

Effective July 16, 2021, Updated July 20, 2021

To: All Stakeholders of Sunbeam Community & Developmental Services
Subject: COVID-19 Guidance for MCCSS-funded & Licensed Congregate Living Settings

This information package contains two reference documents:

- ***Introduction Letter from MCCSS regarding “Updated MCCSS Guidance for Congregate Living Settings”***
- ***“COVID-19 Guidance for MCCSS-funded and Licensed Congregate Living Settings, effective July 20, 2021”***

As Ontario moves to Step 3 of its Provincial Reopening Plan, Sunbeam remains committed to ensuring its compliance with all pandemic precaution guidelines from MCCSS, pandemic precautions from Waterloo Region Public Health and Public Health Ontario, as well as other pandemic guidance from the Ministry of Health and other government and health authorities.

Sunbeam’s application of all such guidelines, in the context of assessed risk based on the morbidity and mortality risks associated with COVID-19 transmission and infection, considering factors including but not limited to: clinical complexity and vulnerability of the person supported, infection prevention and control (IPAC) risk factors at the particular site/location, and the IPAC environmental risks (such as infection risk rate) in the local community.

As such, Sunbeam reserves the right to introduce heightened pandemic precautions (beyond the guidelines provided by MCCSS, Public Health, and other government and health authorities), and/or to temporarily pause or revert to an earlier step in provincial re-opening guidelines, and to apply either approach across one or more operating divisions, apply in a site specific manner and/or apply to a particular client-specific situation.

For reference, please refer to the following Sunbeam detailed guidelines:

- [Pandemic Protocols by Risk Level](#)
- [Pandemic Precautions by Activity](#)

For further information, please contact your applicable Sunbeam Supervisor or Management representative.

July 15, 2021

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: **Updated MCCSS Guidance for Congregate Living
Settings**

Dear Colleagues:

In follow-up to the memo issued on June 30, 2021, I am please to share with you the ministry's latest guidance entitled **COVID-19 Guidance for MCCSS-funded and Licensed Congregate Living Settings (July 2021)**.

The direction outlined in this document will come into effect on **July 16, 2021**.

The ministry [website](#) will be updated to reflect the changes that will be of most interest to families/caregivers, and the guidance document itself will be posted for ease of access. A news release will also be issued on July 15, 2021.

Service providers operating in areas where there is higher community spread than in the rest of the province are advised to follow local public health direction with respect to any additional precautionary measures.

MCCSS funded and licensed congregate living settings must continue to ensure compliance with all applicable legislation, which may include the *Child, Youth and Family Services Act, 2017*, the *Services and Supports to Promote the Social Inclusion of Persons with Developmental Disabilities Act, 2008* and human rights legislation.

As a reminder, please continue to share up to date information about your visitor and absence policies with families and friends of your residents.

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

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

Sincerely,

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

Karen Singh
Director, Central Region

Ministry of Children, Community and Social Services

COVID-19 Guidance for MCCSS-funded and Licensed Congregate Living Settings

July 20, 2021

Introduction

The Ministry of Children, Community and Social Services (MCCSS) is continuously reviewing emerging evidence in collaboration with health system partners and technical experts to understand the most appropriate COVID-19 infection prevention and control measures to take moving forward within MCCSS-funded and licensed congregate living settings.

This guidance document outlines MCCSS requirements for funded and licensed congregate settings within the context of Ontario's [Roadmap to Reopen](#).

Indoor/outdoor visits, short stay absences, and overnight absences should be guided by the following principles:

- ✓ Safety: Visiting inside a congregate care setting should consider the health and safety needs of all residents, staff, and visitors, and support the mitigation of identified risks.
- ✓ Emotional Well-Being: Visits are intended to support the emotional well-being of residents and their families/friends by reducing any potential negative impacts related to social isolation.
- ✓ Equitable Access: Visits should be conducted equitably and be consistent with resident preference, within reasonable restrictions that safeguard all residents and staff.

Even as guidance becomes more flexible, where visitors or residents are immunocompromised or at high-risk of severe disease from COVID-19 virtual visits should be considered, if possible.

Note for TPR operators of youth justice open and secure custody/detention facilities: the guidance in this document does not apply to youth justice open and secure custody/detention facilities. Please continue to follow existing direction which can be found on the following government [website](#).

How to use this guidance

This guidance outlines ministry-specific direction for MCCSS-funded and licensed congregate living settings.

