January 2022 (v2) INTERIM DIRECTION – Extended Measures

Addendum to COVID-19 Guidance for MCCSS-funded and Licensed Congregate Living Settings (January 2022)

In response to the continued increase in spread of COVID-19 variants, the Ministry of Children, Community and Social Services (MCCSS) is taking additional precautions to help protect vulnerable residents and staff in its funded and licensed congregate living settings.

This addendum replaces the January 2022 INTERIM DIRECTION Addendum.

Beginning January 13, 2022 and until at least January 31, 2022, all MCCSS-funded and licensed congregate living settings (CLSs) to which the COVID-19 Guidance for MCCSS-funded and Licensed Congregate Living Settings (January 2022) applies (see section **Scope**), are required to implement additional precautions outlined in the following Extended Measures:

PLEASE NOTE:

- All other direction in the COVID-19 Guidance for MCCSS-funded and Licensed Congregate Living Settings (January 2022), continues to apply.
- For information specific to extended measures in Youth Justice Settings – please refer to Guidance to Youth Justice Facilities and the attached January 2022 (v2) INTERIM DIRECTION – Extended Measures Youth Justice Services Custody and Detention Facilities.

Face-to-face, in person interactions between essential visitors and the people supported in congregate settings play a key role in providing physical, emotional and cognitive support to residents and in maintaining their health and well-being.

- Essential visits will continue to be permitted indoors and outdoors.
    - MCCSS recognizes a parent/guardian, and other family members as essential visitors.
    - An essential visitor may also include social service workers and health care providers or other person(s) recognized as providing essential support to the setting and/or are necessary to maintain the health, wellness, and safety, or any applicable legal rights of a congregate living resident.

- Per the existing MCCSS guidance, essential visitors are to be actively screened, including rapid antigen testing before being allowed entry into the setting, and must wear appropriate PPE for the duration of their visit.

The Ministry also recognizes, consistent with the announcements of January 3 moving the province into a modified Step 2 with time-limited measures to help blunt transmission, suspension of non-essential visits are appropriate measures at this time.

- All non-essential indoor and outdoor visits are suspended.

Absences from Congregate Living Settings:

- Essential overnight absences (necessary to maintain the health, wellness, and safety, or any applicable legal rights, of a resident) will continue to be permitted.
- Non-essential overnight absences are suspended.
- Residents who have left the CLS and are returning to a setting where there is an outbreak must follow existing outbreak measures.
- Short-stay absences (day outings) continue to be permitted in alignment with public health requirements in O. Reg. 364/20 and in consideration of the measures to reduce the risk of COVID-19 transmission for residents while outside of the CLS outlined in previously issued guidance.

Use of Rapid Antigen Testing

Effective immediately, dependent on test kit availability, and until further notice, CLSs are to use rapid antigen tests to:

- Screen all staff who enter a CLS (regardless of vaccination status), at a frequency of 2 times per week (7-day period).
    - 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.
    - CLSs that are currently using at-home antigen screening for staff may continue to do so.
    - A staff member with a positive result on a rapid antigen test will be presumed positive for COVID-19 and must not be permitted entry to the CLS. Service providers will follow existing guidance for positive case management.

    - While MCCSS CLSs have been identified by the MOH as a priority for PCR testing, where such testing is not available, any positive results from a rapid antigen test will no longer require a confirmed laboratory-based PCR or molecular point of care test (e.g., ID NOW).
- Screen all essential visitors entering a CLS (regardless of the visitor's vaccination status). Exception only if the visitor presented a negative rapid antigen test result at the same CLS the day before.
    - A visitor with a positive result on a rapid antigen test must not be permitted entry and should be encouraged to follow public health direction for persons presumed positive for COVID-19.
- Make rapid antigen screening available for residents who return to a CLS (regardless of vaccination status) 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 help 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 within those 7 days, a new 7-day period should be started when they return to the CLS.
    - A resident who receives a positive result on a rapid antigen test should be given a medical (surgical/procedure) mask to wear, unless they are subject to a masking exemption (see masking section) and directed to a designated space away from other residents where they can self-isolate and wait for arrangements to be made for a confirmatory PCR test. (See COVID-19 Guidance for MCCSS-funded and Licensed Congregate Living Settings November 2021- Caring for Individuals Who Need to Self-Isolate).

While MCCSS funded and licensed CLSs have been identified by the MOH as a priority for PCR testing, in the event that such testing is not available, any positive results from a rapid antigen test will no longer require a confirmed, laboratory-based PCR or molecular point of care test (e.g., ID NOW).

