

December 21, 2021

MEMORANDUM TO: MCCSS service providers

FROM: Karen Singh
Director, Central Region

SUBJECT: MCCSS COVID-19 Updates – December 2021

Ontario is seeing a significant increase in COVID-19 spread and the new Omicron variant becoming the dominant strain. Early evidence shows that this variant transmits quickly, including to those that have received two doses of a recognized vaccine.

The risk of transmission in congregate living settings (CLS) is particularly high during the holiday season as staff and residents may choose to gather indoors and join small gatherings with friends and families.

In order to continue to support visits and residents' participation in their communities, in alignment with additional Office of the Chief Medical Officer of Health (OCMOH) and public health recommendations, MCCSS is implementing new requirements for additional temporary measures intended to help further mitigate the risk of transmission within these settings.

NEW INTERIM DIRECTION:

Screening using rapid antigen tests

Beginning December 24, 2021, and until further notice, service providers are requested to change their asymptomatic screening protocols for the use of rapid antigen test kits:

A) Congregate Living Settings (CLS) are requested to include the use of rapid antigen tests for the mandatory screening of:

- All staff/students/volunteers (regardless of vaccination status) at a frequency of 2 times per week (7-day period).
 - o This may include the minimum once-per-week rapid antigen screening requirement for unvaccinated staff under the service provider's

vaccination policy. Vaccination policy requirements under CMOH Letters of Instruction and existing agency business processes are expected to continue.

- Visitors prior to entry to the CLS (regardless of vaccination status) unless the visitor presented a negative rapid antigen screening result at the same CLS the day before.

CLS service providers are also required to make rapid antigen screening available for:

- Residents (regardless of vaccination status) who return to a CLS from an overnight absence. For clarity, it is not a mandatory requirement that returning residents undertake the test. However, service providers are strongly encouraged to promote the use of rapid antigen screening by returning residents as a measure to protect others in the CLS.
 - **For overnight absences of 2 nights or less:** Rapid antigen screening should occur on day three and day seven from the day the resident left the setting.
 - **For overnight absences of 3 nights or more:** Rapid antigen screening should occur on the day of return (as part of active screening upon entry) and day four following their return.
 - If the resident leaves for a subsequent overnight absence, a new testing period should be started when they return to the CLS.

See attached for additional detail:

- *December 2021 INTERIM DIRECTION - Addendum to COVID-19 Guidance for MCCSS-funded and Licensed Congregate Living Settings (November 2021);* and
- *December 2021 INTERIM DIRECTION - Youth Justice Service Custody and Detention Facilities*

B) Service Providers who do not operate congregate living settings are requested to defer the use of rapid antigen tests to screen only those individuals required to meet their vaccination policy obligations under the CMOH Letters of Instruction.

Accessing rapid antigen tests:

Service providers should make use of their existing stock of rapid antigen tests to meet these requirements. Additional orders should only be placed where a service provider has less than a two-week supply.

While rapid antigen test kits should continue to be accessed through existing distribution channels, applications to the **Provincial Antigen Screening Program (PASP)** also continue to be accepted through the [Ontario Together Portal](#).

- For the near future, distribution of test kit orders through PASP will be determined based on the priorities above and will be limited to a two-week supply per order.
- Note for current MCCSS PASP participants - weekly reporting of test usage continues to be best practice.

Resources and training materials related to rapid antigen testing can be found on the [Ontario Health website](#).

The Ministry continues to actively work with our health partners towards responding to evolving COVID-19 concerns and anticipates additional correspondence to be shared in the very near future.

UPDATES AND REMINDERS

1) Staffing

As the transmissibility of the OMICRON variant increases while coinciding with the holiday season, it is imperative that service providers have a strategy in place to navigate the potential for a significant influx of positive cases potentially leading to staffing shortages and there is imminent risk to service disruption that could impact service continuity. We recommend that organizations undertake a comprehensive contingency planning process that is consistent with the [Checklist: Significant Loss of Residential Direct Support Staff](#).

Should there be a situation where the transmissibility of the variant overwhelms the ability to provide sufficient staffing and if there is imminent risk to service disruption that could impact service continuity, a risk mitigation strategy must be in place.

If the mitigation plan has been exhausted, consideration may be made for working self-isolation for staff who may have been exposed to COVID-19 but are asymptomatic. Should the need for work self-isolation occur, the local PHU must be contacted to discuss the options and approve the exceptional circumstances, and confirm that a detailed escalation process was followed and that exhaustive measures have been taken prior to implementing the strategy as described in the Ministry of Health's [COVID-19 Provincial Testing and Clearance Guidance](#). See Section 2.7 for a list of exceptional circumstances.