This guidance is intended to be followed in ***addition to other applicable legislation and health guidance*** including, but not limited to:

- The [Reopening Ontario \(A Flexible Response to COVID-19\) Act](#) and relevant regulations/orders.
- Local Public Health Unit direction to address local circumstances (e.g. community spread).
- Ministry of Health (MOH) [COVID-19 Guidance: Congregate Living for Vulnerable Populations](#)
- Public Health Ontario [COVID-19 Preparedness and Prevention in Congregate Living Settings](#)
- Public Health Ontario [Managing COVID-19 Outbreaks in Congregate Living Settings](#)
- [Resources to prevent COVID-19 in the Workplace](#)

Service providers, as employers, are obligated to adhere to applicable legislative or regulatory requirements related to health and safety such as those in the [Occupational Health and Safety Act \(OHSA\)](#) and its regulations.

Where guidance on specific subject matter (e.g. core IPAC measures) is not outlined in this document, service providers are to refer to guidance from the sources listed above (or other relevant authorities) to identify appropriate measures.

Service providers may wish to seek independent legal advice regarding the application of legislative and other requirements in the context of the services they provide.

This document replaces previously issued MCCSS COVID-19 guidance:

- MCCSS Visitor's Guidelines 3.0: Re-Opening of Congregate Care Settings
- MCCSS Operational Guidelines for Universal Source Control 2.0
- MCCSS COVID-19 Enhanced Precautions level restrictions/permissions.

As always, the health and safety of individuals served, including their mental and emotional well-being, remain our top priority.

MOH has defined a person fully immunized (i.e., fully vaccinated) against COVID-19 if they:

- Have received the total required number of doses of a COVID-19 vaccine approved by Health Canada (e.g., both doses of a two-dose vaccine series); and
- At least 14 days have passed since they have received their final dose of the COVID-19 vaccine.

The verification of immunization status of visitors is at the discretion of the service provider.

Detailed guidance by key area

1) Staff requirements

Universal masking:

- Regardless of immunization status, a medical (surgical/procedure) mask must be worn by staff at all times except when:
 - Eating and drinking (and maintaining physical distance of at least 2 metres from others).
 - Alone outside.
 - Alone in an office.
- "At all times" includes when travelling in a vehicle for work purposes and when accompanying a resident in the community.

- Masking is NOT A SUBSTITUTE for other important infection prevention and control practices, including active symptom screening, hand hygiene, and physical distancing.
- Medical (surgical/procedure) masks are to be supplied by the service provider.

Eye protection:

- Regardless of immunization status, eye protection (i.e. face shield, goggles, safety glasses) must be worn by staff when providing direct care to a resident (i.e. care provided within 2 metres) indoors, or in an enclosed space like a vehicle.

Personal protective equipment (PPE):

- Staff providing direct care to a resident (e.g., care provided within 2 metres) should assess the need for additional PPE based on the nature of the planned interaction with a resident, what is known about the resident's health status, and any other applicable considerations. See, for example, [Risk Algorithm to Guide PPE Use](#), as well as any relevant legislation, which may include but is not limited to the Reopening Ontario (A Flexible Response to COVID-19) Act, 2020 and its regulations, and any applicable directives and/or orders.
- PPE is to be supplied by the employer.

Rapid antigen testing as a screening tool:

- Rapid antigen screening can quickly identify asymptomatic cases of COVID-19 that would have otherwise gone undetected and can help stop the spread.
- The ministry has partnered with MOH to provide rapid antigen screening tests, free of charge and on a voluntary basis, to MCCSS-funded and licensed service settings through the Provincial Antigen Screening Program (PASP).
- Service providers can use rapid antigen screening as a tool to enhance their existing IPAC measures for individuals living, participating and working in congregate settings or receiving in-person services.
- The use of rapid antigen screening in a setting, including a negative result on a rapid antigen screening test, does NOT replace or remove the need to adhere to other IPAC measures in place.

- Furthermore, rapid antigen screening does NOT replace a lab-based PCR test and cannot be used to diagnose someone with COVID-19.
- A positive result on a rapid antigen screening test is considered a preliminary positive and must be followed up with a lab-based PCR test within 48 hours.
- Service providers that are interested in participating in the PASP may submit an expression of interest [here](#).

