

Ministry of Children, Community and Social Services

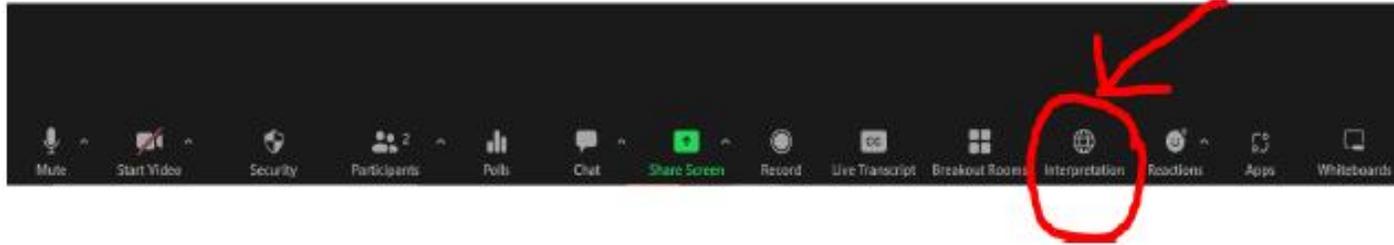
COVID-19 Updates

Sector Webinar

October 24, 2022

Housekeeping: Language Interpretation in Zoom

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2. Click the language that you would like to hear ('EN – English' or 'FR – French').



Housekeeping: Language Interpretation in Zoom

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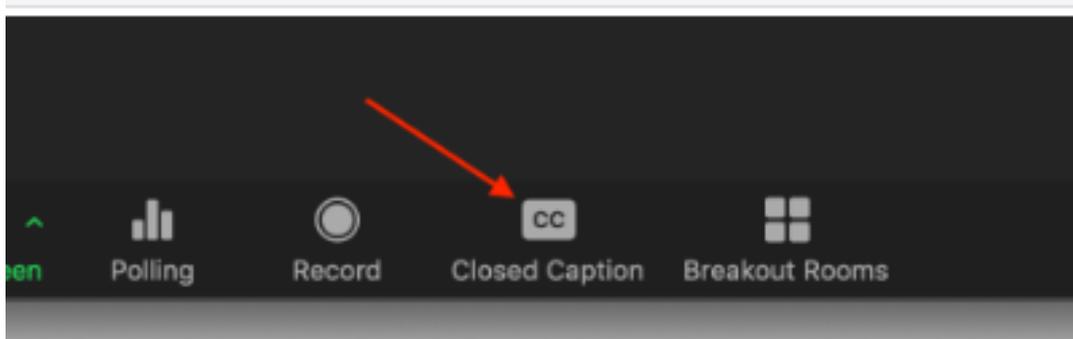


Notes:

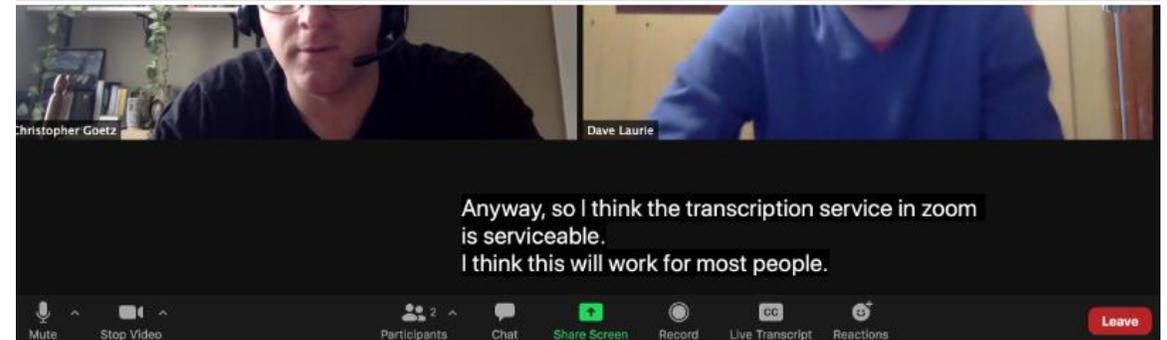
- Please join the meeting through your computer, as you cannot listen to language interpretation if you use the [dial-in](#) or [call me](#) phone audio features.

Housekeeping: Closed Captioning in Zoom

1. In your meeting/webinar controls, click **Closed Caption**



2. The live transcript will appear directly in the meeting interface above the tool bar (see example below)



Housekeeping Continued

Webinar Etiquette

- **YOU CAN BE SEEN** - always assume that whatever you are doing at your end can be seen by everyone else. Remain engaged in the event.
- **DELAY** – there may be slight delays when each person talks. Remember to unmute when you are talking and mute when you are not talking

If you run into any difficulty with Zoom during the sessions, please reach out to:
Kayla Daneal at Kayla.Daneal@ontario.ca or
Nicolai Chirilciuc at Nicolai.Chirilciuc@ontario.ca

AGENDA: Topics to be covered today

Introduction
(5 mins)

- Christine Kuepfer, MCCSS

1. COVID-19 Infection
Prevention & Control and
Updates to Guidance for
Congregate Care Settings
(15 mins)

- Sarah Erdman, OCMOH
- Sam MacFarlane, OCMOH
- Nicole Christie, MCCSS
- Kelly Huntington, MCCSS

2. COVID-19
Vaccination
(15 mins)

- Marnie MacKinnon, MOH
- Dr. Daniel Warshafsky, OCMOH
- Alexandra Murphy, SOLGEN

3. PHO - Non-H/C
IPAC Fundamentals
Training
(15 mins)

- Michelle Ramirez, PHO
- Catherine Kerr, PHO

4. Sector Updates
(10 mins)

- Brian Swainson, PN Health Strategy and Engagement Working Group
- Marlene Ham, OAITH