2) Use of N95 Respirators

In alignment with [Public Health Ontario's interim guidance](#) for other high-risk congregate living sectors, parameters for the use of N95 respirators has been expanded to include use while providing direct care to a person with suspect or confirmed COVID-19. Other appropriate PPE (based on individual risk assessment) includes a well-fitted medical mask or non-fit tested N95 respirator (or equivalent), eye protection, gown and gloves for direct care of persons with suspect or confirmed COVID-19.

A fit tested N95 respirator (or equivalent or greater protection) should be used when an individual's medical needs require an aerosol-generating medical procedure and they are known or suspected to have COVID-19.

N95 respirators should be fit-tested prior to use to optimize any expected benefit. If your agency requires assistance with fit testing, please contact your local MCCSS IPAC Champion.

If there is a positive case within a setting, N95s can be accessed through Ontario Association of Children's Aid Societies (OACAS) [web portal](#) and flagged as an emergency order for shipments within 24-48 hours. NOTE: while fit testing is recommended, it is not required in order to place an emergency order.

3) COVID-19 Vaccination

Vaccination continues to be the most effective means of protection against COVID-19, the variants and serious illness, hospitalization, and death. Every eligible Ontarian, including children aged 5 to 11, is strongly recommended to get vaccinated or receive their booster if they are eligible as soon as possible. Agencies are encouraged to continue to reach out to their local Public Health Unit (PHU) to coordinate vaccination opportunities.

Booster doses for eligible persons

On December 15, 2021, the province [announced](#) that all Ontarians 18 years of age and older can book a booster dose appointment three months (84 days) after receiving a second COVID-19 vaccine dose. Service providers are encouraged to continue to reach out to their local PHU to coordinate vaccination opportunities.

[Priority](#) given to elderly adults living in congregate settings for people with developmental disabilities, workers and designated essential caregivers in congregate settings, and First Nation, Inuit, and Metis adults and their non-Indigenous household members may help service providers in obtaining the assistance of PHUs, pharmacies and other partners to deliver boosters "on-site".

Vaccination Status Reporting – December 31, 2021 Deadline

Per the December 16, 2021 correspondence, service providers that are subject to the OCMOH Letters of Instruction vaccination policy requirements for MCCSS continue to be required to report on the vaccination status of staff, students, and volunteers. Reporting for the period of November 1-30, 2021 is due by December 31, 2021 and can be reported [here](#).

MCCSS is also continuing to collect data on the vaccination status of congregate care residents. Residential service providers are requested to complete this [survey](#) for the period of November 1-30, 2021 by December 31, 2021.

4) Air Quality

HEPA Filter Orders

Residential and eligible non-residential settings can still place orders for **Blade** HEPA filters through the [OACAS Web Portal](#) (while supplies last with delivery typically occurring within 3-5 business days). See **Appendix A** for a list of eligible non-residential programs.

If your agency delivers a program that is not in scope and you require a HEPA filter, OR a Blade filter is not appropriate for your setting, please talk to your Program Supervisor or ministry contact. Reimbursement of HEPA filters purchased from the private market may be obtained through the CRRF or CCSF (pre-approval is required).

Ventilation and Air Flow

Service providers are encouraged to leverage resources around other air quality controls measures that can be taken to help reduce the spread of COVID –19. One example is the [Guide to developing your COVID-19 workplace safety plan | ontario.ca](#) that outlines additional actions you can take related to improving ventilation.

Ventilation includes:

- dilution – opening windows and doors, increasing air exchange rates in air handling (HVAC) systems
- filtration – using filters to remove viral particles from the air

The risk of COVID-19 transmission is higher in more enclosed and crowded spaces. Good ventilation can decrease the concentration of aerosols that may be suspended in the air indoors and help reduce the chance of COVID-19 spread.

Enhancing outdoor air ventilation and/or enhancing filtration where possible and having a well-functioning HVAC system should complement other public health measures by removing and diluting virus from indoor air, thereby lowering exposure to COVID-19. Assessment and Heating, Ventilation and Air Conditioning (HVAC) Systems in Buildings

and COVID-19 adjustments to a HVAC system are best managed by a professional, as there are usually building specific issues to consider. The American Society of Heating, Refrigerating and Air-Conditioning Engineers (ASHRAE) provides guidance on COVID-19 which a HVAC professional can help apply to specific building scenarios.

