

December 22, 2020

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

**From:** **Karen Singh  
Director, Central Region**

**Subject:** **Province wide shut down – Interim Direction**

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Over the course of the fall, our congregate care sectors have taken concrete action to respond to the second wave of the COVID-19 outbreak by building on lessons learned to date, identifying potential risks and developing corresponding mitigation strategies.

The leadership you and your teams have demonstrated over the last several months has helped us protect those living in high-risk settings including staff-supported group or intensive support residences serving those with developmental disabilities, intervenor residential settings, shelters for survivors of gender-based violence, residential sites for survivors of human trafficking, Indigenous treatment and healing centres and healing lodges, and children's residential settings. We are grateful for all your efforts.

While we have all been working together to minimize the transmission of COVID-19 since March, the end of 2020 is presenting new challenges. With cases continuing to rise at an alarming rate, the Ontario government, in consultation with the Chief Medical Officer of Health and other health experts, is imposing a province-wide shutdown.

These additional restrictions will reinforce that Ontarians should stay home as much as possible to minimize transmission of the virus and prevent hospitals from becoming overwhelmed. The additional measures will protect those in our congregate care settings, including residents, essential visitors, and staff.

Effective December 26, 2020, **all non-youth justice MCCSS-funded service providers with congregate care settings in all regions** must adhere to the Interim Direction outlined in this memo. This direction will remain in place until January 9, 2021 in Northern Ontario and January 23<sup>rd</sup> for Southern Ontario (see Appendix 1 for a list of regions in Southern Ontario).

As it pertains to residents who are away from congregate care settings at the time this direction comes into effect, the interim direction should be followed upon their return to the congregate care setting.

While this Interim Direction is in effect - previously issued direction is suspended, namely the following:

- MCCSS Visitor's Guidelines 2.0: Re-Opening Congregate Living Settings
- MCCSS Wave 2 Enhanced Precautions memos that have been issued
- Operational Guideline on Universal Source Control

The ministry will be updating all previous guidance in time for the regional re-opening. MCCSS-funded service providers for youth justice congregate care settings should follow the guidance outlined in the *Pending Province-Wide Shutdown Effective December 26, 2020 - Interim Direction for Youth Justice Open and Secure Facilities*. The ministry will be issuing this direction to youth justice providers shortly.

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

## **INTERIM DIRECTION**

### **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**.

### ***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***

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 also, 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.

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

**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:

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**

- 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 practices 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. I understand that virtual holiday celebrations will be difficult, and I appreciate the

efforts that staff will make with the family/friends of residents to facilitate social connections during this time.

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

Sincerely,

A handwritten signature in blue ink, appearing to read 'K.S.', with a small dot at the end.

Karen Singh  
Director, Central Region



## **Appendix 1: Public Health Unit Regions in Southern Ontario**

1. Brant County Health Unit
2. Chatham-Kent Public Health
3. City of Hamilton Public Health Services
4. Durham Region Health Department
5. Eastern Ontario Health Unit
6. Grey Bruce Health Unit
7. Haldimand-Norfolk Health Unit
8. Haliburton, Kawartha, Pine Ridge District Health Unit
9. Halton Region Public Health
10. Hastings Prince Edward Public Health
11. Huron Perth Public Health
12. Kingston, Frontenac and Lennox & Addington Public Health
13. Lambton Public Health
14. Leeds, Grenville & Lanark District Health Unit
15. Middlesex-London Health Unit
16. Niagara Region Public Health
17. Ottawa Public Health
18. Peel Public Health
19. Peterborough Public Health
20. Region of Waterloo Public Health
21. Renfrew County and District Health Unit
22. Simcoe-Muskoka District Health Unit
23. Southwestern Public Health

24. Toronto Public Health

25. Wellington-Dufferin-Guelph Public Health

26. Windsor-Essex County Health Unit

27. York Region Public Health