5. MCCSS PPE
Transition to MPBSD
(10 mins)

- Hadi Fazli-Sarijloo, MCCSS

6. Resources & Tools
(10 mins)

- Hilary Best, MCCSS
- Nicole Christie, MCCSS

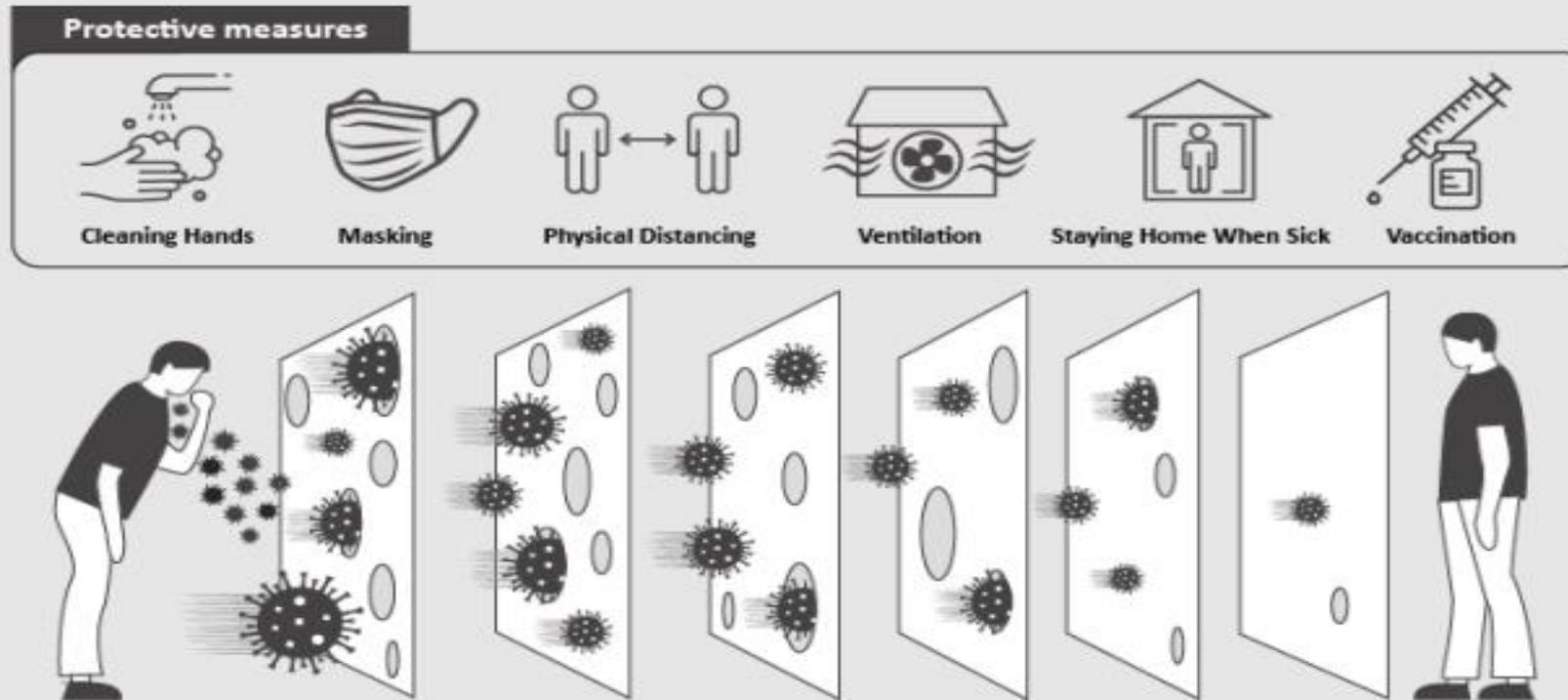
Q&A Period
(10 mins)

- Christine Kuepfer, MCCSS

COVID-19 Infection Prevention & Control and Updates to Guidance for Congregate Care Settings

Layers of protection against COVID-19

Use **multiple layers** of prevention to provide the best protection, especially if you cannot avoid closed spaces, crowded places, and close contact. No single intervention on its own is perfect at preventing COVID-19 spread and protection from each method is complimentary and additive.



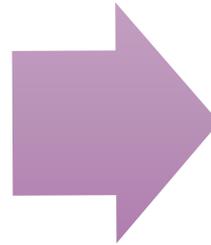
Adapted from: Rockefeller Foundation. Layers of protection against covid-19 - the "Swiss cheese" model [video recording on the Internet]. New York: Rockefeller Foundation; 2021 [cited 2022 Mar 11]. 1:15 min. Available from: <https://www.youtube.com/watch?v=ou88lei-52k>

Preventative Measures for Congregate Living Settings

- Vaccinations
 - ❑ Including all staff, clients, caregivers, visitors are highly recommended to stay up-to-date on COVID-19 vaccines and receive their annual Influenza vaccine as soon as possible
- Outbreak Preparedness Plans
- Screening:
 - ❑ [Active](#) & passive screening for all staff, students, volunteers
 - ❑ Daily symptom assessment of clients
 - ❑ Screening for clients/residents upon admission, transfer, or return from absences
- Universal masking (well-fitted medical mask) for source control
- Physical distancing
- Hand hygiene
- Environmental cleaning
- Ventilation/filtration
- IPAC self-audits

For further details, please refer to Ministry of Health's [COVID-19 Guidance: Long-Term Care Homes, Retirement Homes, and Other Congregate Living Settings for Public Health Units.](#)

Immediately isolate any symptomatic client



Testing of symptomatic clients:

- COVID-19 Testing: recommendation is to test symptomatic clients with PCR (molecular) testing
- If positive, client is recommended to self-isolate for at least 5 days while in the setting AND no fever AND symptoms have been resolving for at least 24 hours (48 hours if gastrointestinal symptoms).

Before each interaction, perform a personal risk assessment

Note appropriate steps for putting on and taking off PPE

When providing direct care* to a client with suspect or confirmed COVID-19:

- Recommended PPE includes an N95 respirator (or equivalent), gown, gloves, eye protection
- Acceptable PPE may include a well-fitted medical mask

When within an outbreak area/zone:

- Recommended PPE includes an N95 respirator (or equivalent) and eye protection. Non-fit tested N95 respirator (or equivalent) or a well-fitted medical mask are also acceptable
- When providing direct care to clients within the outbreak area, gloves and gown should also be worn

**Direct care may include helping with feeding, bathing, washing, turning, changing, toileting, wound care, providing emotional support where close physical contact may occur.*

Putting on and Removing PPE

How to Put On Personal Protective Equipment	
1	PERFORM HAND HYGIENE 
2	PUT ON GOWN 
3	PUT ON MASK OR N95 RESPIRATOR 
4	PUT ON EYE PROTECTION 
5	PUT ON GLOVES 

How to Remove Personal Protective Equipment	
1	REMOVE GLOVES 
2	REMOVE GOWN 
3	PERFORM HAND HYGIENE 
4	REMOVE EYE PROTECTION 
5	REMOVE MASK OR N95 RESPIRATOR 
6	PERFORM HAND HYGIENE 

Source: Public Health Ontario

Infection Prevention and Control (IPAC) Hubs

IPAC Hubs were established during the pandemic to provide IPAC expertise and support to congregate living settings (CLS) in Ontario.

Between October 2021- March 2022, CLSs funded by MCCSS requested and received 1,870 services from Hubs (including virtual and on-site support).