Additional Reference Documentation

- Refer to [Public Health Ontario resources](#) for how to properly wear and take off masks.
- Refer to [COVID-19: Personal Protective Equipment \(PPE\)](#) for how to clean reusable PPE.
- Refer to [Appendix 1: Personal Protective Equipment \(PPE\) Supply](#) for details about ordering PPE through MCCSS.

2) Visitors to the congregate living setting

Types of Visitors:

Essential:

An essential visitor is generally a person who:

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

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

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

Non-essential:

A non-essential visitor is any person who is not an "essential visitor" per the definition above.

Pre-requisites for accepting visitors:

The following pre-requisites must be met before accepting visitors in a setting:

- Proactive and ongoing communication with residents, families/friends and staff about the resumption of on-site visit procedures, which should include but not be limited to:
 - Visit scheduling protocols and any site-specific policies (e.g., outbreak, verification of immunization status).
 - PPE requirements for indoor/outdoor visitors.
 - Operational procedures such as limiting movement inside the congregate setting, if applicable, and ensuring visitors' agreement to comply with the procedures prior to each visit.
 - Identification of dedicated indoor and outdoor visitation areas.
 - A list/log of visitors and their contact information, which is to be made available to relevant staff and for PHU contact tracing activity, as needed. Logs are to be kept for a minimum of one month.
 - An approach to dealing with non-adherence to these policies and procedures, including the discontinuation of visits where appropriate.

- Protocols are in place to maintain IPAC standards prior to, during and after visits, which include:
 - Active screening of all visitors upon arrival, with policies and protocols in place to admit entry to only those who pass the screening.
 - Proper [respiratory etiquette](#) and frequent [hand hygiene](#).
 - Education on all required protocols will be provided by the site.
 - There is adequate staffing to implement visitation protocols and continue ongoing operations within the setting.
 - Environmental cleaning and disinfection of the visitation space(s) (including washrooms) will occur following recommended IPAC standards.
 - Where appropriate, the congregate setting is able to facilitate visits in a manner aligned with physical distancing protocols, including identifying a space(s) where visiting takes place and the areas that are off-limits to visitors (e.g., common areas, etc.), and the maximum capacity limit based on ability to physically distance within a designated space.

Visitor requirements:

For each visit, all essential and non-essential visitors must:

- Pass an active screening questionnaire that screens for [COVID-19 signs and symptoms](#).
- Read and agree to the parameters of the visit set out by the service provider in compliance with this document and public health direction.
- Share their contact information, which will be made available to relevant staff and for PHU contact tracing activity, as needed.
- Service providers may choose to request a visitor attestation to the visiting protocols and the consequences of failure to adhere to them.
- Remain within designated spaces as identified by the service provider.

Rapid antigen testing:

- The use of rapid antigen screening in a setting, including a negative result on a rapid antigen screening test for visitors, does NOT replace or remove the need to adhere to the visitor requirements outlined in this guidance.

Masking:

Indoor:

- A medical (surgical/procedure) mask must be worn by all essential and non-essential visitors at all times during indoor visits.
- Masking is NOT A SUBSTITUTE for other important infection prevention and control practices, including active symptom screening, hand hygiene, and physical distancing.
- Medical (surgical/procedure) masks are to be supplied by the service provider.

Outdoor:

- Visitors may choose not to mask and/or physical distance if all parties are fully immunized.
- Visitors may choose not to mask while maintaining physical distance regardless of immunization status.

Eye protection:

- Eye protection (i.e. face shield, goggles, safety glasses) must be worn by essential visitors when providing direct care to a resident (i.e. care provided within 2 metres) indoors.

Personal protective equipment (PPE):

- Essential visitors providing direct care to a resident (e.g., care provided within 2 metres) should assess the need for additional PPE based on the nature of the planned interaction with a resident, what is known about the resident's health status, and any other applicable considerations. See, for example, [Risk Algorithm to Guide PPE Use](#), as well as any relevant legislation, which may include but is not limited to the Reopening Ontario (A Flexible Response to COVID-19) Act, 2020 and its regulations, and any applicable directives and/or orders.
- PPE is to be supplied by the service provider.

Scheduling indoor and outdoor visits:

- Indoor and outdoor visits within a congregate living setting are permitted in alignment with the province's guidance on "organized public events and social gatherings" as outlined in the [Roadmap to Reopen](#).
- All non-essential visits are to be supervised by service provider staff.