Additional steps you can take:

- use portable air cleaners
- take periodic breaks in which occupants leave the room to air out the space
- reduce occupancy
- keep windows and doors open as much as possible, even just slightly in colder weather
- adjust HVAC systems to increase the amount of fresh air and reduce recirculation
- continue ventilation and air exchange after regular business hours
- run exhaust fans at full capacity (for example in bathrooms and kitchens)
- if fans are needed for temperature control, make sure you are using them [as safely as possible](#)
- use available outdoor space whenever possible (for example, for meetings, breaks, client interactions such as curbside pick-up)
- consider going beyond minimum standards if possible
- carbon dioxide ([CO²](#)) [sensors](#) may be used to help identify areas with poor ventilation (they cannot identify the presence or absence of COVID-19 in the air). During pandemic conditions, it is beneficial to keep indoor air as close to “fresh” outdoor conditions as possible, where outdoor air generally has a CO₂ concentration < 450 ppm. When CO₂ levels are consistently increasing over time, this is a strong signal that ventilation is inadequate for the number of occupants and/or their activities. However, because of the need to heat or cool air to keep the indoors comfortable, 100% fresh air is not always possible and some amount of CO₂ buildup is unavoidable. Notably, the US CDC and REHVA have reduced their recommended indoor CO₂ levels to 800 ppm during pandemic conditions.¹

Ventilation improvements should not be used instead of other control measures, such as source control masking and other controls should not be used instead of ventilation – all control measures lower risk and should be used together. The use of other control measures is particularly important in areas where it is difficult to improve ventilation.

^[1] National Collaborating Centre for Environmental Health.

5) Extension of Orders

Under the Reopening Ontario (A Flexible Response to COVID-19) Act, 2020, the following orders have been extended until January 15, 2022:

- [Ontario Regulation 177/20](#) – Congregate Care Settings (applies to congregate care settings in developmental services, intervenor services, violence against women, and anti-human trafficking sectors)
- [Ontario Regulation 121/20](#) – Service Agencies Providing Services and Supports to Adults with Developmental Disabilities and Service Providers Providing Intervenor Services; and
- [Ontario Regulation 145/20](#) – Work Deployment Measures for Service Agencies Providing Violence Against Women Residential Services and Crisis Line Services

As the government re-examines and considers the need for the measures in place, it is important that all organizations continue to operationally prepare should the orders not be extended, in whole or in part, beyond January 15, 2022. Finalization of an organization's transition plan for a return to fulfilling its regular operational requirements is critical.

It is also the ministry's continued expectation that, in unionized places of employment, agency employers continue to engage in good faith dialogue with their bargaining agents. As well, it is the ministry's expectation that all employers will consult with the joint health and safety committee or health and safety representative, if any, and consider their recommendations before developing, establishing and putting into effect any new or additional measures and procedures related to COVID-19. MCCSS is committed to communicating with you regularly about the orders, and should you have questions, please contact your ministry program supervisor.

6) Federal Travel Restrictions

Service providers are reminded, where staff and/or residents are planning holiday travel outside of Canada:

- [The Government of Canada has imposed temporary border restrictions and measures](#) to address COVID-19 Omicron variant of concern.
- There are new requirements for all fully vaccinated travellers who have been in any country other than Canada and the United States in the 14 days prior to entry to Canada.
 - Fully vaccinated travellers who are selected for arrival testing must quarantine in a suitable place until they receive a negative test result.
 - The Government of Canada is increasing the number of fully vaccinated travellers being selected for testing to reach 100% of vaccinated travellers in the coming weeks.

- In addition, until at least January 31, 2022, the Government of Canada is implementing additional border, testing and quarantine measures for all travellers, including children, who have travelled to certain countries within the last 14 days before arriving in Canada. Foreign nationals who have been in these countries within the last 14 days before arriving in Canada will not be permitted entry.
- Federal guidelines also note that individuals cannot quarantine in group living environments, including a shelter, group home, group residence, hostels, or other group setting ([please see examples of shared living spaces where individuals cannot quarantine](#)).
- Service providers must continue to actively screen anyone entering a CLS and adhere to federal requirements if staff, visitors and people supported have travelled outside of Canada (including but not limited to countries/regions with confirmed Omicron cases).

MCCSS has every confidence that staff will continue to show diligence in the workplace. While direct interactions connected to the workplace and congregate settings are key, everyone should remember that what they do in other aspects of their lives also contributes directly to infection risks in those settings. All Ontarians including staff and people supported MUST adhere strictly to practices in their personal life that help stop the spread of COVID-19.