Hubs provide support to CLSs to develop their IPAC programs by working with CLS staff with responsibility for IPAC to:

- Provide IPAC education and training
- Translate IPAC best practices
- Provide advice and support to CLSs as they implement IPAC best practices within their settings
- Identify IPAC gaps as CLSs undertake IPAC self assessments

To identify your local IPAC Hub, please contact IPACHubs@ontario.ca.

MCCSS IPAC Champions

- MCCSS has aligned its provincial IPAC model to the Ministry of Health's IPAC Hub strategy to support implementation approach across congregate living service providers with the addition of IPAC Champions to support service providers within an identified geography.
- IPAC Champions are a pooled community resource that represent MCCSS residential services at local Hub CoP and act as a conduit for IPAC related knowledge transfer and advice stemming from the local Hub.
 - In September 2021, the IPAC Champion role was expanded to include N95 fit testing to support enhancing local capacity for service providers.
- The IPAC Champions builds sector capacity and dedicated resources in this area while primary responsibility for IPAC expertise and outbreak management continues to fall within health and public health.

Upcoming: IPAC Champion Fall Knowledge Exchange

- To share experiences (successes, collaborations, resources)
- Promote learnings and opportunities
- Opportunity for network building and connecting of Champions expanding past local/regional communities

Updates to COVID-19 Guidance for Congregate Living Settings

- As of October 6, 2022, the COVID-19 Guidance for MCCSS-funded and Licensed Congregate Living Settings is no longer in effect.
- MCCSS funded and/or licensed CLSs (excluding youth justice directly-operated facilities) will now follow:
 - MOH guidance documents, including:
 - COVID-19 Guidance: Long-Term Care Homes, Retirement Homes, and Other Congregate Living Settings for Public Health Units (MOH Guidance)
 - COVID-19 Provincial Testing Guidance
 - Management of Cases and Contacts of COVID-19 in Ontario

AND

- The ministry is also maintaining updated **MCCSS October 2022 Interim Direction (Use of Rapid Antigen Testing)**.

MCCSS October 2022 Interim Direction (Use of Rapid Antigen Testing)

Interim direction related to required rapid antigen test screening will continue.

- MCCSS-funded and/or licensed CLSs are to continue to use rapid antigen tests for routine screen testing of staff and visitors.
- MOH's [COVID-19 Provincial Testing Guidance](#) defines routine screen testing as: frequent, systematic testing of people who are asymptomatic and without known exposure to a COVID-19 case. Screen testing with rapid antigen tests involves routine testing multiple times per week (page 6).
- Service providers are to determine their own testing schedules in alignment with the testing guidance.
- Free rapid antigen tests will continue to be distributed to service providers through the [Provincial Antigen Screening Program \(PASP\)](#) until at least December 31, 2022.
- Positive rapid antigen tests should continue to be reported to the ministry through the existing processes.

Guidance for Youth Justice Direct Operated Facilities:

- Youth Justice Direct Operated Facilities are to continue to follow direction from the Service Delivery Branch, Youth Justice Division, in accordance with Treasury Board Secretariat direction for Ministry staff and in alignment with Ministry of Solicitor General direction for adult correctional institutions.

COVID-19 Vaccination

NACI Fall Booster Recommendations (June 2022)



Strong Recommendation for High-Risk

Strongly recommend a booster dose for adults aged 65+, **people living in congregate living settings** who are at high-risk for severe disease.



Booster in Advance of Future Wave

Fall booster doses in advance of a potential future wave of COVID-19 for high-risk populations.



Protection Wanes Over Time

Evidence suggests that protection against symptomatic disease wanes over time, protection against severe disease is maintained.

NACI Guidance on Bivalent Boosters

There are two bivalent vaccines authorized as boosters by Health Canada:

- Pfizer BA.4/5 for 12+
- Moderna BA.1 for 18+

A bivalent Omicron-containing mRNA COVID-19 vaccine is the preferred vaccine product for booster doses.

Original mRNA vaccines continued to provide good protection against serious illness and hospitalization – revaccination is not necessary.

Recommended interval is 6 months, however a 3 month interval may be considered in the context of heightened epidemiological risk.

Ontario Bivalent Booster Recommendation

MOH **strongly** recommends the following people get a bivalent booster:

Residents of long-term care homes, retirement homes, Elder Care Lodges, and **individuals living in other congregate settings that provide assisted-living and health services**

- Individuals aged 65 years and older
- Adults 18 years and older who identify as First Nations, Inuit or Métis and their non-Indigenous household members aged 18 years and older
- Individuals 12 years and older with moderately to severely immunocompromising conditions and/or who have biological or social risk factors that place them at high risk of severe outcomes from COVID-19
- Pregnant individuals
- Health care workers aged 18 years and older*

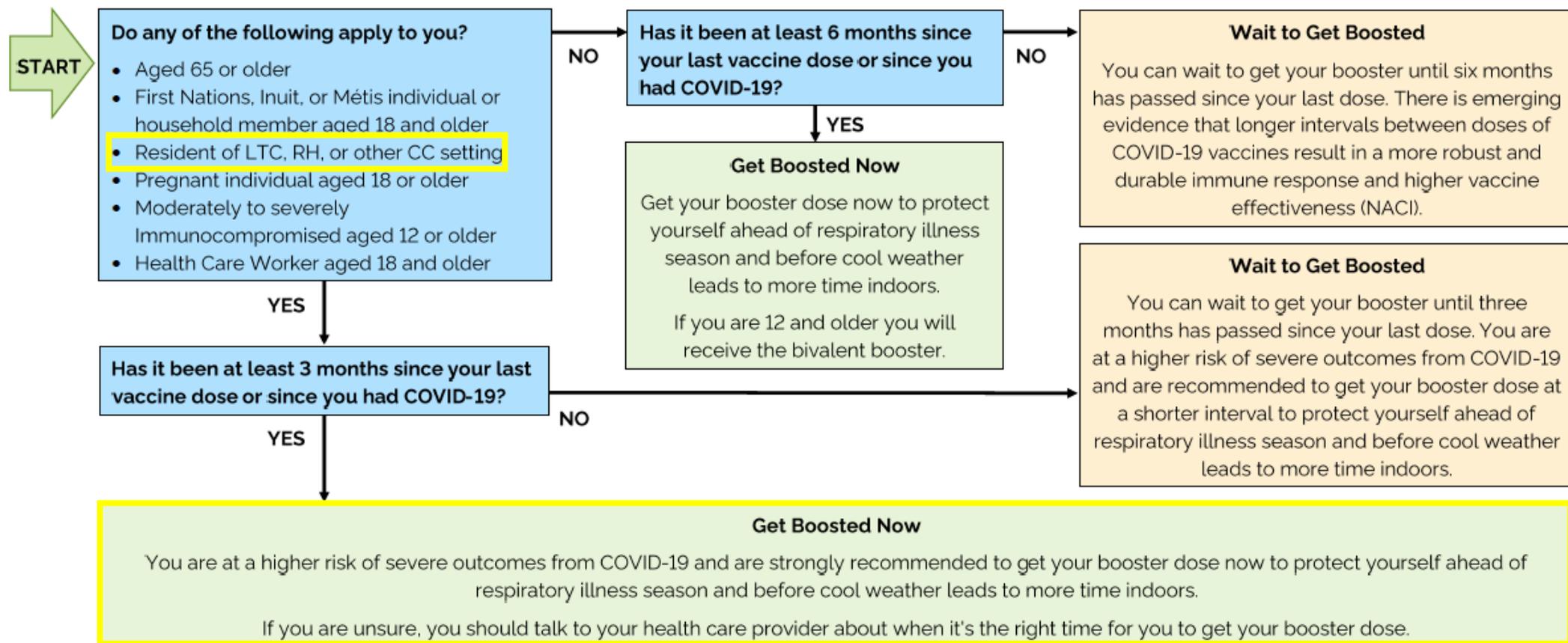
For individuals at high-risk of severe outcomes, **a shorter interval of 3 months** may be more appropriate to ensure adequate protection during the of fall respiratory illness season.