Social gathering limits:

- Essential visitors do not need to be counted towards a social gathering limit if they are in a separate space (i.e., room) from other visitors.
- Residents do not need to be counted towards a social gathering limit if they are in a separate space (i.e., room) from visitors.
- Only staff who is/are supervising the visit need to be counted towards a social gathering limit.

Scheduling visits:

- Essential visitors do not need to schedule a visit in advance.
- Non-essential visitors must always schedule a visit in advance.

Brief physical contact:

- Residents and visitors (essential and non-essential) are permitted to engage in brief physical contact (e.g., a hug) during indoor or outdoor visits, regardless of immunization status.

Additional Reference Documentation

- Refer to [Public Health Ontario resources](#) for how to properly clean and disinfect spaces.
- Refer to [COVID-19: Personal Protective Equipment \(PPE\)](#) for how to clean reusable PPE.
- Refer to [Appendix 1: Personal Protective Equipment \(PPE\) Supply](#) for details about ordering PPE through MCCSS.

3) Resident absences

Short stay (same day) absences:

- Residents are permitted to leave the congregate living setting for a short-stay (i.e., same day) absences in the community in alignment with provincial parameters re activities and social gatherings as outlined in the [Roadmap to Reopen](#).
- This includes essential absences (e.g., work, school, medical appointment, physical exercise) and recreational outings (activities for pleasure, visits to a friend's home).
- Residents are to be encouraged/reminded to follow proper hand hygiene and respiratory etiquette at all times in the community, and to physically distance and mask in alignment with [provincial guidance](#).
- All residents returning from an absence should undergo active screening for [COVID-19 signs and symptoms](#).

Overnight absences:

Essential:

- Residents are permitted to leave the congregate living setting for an essential overnight absence at all times.
- An essential overnight absence is one considered necessary to maintain the health, wellness and safety, or any applicable legal rights, of a resident.

General:

- Residents are permitted to leave the congregate living setting for a general (i.e., non-essential) overnight absence in alignment with relevant provincial parameters as outlined in the [Roadmap to Reopen](#).

Screening upon return:

- All residents returning from an overnight absence should undergo active screening for [COVID-19 signs and symptoms](#).
- If the resident does not pass screening, the site will follow section 4 below.
 - This is the ONLY return requirement for a fully immunized resident
- Upon return to the setting, residents who are not fully immunized must follow additional precautions until they receive a negative result on a COVID-19 PCR test* OR 14 days has passed:
 - If the resident does pass active screening:
 - Monitor for symptoms.
 - Avoid using common areas; however, if a common area cannot be avoided, the resident must use a surgical/procedure mask if tolerated.
 - Limit contact with other residents.
 - Only participate in group activities if physical distancing is maintained (i.e., 2 metres) and a surgical/procedure mask is used for the duration of the activity.
 - Practice proper hand hygiene by washing their hands often (using soap and water or using an alcohol-based hand sanitizer).
 - Adhere to respiratory etiquette.

Leaving the setting for a short stay absence/outing will NOT reset the 14-day time period. However, another overnight stay during the same 14-day period will reset the 14- day period.

* A PCR test upon return from an overnight absence is optional for the resident and should take place 5-7 days following return to account for potential incubation period.

Additional Reference Documentation

- Refer to [Roadmap to Reopen](#) for provincial guidance for public settings.
- Refer to [Appendix 1: Personal Protective Equipment \(PPE\) Supply](#) for details about ordering PPE through MCCSS.

4) Managing a COVID-19 positive case (staff or resident)

- Where a service provider has identified a suspected, presumed or confirmed case of COVID-19 of a staff or resident, in addition to PHU guidance for isolation and/or visitor restrictions, the following precautions are to be implemented within 24 hours:

Communications Activities

- Regular contact with the ministry to provide status updates.
- Continue to report active COVID- 19 cases through the ministry's Serious Occurrence Reporting.

Infection Prevention and Control for Outbreak Precautions

- Usage of full PPE required for outbreak conditions.
- Expedited PPE supply may be requested via survey.
- Seek outbreak-specific training resources available via Public Health Ontario (PHO), including on the appropriate use of PPE and infection prevention and control (IPAC) practices, to refresh/reinforce staff knowledge.
- Implement enhanced cleaning and disinfection practices.
- Restricting new admissions (where possible) in settings experiencing an outbreak. Consult with public health unit (PHU) and other relevant health system partners if admission is required during this time.
- Seek support from your PHU to assess the need for testing of all residents and staff who may have been exposed.