- Staff, residents, and visitors receiving a positive rapid antigen test result will be presumed to have COVID-19.
- Where a confirming PCR test is not available, service providers will follow existing guidance for positive case management for staff and residents including MOH isolation requirements

In an outbreak, where the PHU directs the CLS to test a large number of individuals, the local PHU will be responsible for arranging PCR testing and/or making rapid antigen test kits available to the CLS.

Use of N95 Respirators

In CLSs the need for the use of N95 respirators will most often be indicated based on an individual's medical status, specifically individuals who are known or suspected to have COVID-19 and/or as directed by a public health unit (PHU).

PHO's interim recommended PPE when providing direct care for individuals with suspected or confirmed COVID-19 includes a fit-tested, seal-checked N95 respirator (or equivalent or greater protection), eye protection, gown, and gloves.

- Other appropriate PPE (based on risk assessment) includes a well-fitted surgical/procedure (medical) mask, or non-fit tested respirator*, eye protection, gown and gloves for direct care of individuals with suspect or confirmed COVID-19.
- N95 respirators should be fit-tested prior to use to optimize any expected benefit.

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.
* A non-fit tested N95 (or equivalent) respirator is considered an alternative to a medical mask.

Please review PHO's Technical Brief 'Interim IPAC Recommendations for Use of Personal Protective Equipment for Care of Individuals with Suspect or Confirmed COVID-19' (December 15, 2021) for more information.

As previously communicated, based on the organization's PCRA MCCSS-funded or licensed service providers may identify situations not described in the guidance linked above where PPE including N95 respirators may be used as part of an individual's care plan. Service providers should ensure documentation of any such requirements within the individual's care plan.

- N95 respirators will be available to staff in CLSs based on an organization's risk assessment of the needs of individuals receiving service and the nature of the supports being provided by staff and documented in an individual's care plan.
- Service providers should ensure the appropriate and necessary policies and procedures are in place to support the access to and usage of N95 respirators as part of a respiratory protection program. For example, the process for staff to access to respirators outside of regular business hours. This may require engagement of an organization's Joint Health and Safety Committee (JHSC) in the development and review of measures and procedures.

- A service provider's respiratory protection program should incorporate the necessary training for staff to ensure that the PPE will be used safely and appropriately by staff and in accordance with any industry-based standards that may exist.

Fit Testing for N95 Respirators

Before N95s can be accessed and used, service providers must have identified staff fit tested to ensure a proper seal and trained on appropriate usage of the respirator.

- Please contact your MCCSS IPAC Hub Champion for support in accessing fit testing if required.
- The 3M 1870+ N95 is the most common model available through MCCSS. In the case that the 3M 1870+ N95 does not seal for an individual, staff may be fit tested to an alternative N95 provided by the ministry.

If there is a positive case within a setting, N95s can be accessed through the OACAS web portal https://request.cwconnects.org/tpr/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.

Please note: PHUs may continue to provide direction that may be different and/or in addition to those set out in this Interim Direction to prevent and mitigate the spread of COVID-19 and/or other infectious diseases to ensure a tailored response to each local outbreak scenario.

Mandatory Positive Case Reporting

Service providers must continue to report COVID- 19 cases through the ministry's Serious Occurrence Reporting. A positive case can now be based on a positive result on any PCR, molecular point of care, or rapid antigen test. Regardless of the test(s) conducted, each positive case should only be reported once (i.e., where a positive rapid antigen test is reported, there is no need to report again if a subsequent positive PCR test is received).

On January 12, 2022, the Ministry of Health (MOH) issued **COVID-19 Interim Guidance: Omicron Surge Management of Critical Staffing Shortages in Highest Risk Settings**, which provides a framework for service providers of certain highest risk settings (including MCCSS funded and licensed congregate living settings) to use when considering early return to work of staff who are otherwise not eligible for early return to work as a mitigation to critical staffing shortages. **This framework may be used and implemented by service providers WITHOUT approval or review by the local Public Health Unit (PHU).** Service providers also do not require the approval of the Ministry.

All settings should fully utilize staffing strategies in their continuity of operations plan to avoid and mitigate situations of staffing shortages impacting care before utilizing early return to work for staff in isolation. Options with lower risk should be exhausted prior to progressing to options with more risk. The use of options with more risk should be commensurate to the risk of insufficient staffing to residents. As service providers are informing their Program Supervisor about critical staffing issues, they should also advise them that "high risk staffing options" are being implemented. This is for awareness (not approval) and to help your Program Supervisor identify additional supports that could be provided.

Rapid antigen tests have been prioritized to highest risk settings for use for test-to-work strategies to support early return to work when required for critical staffing.