

February 12, 2021

MEMORANDUM TO: MCCSS-funded Transfer Payment Recipients (TPRs) and Children's residential licensees that provide Services and Supports in Congregate Care Settings

FROM: Linda Chihab, Director, Regional Office
Ministry of Children, Community and Social Services

Jennifer Richardson, Director, Community and Indigenous
Supports Branch
Ministry of Children, Community and Social Services

RE: **Extended lockdown/Regional reopening direction with updated supporting documents**

Dear Colleagues:

Following our January 15, 2021 communication, we are confirming that the following three regions will be moving back to [Ontario's COVID-19 Response Framework: Keeping Ontario Safe and Open](#) at the Green-Prevent level effective Wednesday February 10, 2021 at 12:01 am:

- Hastings Prince Edward Public Health
- Kingston, Frontenac and Lennox & Addington Public Health
- Renfrew County and District Health Unit

In consultation with the Chief Medical Officer of Health, the government is moving to a regional approach and maintaining the [shutdown](#) in the majority of the public health regions in Ontario, including the [Stay-at-Home order](#) and all existing public health and workplace safety measures. When it is safe to do so, the province will gradually transition each region from the shutdown measures to the COVID-19 Response Framework.

What this means for congregate care service providers operating in a reopened region:

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On February 11, 2021 we will resume issuing MCCSS-specific Wave 2 enhanced precautions guidance via memos to congregate care service providers in accordance with the levels of risk of community transmission.

Please note: the zones in the Province's COVID Response Framework: Keeping Ontario Safe and Open and the levels in the Guidance on Enhanced Measures in Congregate Care Settings (which outlines the precautions levels in the MCCSS enhanced precautions guidance memos) use the same weekly incidence rate as the threshold to move between levels. However, the MCCSS precautions are in addition to the restrictions for the general public and are specific to MCCSS congregate care settings. They have been developed to safeguard the health and well-being of residents and staff while mitigating risk to the highest degree possible.

For reference, please see the appendix for a table that outlines the general alignment of the two frameworks.

The ministry will be issuing separate direction for open and secure custody/detention youth justice facilities that operate in regions that will be reopening.

We have also updated previously issued guidance for congregate care service providers and the following will come into effect on February 11, 2021:

1) MCCSS Operational Guidelines for COVID-19 Universal Source Control Measures 2.0 (Updated February 2021) (attached)

Key changes:

- clarification regarding acceptable eye protection (includes face shields, goggles or safety glasses),
- clarification regarding the use of eye protection when driving and PPE when plexiglass is used,
- inclusion of an expectation for visitors to wear a surgical/procedure mask and eye protection at all times,
- Inclusion of an expectation that staff wear a surgical/procedure mask and eye protection at all times (see guidelines for additional details),
- distinguishing between core and niche PPE and where to order each,
- minor wording changes/realignment of sections for clarity.

2) MCCSS Visitor's Guidelines 3.0: Re-Opening Congregate Living Settings (updated February 2021) (attached)

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Key changes:

- inclusion of the temporary suspension of specific types of visits to and absences from the congregate care setting based on MCCSS precaution level,
- inclusion of mandatory screening questions for visitors,
- updates to minimum PPE requirements for visitors,
- distinction between essential vs. non-essential outings,
- addition of flexibility for service providers to change who is deemed an essential visitor in the context of elevated community risk,
- minor wording changes for clarity.

What this means for congregate care service providers operating in a region that continues to be under lockdown:

Service providers that operate in regions that are in a lockdown are to continue to follow the *MCCSS Interim Direction* issued in December 2020 until further notice from the ministry.

The original direction provided is included as an appendix to this memo for your reference. This information can also be found on the following government website www.mcass.gov.on.ca/en/mcass/CongregateCare.aspx

Open and secure custody/detention facilities that operate in regions that are in a lockdown are to continue to follow the *Provincewide Shutdown - Interim Direction for Youth Justice Open and Secure Facilities* issued in December 2020 until further notice from the ministry. This direction can be found on the following government website: <http://www.children.gov.on.ca/htdocs/English/youthandthelaw/youth-justice-facilities.aspx>

Please share this communication broadly with any/all providers that your organization contracts/sub-contracts with to provide congregate care supports.

Information for regions reopening and remaining under lockdown will continue to be located on the Ministry website at: <https://www.mcass.gov.on.ca/en/mcass/CongregateCare.aspx>

If you have any questions or concerns, please contact your MCCSS program supervisor or ministry contact.

Sincerely,



Linda Chihab
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Appendix: INTERIM DIRECTION FOR AREAS REMAINING UNDER LOCKDOWN

ESSENTIAL VISITS IN CONGREGATE CARE SETTINGS

Indoors

Indoor visits are **permitted** for essential visitors **ONLY**.

An essential visitor is generally a person who:

1. Performs essential services to support the ongoing operation of a service agency (including a contractor); and/or,
2. Is considered necessary to maintain the health, wellness and safety, or any applicable legal rights, of a congregate care resident.