**Health care workers were not included in NACI's guidance but have been prioritized for vaccine access in Ontario.*

Current Guidance for Bivalent Boosters for Ontario

Flow Diagram for COVID-19 Booster Vaccination – When should you get a booster dose?

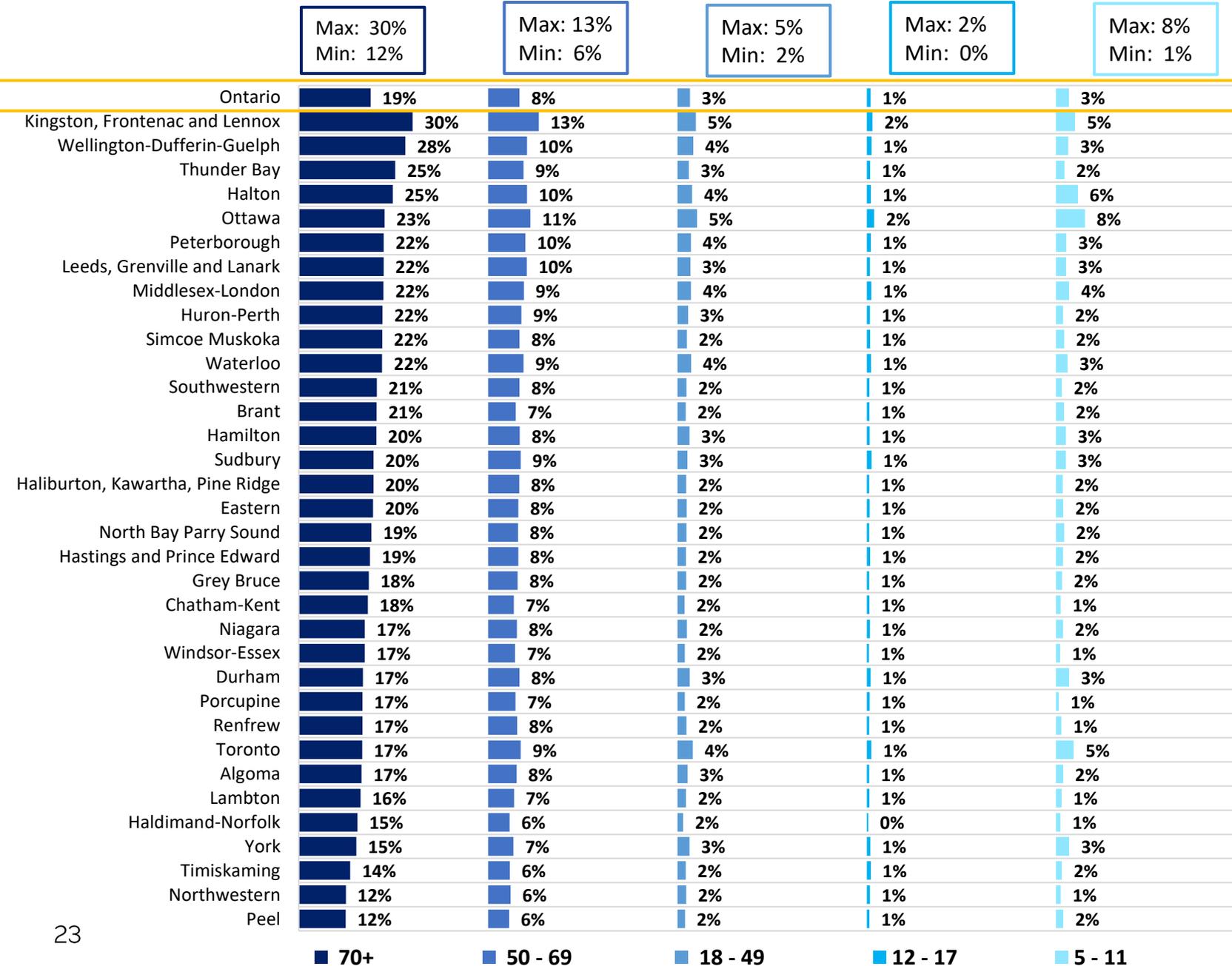
For individuals aged 5 and older who have completed a primary series: Use the chart below to determine when it's time to get your COVID-19 booster.



- Health care workers are not at a higher risk of severe outcomes, unless they belong to another high-risk group. However, health care workers who care for high-risk patients are recommended to be vaccinated to protect their vulnerable patients and all health care workers are recommended to be vaccinated to ensure health system capacity.
- All vaccines available in Ontario are approved by Health Canada and are safe, effective, and are the best way to stay protected from COVID-19 and its variants.
- Bivalent Omicron-containing mRNA COVID-19 vaccines are the preferred booster products for authorized age groups (i.e., individuals 12 and older).



