February 2022 INTERIM DIRECTION

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 precautions to help protect vulnerable residents and staff in its funded and licensed congregate living settings.

This addendum replaces the January 2022 (v2) INTERIM DIRECTION Addendum.

This symbol 🚩 identifies new or updated direction for congregate living settings.

Beginning February 21, 2022 and until further notice 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 this document.:

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 February 2022 INTERIM DIRECTION –Youth Justice Services Custody and Detention Facilities.

Use of Rapid Antigen Testing

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

- Support test-to-work strategies to support early return to work when required for critical staffing (see section **MOH COVID-19 Interim Guidance: Omicron Surge Management of Critical Staffing Shortages in Highest Risk Settings** below).
- 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 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 January 2022 – Caring for Individuals Who Need to Self-Isolate).
- Testing new admissions and transfers (regardless of vaccination status) where PCR testing is not available in a timely manner. Rapid antigen screening is to be used on the day of admission/transfer, as part of active screening upon entry, and day four following admission/transfer.

- Testing residents who are symptomatic where PCR testing is not available in a timely manner. See COVID-19 Integrated Testing & Case, Contact and Outbreak Management Interim Guidance: Omicron Surge (gov.on.ca) for additional guidance re use of RATs for individuals with symptoms of COVID-19.

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

Based on the Public Health Ontario interim technical brief (December 15, 2021), fit-tested N95 respirators are being recommended for use in congregate care settings when providing direct care to someone who is suspected or confirmed positive with COVID-19. Service providers should be reviewing the PHO technical brief to determine if they fall within the scope of the interim recommendations on the usage of N95 respirators.

A fit-tested N95 respirator continues to be required when performing (or supporting a person during) an Aerosol Generating Medical Procedure and the person is suspected or confirmed COVID-19 positive.

Service providers should be determining the appropriate PPE for staff based on the organization's risk assessment and factors specific to the staff role/function including risk of infection.

In cases of providing direct care to someone who is suspected or confirmed positive with COVID-19 a fit-tested N95 respirator is recommended. If a fit tested respirator is not available when it is required, other appropriate PPE in the interim would include the use of a respirator that is not fit tested, until fit testing is undertaken for applicable staff.

As service providers consider the need for fit testing to support effective use of N95s, consideration should also be given to establishing internal fit testing capacity to support sustainable access to fit testing within the organization. As a reminder, service providers can also engage their local MCCSS IPAC Champion if support is needed for fit testing. If an organization is accessing private/third party fit testing through available services, this would be considered an eligible expense through CRRF.

As previously communicated, based on the organization's PCRA MCCSS-funded and/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.

Mandatory Positive Case Reporting

Service providers must continue to report COVID- 19 cases through the ministry's Serious Occurrence Reporting system. 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).

MOH COVID-19 Interim Guidance: Omicron Surge Management of Critical Staffing Shortages in Highest Risk Settings

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.