Term Care Directive #3, COVID-19 Guidance Document for LTCHs, and Rapid Testing Merged FAQs, December 16, 2021*
7. *COVID-19 Provincial Testing Guidance; Version 15.2, MOH, October 6 2022*