5+ Fall Booster Coverage as of October 17, 2022 (n=921,099)



Key Insights

- Fall booster coverage by age is:
 - 70+: **19%**
 - 50-69: **8%**
 - 18-49: **3%**
 - 12-17: **1%**
 - 5-11: **3%**
- Fall booster coverage for **70+** across PHUs ranges from **12% to 30%**

Note: Vaccinated with Fall Booster: Completed primary series and received a booster on or after September 1, 2022

Data Source(s): SAS VA Tool, COVax analytical file, extracted daily at 8:00 pm, CPAD, MOH. Note: analytical file has been processed for data quality checks and results may differ from the COVax live data system. Population Estimates 2020, Statistics Canada, CCM Cases Data, OLIS Testing File, CCSO ICU File

Provincial Overview: Priority Populations

As of October 11, 2022

					Total Population (Non-LTCH)	# with no doses	# With 1 st dose only	# With 1 st and 2 nd doses only	# with fall boosters
Recipient of chronic homecare (as of June 2022)	93%	91%	78%	10%	134,767	10,129	1,887	18,059	13,746
Immunocompromised *	91%	89%	72%	10%	289,432	27,372	3,763	48,625	29,522
Currently pregnant	86%	84%	43%	3%	79,223	10,947	1,584	32,402	2,694
Severe mental illness	86%	81%	43%	3%	60,379	8,713	2,536	23,306	1,932
Recent refugees (i.e. landing date after January 2010)	82%	78%	26%	1%	98,790	18,226	3,952	51,173	790
Recent registrant of OHIP	79%	73%	33%	2%	357,269	75,856	22,508	141,121	6,074
Substance use disorder	76%	69%	33%	2%	99,224	23,843	6,747	35,919	2,084
Intellectual or developmental disability	74%	69%	38%	4%	175,230	46,413	8,236	54,321	6,484
Recent experience with homelessness	70%	60%	30%	2%	13,061	3,961	1,267	3,971	287

■ At least 1 dose ■ At least 2 doses ■ At least 3 doses ■ Fall Booster

Key Insights

- Vaccine coverage for individuals with intellectual or developmental disabilities is lower than other priority populations

Note: * Immunocompromised category includes: Other treatment causing immunosuppression, Hematological Malignancy, Chronic Kidney Disease (with recent receipt of dialysis), Solid Organ Transplant, Hematopoietic Stem Cell Transplant, and Other immunocompromising health conditions

Data Source(s): Chung H, Fung K, Ishiguro L, Paterson M, et al. Characteristics of COVID-19 diagnostic test recipients, Applied Health Research Questions (AHRQ) # 2021 0950 080 000. Toronto: Institute for Clinical Evaluative Sciences; 2020

COVID-19 Bivalent Boosters: Availability

Bivalent booster doses are available through all regular vaccine channels, including:



Independent/ onsite Administration

Onsite staff administer PHU-supplied vaccine.



Local Pharmacies

Travel to community pharmacies or local pharmacists can administer vaccine from their own supply onsite.



Public Health Unit Clinics

Work with PHU to plan vaccination approach (e.g., mobile clinics, PHU fixed clinics sites).



Provincial Resources

Work with provincial resources to arrange for onsite administration.

Next Steps for COVID-19 Boosters

Continue to **work with local PHUs** to develop plan for administration of vaccine



Monitor and track vaccine uptake through local and provincial reporting



Celebrate vaccine administration



Identify opportunities for improved vaccine uptake through **ongoing engagement and knowledge sharing**



Vaccine Distribution Secretariat – Provincial Support

- In partnership with the Ministry of the Solicitor General and Ministry of Health, the Vaccine Distribution Secretariat provides a suite of resources to support increasing vaccination uptake of targeted populations.
- Provincially run and funded, mobile vaccination clinics provide a flexible and accessible option in locations that face potential barriers; for priority populations; and at events in high traffic areas.
- GO-VAXX, indoor and micro mobile clinics operate as autonomous vaccine clinics with the necessary supplies and trained staff to ensure vaccines are administered safely, including the required pre-vaccination screening and post-vaccination monitoring.
- Appointments are posted on the provincial booking site, and the clinics accept walk-ins. Accommodations can be made to address specific populations (e.g. dedicated appointments, customizable clinics, etc.).
- We work with program areas and local partners to identify sites for our GO-VAXX, mobile indoor clinics and micro clinics to create an approachable and safe experience for those receiving their vaccine.

GO-VAXX buses have provided over 150,000 doses to Ontarians. Over 50,000 doses have been administered in indoor clinics. Countless doses administered by HHR support in clinics hosted by PHUs.



GOVAXX@ontario.ca

Provincialhhrsupport@ontario.ca



GO-VAXX Clinics

Provides the clinic space and autonomous clinic to community settings and large gathering locations.

- GO buses retrofitted to serve as mobile vaccine clinics.

RANGE: 2-3 hours outside of Toronto.



Indoor Clinics

Provides autonomous clinics in community settings, large gathering locations and congregate care.

- Situated in locations where an indoor clinic may work better.

RANGE: Available across Ontario.



Micro Mobile Clinics

Provides multiple autonomous clinics in close proximity in a day, with the focus of removing accessibility as a barrier in neighbourhoods.

- Indoor clinics with smaller teams that require less space.

RANGE: 1 hour outside of Toronto.



HHR Support

Supplements Health and Human Resources for clinics led by Public Health Units or other existing clinic settings.

- A range of HHR supports which include administrative and health staff.

RANGE: Available across Ontario.

Ontario



Infection Prevention and Control (IPAC) for Non-Clinical Staff: Online Modules

Michelle Ramirez, IPAC Specialist

Catherine Kerr, IPAC Specialist

IPAC for Non-Clinical Staff

- This course is designed for people who do not have health care training.
- This course will provide learners with the IPAC knowledge they need to keep themselves, their clients and their co-workers safe from infections.
- Participants will learn
 - How to conduct a risk assessment,
 - Importance of proper hand hygiene
 - When and how to use personal protective equipment safely
 - Administrative and environmental infection control measures
 - Best practices for outbreak management.



IPAC Online Learning

The screenshot shows the Public Health Ontario website page for IPAC Online Learning. The page title is "Infection Prevention and Control - Online Learning". It includes a navigation breadcrumb: "Welcome > Education & Events > Online Learning > Infection Prevention and Control - Online Learning". There are icons for Save, Share, and Print. The main content area has a blue header "Accessing courses on our LMS" with two numbered steps: 1. "Our learning management system (LMS) hosts many of the IPAC education modules. In order to access these modules, you must have a My.PHO account and be logged in." 2. "Once you have a My.PHO account, please click the Launch the LMS button below." Below the steps is a button labeled "Launch the LMS". Underneath is a section titled "IPAC for Non-clinical Staff" with a description of the course, target audience, duration, modules, completion requirements, technical requirements, and instructions.