An essential visitor may include but is not limited to the following:

- A parent/guardian
- Social service worker (e.g., child welfare workers, day program operators etc.)
- Health care providers (e.g., doctor, nurse, personal support workers, etc.)

Virtual visits are to be strongly encouraged and facilitated wherever possible.

Agencies should consider residents and staff health and susceptibility to the virus as well as the overall well-being of all the residents in congregate care settings in determining whether essential visits are appropriate.

Essential visitor personal protective equipment requirements while indoors:

All essential visitors must wear a surgical/procedure mask AND eye protection at all times while inside the congregate care setting.

Essential visitors are to be advised during screening at the door that strict adherence to the masking/eye protection requirements are a condition of entry and failure to adhere may result in them being asked to leave the premises.

Service providers are to supply essential visitors with a surgical/procedure mask and face shield as needed.

Surgical/procedure masks and face shields are considered core PPE and can be obtained through the [Critical Supplies and Equipment \(CSE\) survey portal](#). (See section below for additional detail).

Outdoor

Outdoor visits are **permitted** for essential visitors **ONLY**.

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Essential visitor personal protective equipment requirements while outdoors:

All essential visitors must wear, at a minimum, a surgical/procedure mask at all times while the outdoor visit is taking place.

Service providers are to supply outdoor essential visitors with a surgical/procedure mask as needed.

SHORT-STAY ABSENCES AND OUTINGS

Essential health and well-being activities outside the residence are **permitted**.

Such activities may include, for example, a medical appointment or work, given they are:

- Authorized through screening for the activity and/or public health advice; or,
- Essential for medical purposes only and virtual care is not possible.

Service providers are to follow local school board direction regarding school attendance.

Organized recreational activities outside of the congregate care setting are **suspended**. This includes day programming or other group/public setting activities where social interaction is likely.

Off-site activities for physical/mental health that allow physical distancing are **permitted** (e.g., going for a walk).

All residents of congregate care are expected to stay in their setting as much as possible.

ESSENTIAL OVERNIGHT ABSENCES

As residents are expected to stay in their setting as much as possible, absences from the setting are strongly discouraged.

Where an absence (e.g., to a family home) is necessary to maintain the health, wellness and safety, or any applicable legal rights, of a resident it is **permitted**.

Residents and caregivers are to be advised *before an overnight visit takes place* of required enhanced precautions that are to be implemented upon return of the resident from an overnight visit.

Enhanced precautions post essential overnight visit

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A resident returning to the congregate care setting from a permitted essential overnight absence must upon return, follow enhanced precautions for 14-days post essential overnight visit, including:

- Upon return, pass an active screening questionnaire that screens for signs and symptoms of, and potential exposures to COVID-19;
- Only receive outdoor visitors during the 14 days;
- Monitor for symptoms;
- Avoid using common areas; however, if a common area cannot be avoided, the resident must wear a surgical/procedure mask if tolerated;
- Limit contact with other residents;
- Only participate in group activities if physical distancing is maintained (i.e., 6 feet or 2 meters) and the use of a surgical/procedure mask;
- Practice proper hand hygiene by washing their hands often (using soap and water, or use alcohol-based hand sanitizer);
- Adhere to respiratory etiquette; and,
- Continue to follow appropriate physical distancing guidelines (i.e., maintaining a distance of 6 feet or 2 meters).

These precautions are critical to helping control the risk of COVID-19 transmission within the setting.

ENHANCED PERSONAL PROTECTIVE EQUIPMENT FOR STAFF

- All staff must wear a surgical/procedure mask AND eye protection (face shield, eye goggles or safety glasses) at all times except when:
 - eating/drinking (as long as a full 2 metre/6-foot physical distance from others can be maintained);
 - outside and physical distance can be maintained; or,
 - alone in an office.
- Staff must wear an isolation gown, when providing direct care to residents with respiratory symptoms and/or are under droplet/contact precautions.

Eye protection needs to be:

1. Intended for protection of mucous membranes involving the eyes; and,
2. A barrier to provide that protection.

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Eye protection should have some means of shielding the sides of the eyes/face by the way they wrap around so that droplets are less likely to land on the eyes.

Prescription glasses and sunglasses alone are not considered adequate eye protection.

As a reminder, Public Health Ontario has provided the following guidance for staff areas:

- All activities that require close contact are discontinued, including group in-person meetings.
- Schedules for using common areas are staggered.
- Furniture is moved to support keeping 2 metre distance apart and tape is used on the floor to indicate where furniture should stay.
- Common areas are cleaned and disinfected at least twice daily

IMPORTANT NOTE: Failure to abide by the careful use of PPE and strict limitations on PPE removal in the congregate care setting is a known contributor to the spread of COVID-19 between staff and residents, and among staff.

Personal Protective Equipment Supply

Surgical/procedure masks, face shields and isolation gowns are considered 'core' PPE types and can be obtained via the [Critical Supplies and Equipment \(CSE\) survey portal](#) by reporting your current inventory, and your forecasted usage.