For questions or concerns related to any of these updates, please continue to reach out to your Program Supervisor and/or Ministry contact.

Placing agencies and/or service providers who contract with a third party for the provision of services, are asked to please share relevant information with any unlicensed outside paid resources (OPRs)/third parties.

Sincerely,



Karen Singh
Director, Central Region

Appendix A: HEPA filters – eligible non-residential congregate programs

Developmental Services: Transfer Payment Recipients (TPRs) providing ministry-funded developmental services and supports that promote social inclusion, choice, independence, and rights through non-residential congregate programs.

IHWS TPRs: TPRs providing non-residential congregate programs provided through the IHWS Shelter & Family Healing Program, or Healing Lodges providing non-residential support services

VAW TPRs: TPRs providing counselling and intervention services to increase the safety of women and their dependents.

YJ Attendance Centres with Education and Community Partnership Programs (ECPP): TPRs providing treatment and support, within a YJ Attendance Centre Education and Community Partnership Program (ECPP), for youth who are unable to attend a local school due to their identified social, emotional, behavioural, and/or mental health needs.

Appendix B: List of Links Embedded in this Memo

| Description | Link |
|--|---|
| Ontario Together Portal | https://covid-19.ontario.ca/provincial-antigen-screening-program |
| Ontario Health Website | https://www.ontariohealth.ca/COVID-19/Health-System-Response-Resources#panbio |
| <u>Checklist: Significant Loss of Residential Direct Support Staff</u> | https://realxchange.communitylivingessex.org/wp-content/uploads/2020/04/Checklist-Significant-Loss-of-Residential-Support-Staff.pdf |
| <u>COVID-19 Provincial Testing Guidance (MOH)</u> | https://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/2019_testing_guidance.pdf |
| Interim IPAC Recommendations for Use of Personal Protective Equipment for Care of Individuals with Suspect or Confirmed COVID-19 (PHO) | https://www.publichealthontario.ca/-/media/documents/ncov/updated-ipac-measures-covid-19.pdf?sc_lang=en |
| News Release: Booster Dose Eligibility | https://news.ontario.ca/en/release/1001352/all-ontarians-18-eligible-for-covid-19-booster-appointments-at-three-month-interval |
| COVID-19 Third Dose Recommendations (MOH) | https://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/vaccine/COVID-19_vaccine_third_dose_recommendations.pdf |

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| <p>Staff Vaccination Status Reporting Survey (MCCSS)</p> | <p>https://customervoice.microsoft.com/Pages/ResponsePage.aspx?id=KRLczSqsI0u3ig5crLWGXJIQ-5vJ4JxHqB6FRqi1JAIURERVWVM1NFFZTIJPR1U3MzJITEVTWkFDUi4u</p> |
| <p>Resident Vaccination Status Reporting Survey (MCCSS)</p> | <p>https://customervoice.microsoft.com/Pages/ResponsePage.aspx?id=KRLczSqsI0u3ig5crLWGXJIQ-5vJ4JxHqB6FRqi1JAIURDQ3MlcxUkxNWEk5MEZKUE0xUUtVSTZUSy4u</p> |
| <p>OACAS Web Portal</p> | <p>https://request.cwconnects.org/tpr/</p> |
| <p>Guide to Developing Your COVID-19 Workplace Safety Plan</p> | <p>https://www.ontario.ca/page/guide-developing-your-covid-19-workplace-safety-plan</p> |
| <p>The Use of Portable Fans and Portable Air Conditioning Units during COVID-19 in Long-term Care and Retirement Homes (PHO)</p> | <p>https://www.publichealthontario.ca/-/media/documents/ncov/ltrh/2020/08/covid-19-fans-air-conditioning-ltrh.pdf?la=en</p> |
| <p>Can CO2 sensors be used to assess COVID-19 transmission risk? (NCCEH)</p> | <p>https://ncceh.ca/content/blog/can-co2-sensors-be-used-assess-covid-19-transmission-risk</p> |
| <p>Ontario Regulation 177/20</p> | <p>https://www.ontario.ca/laws/regulation/200177</p> |
| <p>Ontario Regulation 121/20</p> | <p>https://www.ontario.ca/laws/regulation/200121</p> |

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| Ontario Regulation 145/20 | https://www.ontario.ca/laws/regulation/200145 |
| COVID-19; Travel, testing and borders (GC) | https://travel.gc.ca/travel-covid |
| Quarantine or Isolation (GC) | https://travel.gc.ca/travel-covid/travel-restrictions/isolation#quarantine |