Health Ontario | publique Ontario

Login Search

Welcome > Education & Events > Online Learning > Infection Prevention and Control - Online Learning

Save Share Print

Infection Prevention and Control - Online Learning

Looking to build or expand your knowledge in IPAC best practices? Public Health Ontario has a variety of education resources targeted at different health care settings and practices available through our Learning Management System (LMS) or through our website. Check out our learning resources on IPAC core competencies and reprocessing, as well as specialized knowledge for different environments, including hospitals, long-term care homes, and community health care settings. The target audience for each course or resource is indicated in the list below to help you determine which is most relevant to you. For more information about IPAC learning, contact ipac@ohpp.ca

Learning Management System Courses

Accessing courses on our LMS

1. Our learning management system (LMS) hosts many of the IPAC education modules. In order to access these modules, you must have a My.PHO account and be logged in.
2. Once you have a My.PHO account, please click the Launch the LMS button below.

Here, you will find enrolment information, a list of our courses, their descriptions and requirements, and information for downloading courses. Users may have to type the course name into the LMS search box to find the modules. Please note that you must have either Internet Explorer or Google Chrome installed to use the LMS. If you require technical support, please email lms@ohpp.ca.

Launch the LMS

IPAC for Non-clinical Staff

This course is designed specifically for people who do not have formal health care training and work in a congregate living environment. It will provide learners with the IPAC knowledge they need to keep themselves, their clients and their co-workers safe from infections in workplaces like shelters, group homes, residential treatment centres and other facilities. Participants will learn how to conduct a risk assessment, perform proper hand hygiene, when and how to use personal protective equipment safely, the basics of administrative and environmental infection control measures, and best practices for outbreak management.

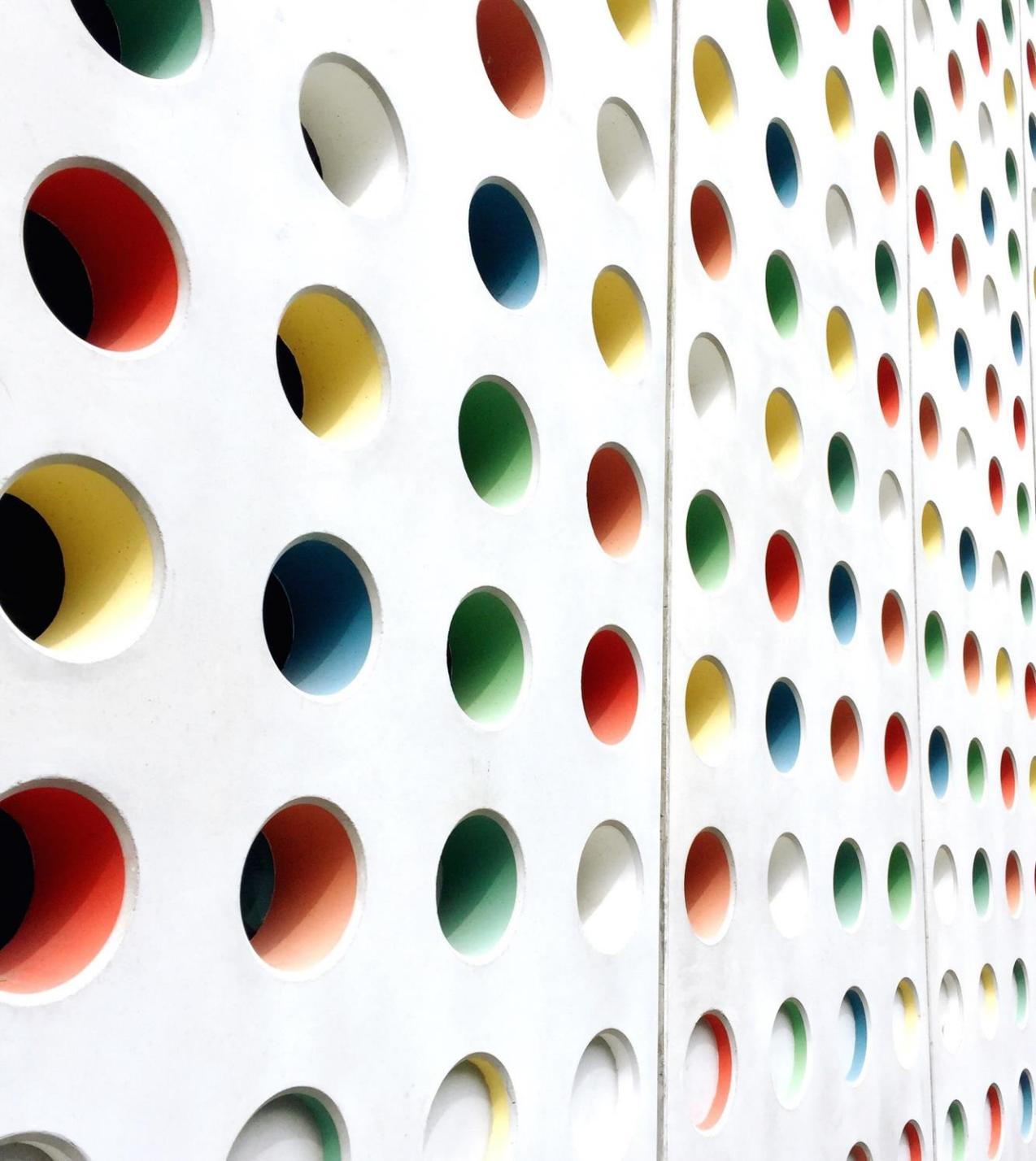
Target audience: Non-clinical staff
Course duration: Each module takes approximately 10 minutes to complete
Modules: 8 - one overview module and seven content modules.
Certificate of completion: Yes, upon completion of 8 modules.
Technical requirements: Speakers or headphones required for audio component.
Instructions: Please copy and paste "IPAC for Non-Clinical Staff" into the LMS search engine once you login or browse the course catalogue.

- Public Health Ontario has updated its IPAC Online Learning page with new content, enhanced course descriptions, and details on who will benefit most from the various training modules.
- French version of IPAC Online Learning page available here.
- The new IPAC for Non-Clinical Staff online course can be accessed via the IPAC Online Learning page.

Source: Ontario Agency for Health Protection and Promotion (Public Health Ontario). Infection prevention and control – online learning [Internet]. Toronto, ON: King's Printer for Ontario; 2022 [modified 2022 Sep 12; cited 2022 Oct 17]. Available from: <https://www.publichealthontario.ca/en/Education-and-Events/Online-Learning/IPAC-Courses/Core-Resources>

Live Demo

Sector Updates

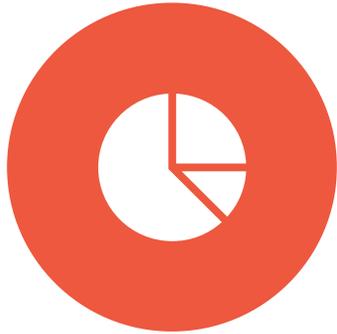


Health Strategy & Engagement Working Group



Provincial Network
on Developmental Services

Provincial Network Health Strategy & Engagement Working Group



PROVIDES ADVICE.