- Where applicable regulations under the Reopening Ontario (A Flexible Response to COVID-19) Act, 2020 apply 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.

Visitors and Absences

- Where there is a COVID-19 outbreak in the congregate setting, residents must not attend any in-person congregate day programming (virtual attendance only).
- Avoid group activities in the setting and encourage physical distancing for non-infected residents as much as possible.
- Other residents should avoid leaving the residence/facility as much as possible and respect specific guidance from specific settings and local public health (i.e., you may be directed through your local PHU or through active screening to not attend work or school or to isolate in the setting).
- 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.
- All non-essential visits, including outdoor visits, are prohibited.
- Essential and general overnight visits are prohibited.
- Strict adherence to essential visitors only (health and safety and essential care givers, including those that provide mental health supports) and use virtual methods for visits as much as possible. Agencies are strongly encouraged to consider the importance of emotional well-being and flexibility for their residents in addition to infection risks.
- Essential visitors who meet the above requirements for visitation must wear full PPE required for outbreak conditions.
- The above precautions are to remain in place until the service provider is notified by the local PHU that the infected person(s) has recovered and/or outbreak protocols are not needed.

Additional Reference Documentation

- Refer to [COVID-19 Guidance: Congregate Living for Vulnerable Populations](#).
- Public Health Ontario [Managing COVID-19 Outbreaks in Congregate Living Settings](#)

5) Summary of guidance by key area

Key Area		Requirements
Masking	Staff	Medical (surgical/procedure) mask at all times indoors and outdoors.
	Residents	Where possible and appropriate, non-immunized residents are encouraged to wear surgical/procedure masks when they are not alone in their residential space.
Visits	Essential Visitors	Permitted. <ul style="list-style-type: none"> • Unscheduled. • Unsupervised. • Actively screened. • Medical (surgical/procedure) mask. • Brief physical contact permitted (e.g. a hug). • Choice not to mask + physical distance outdoors if all parties are fully immunized.
	Non-essential visitors	Permitted. <ul style="list-style-type: none"> • Scheduled. • Supervised. • Actively screened. • Medical (surgical/procedure) mask. • Physical distancing. • Brief physical contact permitted (e.g. a hug). • Choice not to mask + physical distance outdoors if all parties are fully immunized. • Max # visitors in line with social gathering limits in Roadmap to Reopen (dependent on the Step).
Short stay absence (essential and recreational)		Permitted in line with activities and social gathering parameters (#s, IPAC) in Roadmap to Reopen. Active screening upon return to the setting.
Overnight absence	Essential	Permitted. If fully immunized: active screening only upon return.

		If partially or non-immunized: 14-day precautions or until negative PCR test is received. PCR testing is optional for resident.
	General	Permitted in line with social gathering parameters in Roadmap to Reopen. If partially or non-immunized: 14-day precautions or until negative PCR test is received. PCR testing is optional for resident. If fully immunized: active screening only upon return.

6) Non-residential services in congregate settings

Service providers providing MCCSS-funded non-residential services in a congregate (shared) setting are to adhere to provincial requirements under applicable legislation and health guidance related to group sizes, IPAC measures etc. including, but not limited to:

- The [Reopening Ontario \(A Flexible Response to COVID-19\) Act](#) and relevant regulations and orders
- Local Public Health Unit direction to address local circumstances (e.g. community spread).
- [Resources to prevent COVID-19 in the Workplace](#)

Service providers, as employers, are obligated to adhere to applicable legislative or regulatory requirements related to health and safety such as those in the [Occupational Health and Safety Act \(OHSA\)](#) and its regulations.

Service providers may wish to seek independent legal advice regarding the application of legislative requirements in the context of the services they provide.

Also see: **MCCSS COVID-19 Operational Guidelines: Re-Opening Day Supports for Adults with Developmental Disabilities 2.0 (scheduled to be released separately)**

Appendix 1: Personal Protective Equipment (PPE) Supply

Core PPE

Surgical/procedure masks, face shields, hand sanitizer, gloves, disinfectant wipes and isolation gowns are considered 'core' PPE types. By reporting your current inventory, daily consumption, and forecasted usage via the Critical Supplies and Equipment (CSE) survey portal, MCCSS can see when your survey results indicate less than a 2 week supply of core PPE, which will trigger an automatic 2-week top-up shipment to be sent within one week of the survey close.

Niche PPE

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 as access and supply to these products is more stable.

Service providers should forecast their requirements 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](#).