Eye goggles and safety glasses are considered a "niche" PPE type and can be obtained through the [Ontario Association of Children's Aid Societies \(OACAS\) Shared Services PPE Order Page](#).

Service providers are asked to use discretion when ordering niche PPE (i.e., eye goggles or safety glasses) and should default to using core PPE (i.e., face shields) when operationally feasible.

Agencies should forecast their requirements based on this new standard in the [CSE survey portal](#). In case of an emergency (i.e., COVID-19 outbreak, having less than a 5 day supply of PPE) organizations requiring additional surgical masks, eye protection and isolation gowns can request additional supply from the [OACAS Shared Services PPE Order Page](#).

SCREENING QUESTIONS

Screening in congregate care settings must continue to include the following question to all individuals seeking to enter the setting:

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1. “Are you aware of the recommendations and restrictions in this community regarding gathering size, hand and respiratory hygiene, and the use of face coverings and masks?
 - a. Are you following these recommendations and restrictions regularly outside this setting you are seeking to enter?”

Agency screening must also continue to be enhanced for staff with the following questions:

1. “Do you understand that you are expected to properly don your personal protective equipment and wear it at all times in this setting with the exception of when you are eating?”
2. Do you acknowledge that at any time your PPE is removed you must maintain a distance of 2 meters or 6 feet from others?”
Please remember that interacting with colleagues outside of work without face coverings and social distancing raises the risks of COVID-19 transmission.”

For a list of all COVID-19 symptoms and [access additional screening tools](#) please refer to the to the [Government of Ontario COVID-19 Information Website](#).

PRECAUTIONS FOR SETTINGS IN AN ACTIVE OUTBREAK

If a congregate care setting is in an active COVID-19 outbreak (one or more positive COVID-19 case), the following additional measures must be followed:

- Seek outbreak-specific training resources available via Public Health Ontario (PHO), including the appropriate use of PPE and infection prevention and control (IPAC) practices.
- Implement enhanced cleaning practices.
- Restrict new admissions (where possible) in settings experiencing an outbreak.
- Seek support from your local public health unit (PHU) to assess the need for testing of all residents and staff who may have been exposed.
- Where an emergency order applies to the setting (e.g., developmental services, intervenor services, anti-human trafficking residences, violence against women programs) limit staff mobility to working in outbreak site only.
- Staff who are asymptomatic but test positive for COVID-19 must follow outbreak precautions and isolate for 14 days. These individuals must not return to work for 14 days.

Visitors and Absences

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- Indoor visits are **permitted** for essential visitors **ONLY**.
- Essential visitors must wear full PPE required for outbreak conditions.
- Organized recreational activities outside of the congregate care setting are **suspended**.
- Residents should only exit for essential reasons and must wear a mask. Wherever possible, infection or close contact status should be disclosed prior to the appointment or absence in order to receive additional direction.
- Essential overnight visits are **prohibited**.
- Avoid group activities in the setting and encourage physical distancing for non-infected residents as much as possible. Follow isolation procedures for symptomatic or COVID-19 confirmed residents.

OTHER MEASURES

The measures above are essential tools to addressing the risks of COVID-19 transmission in MCCSS-funded congregate settings.

While direct interactions connected to the workplace and congregate care settings are key, what we do in our personal lives also contributes directly to infection risks in those settings. All Ontarians including staff of congregate care settings **MUST** adhere strictly to practices in their personal life that help stop the spread of COVID-19.

These practises include maintaining at least 2 meters or 6 ft physical distance from others, using a face masks or covering when outside of your home, rigorous hand and respiratory hygiene, and limiting close contact (within 6 ft or 2 meters) only to people you live with in the same household.

To support these efforts, agencies should supplement these practices by setting measures to maintain and enhance work from home arrangements where it is not essential for employees to attend the workplace.

Thank you for your continued actions to build on the steps you have already taken to protect the health of our most vulnerable residents and the frontline staff who care for them.

If you have questions about any of the measures outlined above, please contact your ministry program supervisor.

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Appendix: Province’s COVID Response Framework: Keeping Ontario Safe and Open and MCCSS Guidance on Enhanced Measures

Public Health	Public Health Triggers	MCCSS Guidance on Enhanced Measures
Green – Prevent (Standard Measures)	<ul style="list-style-type: none"> Weekly incidence rate is less than 10 per 100,000 	Normal Precautions
Yellow – Protect (Strengthened Measures)	<ul style="list-style-type: none"> Weekly incidence rate is 10 to 24.9 per 100,000 	Additional Precautions
Orange – Restrict (Immediate Measures)	<ul style="list-style-type: none"> Weekly incidence rate is 25 to 39.9 per 100,000 	Enhanced Precautions
Red – Control (Strict Measures)	<ul style="list-style-type: none"> Weekly incidence rate is 40 per 100,000 or more 	
Grey – Lockdown (Maximum Measures)	<ul style="list-style-type: none"> Adverse trends after entering red – additional controls put in place. 	
	<ul style="list-style-type: none"> MCCSS specific - Outbreak (1 or more cases in the site) 	Outbreak Precautions

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