RECOMMENDS
TACTICS



VOICES CONCERNS.

To assist the Provincial Network in its mandate to inform the Ministry of Children, Community and Social Services related to healthcare delivery, health policy, specialized clinical services, **infection prevention and control**, research and education.

Health Strategy & Engagement Working Group

Impact & Opportunity - Persons with IDD and the DS Sector

Sub Committees

Many of which are directly or indirectly relevant to **IPAC** and/or **COVID** pandemic learnings.

1. Infection Prevention and Control
2. Data Improvements
3. Ontario Health Teams Engagement
4. Health System Improvements
5. Establishing a Secretariate to Bridge MCCSS and MoH
6. Alternate Level of Care
7. Improving Home & Community Care

Infection Prevention and Control (IPAC)

Sub Committee

Sub Committee Priorities and Workplan:

- Identify and disseminate **IPAC and pandemic learnings** and best practices from Developmental Services, primarily in Congregate Living Setting programs
- Strategies to support the **sustainability** of IPAC expertise, tools, resources, infrastructure, systems and programs within our sector
- Enable **dialogue and collaboration** with MCCSS, MoH, and Public Health to ensure DS inclusion in emerging issues, consultation and problem solving, and opportunities to represent the unique IPAC needs and considerations of our sector.
- Connect **IPAC Champions** for MCCSS-Funded Organizations across the province to enable all of the above

Contacts

Health Strategy & Engagement Working Group Co-Chairs:

- Bryan Keshen, CEO, Reena

Email: bkeshen@reena.org

- Brian Swainson, CEO, Sunbeam Community & Developmental Services

Email: b.swainson@sunbeamcommunity.ca

IPAC Sub Committee Chair:

- Susan Bisailon, ED, Safe Haven

Email: sbisailon@safehaven.to



Update from OAITH

Development of New Online Platform Promoting Gender-Based Violence Organizations, Programs and Groups in Ontario

[Join The Webinar to Learn
More!](#)

October 26th, 2022 1:00pm

**To Request An Account Visit:
Mulberryfinder.ca**

- GBV Organizations & Programs
- GBV Public Awareness & Education Programs
- Indigenous-Focused Organizations, Programs and Supports
- Survivor-Led Community Groups, Services and Supports
- GBV-focused Child and Youth Organizations and Programs
- Perpetrator/Aggressor Organizations and Programs

Find Support:

- Map-Based Search
- Needs-Based Search

Safety Features

- Removal of Browser Data
- No Tracking of Users
- Connection to Live Support Via Provincial Crisis and Chat Lines

Functionality

- Google Translate
- Dark Mode
- Adjustment of Text
- Low Cognitive Load and Trauma Informed Design

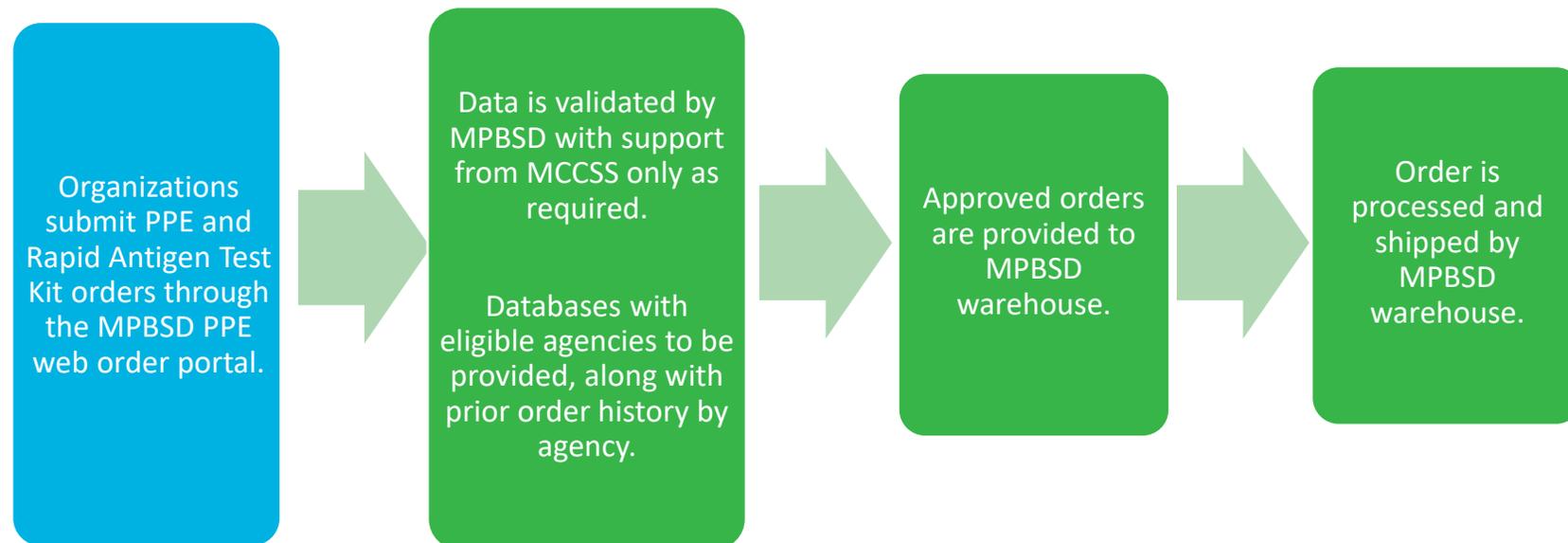
MCCSS PPE Transition to MPBSD

MPBSD Distribution of PPE / Supply Chain Ontario

Context Overview

- To streamline the Critical Supplies and Equipment (CSE) request processes, and to capitalize on the stabilization of the supply chain, the Province has broadened its vision for Personal Protective Equipment (PPE) stewardship and is shifting to a coordinated model for the distribution of PPE.

New Process for PPE Distribution through MPBSD's PPE Supply Portal



Communication

- On September 1, 2022, a memo was distributed to agencies via Regional Directors outlining a phased transition approach by region.
- Information and dates were provided including:
 - MCCSS transition periods by region
 - PPE Supply Portal information and user guides
 - PPE supplies available through the PSP, including Rapid Antigen Test Kits
 - Onboarding process onto the PSP
 - Training sessions provided to regions – to demo new ordering site
 - Closure of MCCSS web portals after all regions have completed transition to MPBSD
 - Regional emergency PPE hub information
 - One-time shipment planned for end of November, early December ahead of holidays

Regional Phased Approach – Transition Dates

Transition Periods	Region	Status
September 26 – October 7	North Region	Transitioned
October 10 – October 21	East Region	Transitioned
October 24 – November 4	West Region	Transition on schedule, onboarding in progress
November 7 – November 18	Central Region	On schedule for November 7
November 21 – December 2	Toronto Region	On schedule for November 21

- To support agencies as they transition to the new ordering site, MPBSD is providing information sessions on the PSP on the dates noted below. See information sessions below:

Agency Information Session Dates	Region	Status
September 14	North Region	Completed
September 26	All Regions – French	Completed
September 28	East Region	Completed
October 12	West Region	Completed
October 26	Central Region	Scheduled
November 9	Toronto Region	Scheduled

List of PPE available through MPBSD's PPE Supply Portal (PSP)

MCCSS service providers will begin to order PPE from the government's pandemic stockpile through an integrated order management system, called the PPE Supply Portal (PSP).

PPE Products available through PSP:

- Antiseptic Wipes
- Cloth Masks
- Disinfectant Spray
- Disinfectant Wipes
- Face shields Reusable
- Face shields Disposable
- Nitrile Gloves (XS,S,M,L,XL)
- Hand Sanitizer
- Hand Soap Antimicrobial
- Isolation Gowns (Level 1)
- KN95 Masks
- Eye Goggles and Eyeglasses
- Isolation Gowns (Level 2)
- N95 Respirators (3M 1870+, Medcom SM/MED)
- Pediatric Disposable Masks
- Surgical masks (Level 3) – Woodbridge Brand
- Surgical masks (Level 1)
- Surgical masks (Level 2)
- Thermometers
- Adult and Youth Reusable Masks
- Rapid Antigen Test Kits (must be ordered separately from other PPE items)
- CO2 Monitors (while supply remains)
- HEPA Units

PPE Supply Portal Shipping Timelines: Orders may take longer than what was provided through MCCSS. Agencies can expect orders to take between (10 – 15 days depending on location) from the time the order is placed. To mitigate any issues with receiving supply, it is recommended that agencies plan ahead and order between 4-6 weeks supply at a time and maintain at least 4 weeks of stock, at all times.

PORTAL LINK: <https://www.ppesupply.ontario.ca> Note, this is only available to registered users

Contingency Planning

Regional Hubs for Emergency Use

Regional hubs have been established in case of access issues during a fall/winter wave. Hubs will be in operation up until January 31, 2023. Hubs will house limited PPE supplies for agencies experiencing an emergency. A memo regarding hubs locations will be released shortly.

Access to MCCSS Web Portals

For regions who have not yet transitioned, MCCSS will provide access to its PPE web order portal and the Rapid Antigen Test Kits portal up until November 30, 2022. After this date, all orders will be directed to the PPE Supply Portal.

Winter PPE One-Time Bulk Order (Holiday Planning)

Similar to the previous two years, a one-time bulk order shipment of PPE supplies (4-week top-up) will be provided to agencies in anticipation of higher volumes during the holidays (late November, early December shipment). Shipments will be based on CSE survey results.

Support for Agencies

During the transition, MCCSS' dedicated PPE Supplies Team will be available to support all inquiries related to onboarding. After the transition, all inquiries related to PPE orders and deliveries would be directed to MPBSD in addition to any technical issues.

Resources & Tools

Resident Vaccination Survey

- Last reporting period for resident vaccination survey – collected April 2022
- **Deadline of November 11, 2022** for updated survey:
 - Received a primary series of vaccinations (2 doses)
 - Received a dose or had a COVID-19 infection in the last six months (May 1 – Oct 31, 2022)
 - Not asking for vaccination information for residents ages 0-4.
- **ALL** MCCSS residential sites to report on the number of vaccination doses received by residents, regardless of whether they have previously reported or have reached 100% vaccination of residents, due to:
 - Resident turnover;
 - Booster dose updates; and
 - Progress on children’s vaccinations.
- Transfer payment recipients (TPRs) and/or placing agencies should also share this information with any OPRs/third parties to have them complete the survey for residents in their care.
- Use of survey data allows us to work with partners, including MOH and PHUs, to ensure that residents are getting access to vaccinations.

April 2022 - Resident Vaccination Survey Responses

- 87% (2,870) of sites responded to either the September, October, November 2021, February, or April 2022 surveys.
- 13% (433) of sites have never responded.
- 90% of residents 12+ and Supported Independent Living clients (17,623) are fully vaccinated (two doses).
- 54% of residents 12+ and Supported Independent Living clients (10,535) have received a booster dose.
- 28% of residents 5-11 (92) are fully vaccinated (two doses).
- 2% of residents 5-11 (5) have received a booster dose.

COVID Residential Relief Fund (CRRF) & COVID Community Supports Fund (CCSF)

- Funding requests under the CRRF-CCSF for service providers for extraordinary service pressure costs experienced as a result of COVID-19 continue to be considered and approved.
 - Up-front agreement by the Ministry office required for any non-outbreak related service pressure costs, prior to incurring expenses.
- CRRF-CCSF requests should consider:
 - managing risk through an adjusted service delivery model that reflects the hierarchy of controls,
 - use of granted financial flexibility across eligible programs to address needs,
 - most cost-effective approach to address an identified pressure,
 - up-to-date health and public health guidance.
- The following types of exceptional costs can be covered through CRRF:
 - **additional staffing** i.e., costs which may include proactive measures such as:
 - temporary staffing to address anticipated staffing shortfalls. Agencies should look for opportunities for partnering with other agencies within local communities to access other staff resources, where appropriate, and as supported by workforce resources available on the Real Xchange site.
 - **additional staff to support current protocols regarding testing and IPAC measures.**
 - **residential respite** for caregivers
 - **PPE and supplies** (where not available through the MPBSD PPE Supply Portal) and/or which are not available in a timely manner to address an essential need;
 - **costs to support physical distancing to minimize client exposure;** and
 - **additional cleaning costs** to enable enhanced cleaning.

IPAC and Indoor Air Quality (IAQ)

It is important that service providers have a strategy in place to continue to navigate the potential for a challenging respiratory season potentially leading to staffing shortages and risk to service disruption that could impact service continuity.

IPAC

- It is important to remain vigilant with IPAC measures to help prevent and limit the spread of COVID-19 and other common respiratory viruses by ensuring that general IPAC best practices (e.g., hand hygiene and respiratory etiquette) are in place and maintained.

IAQ

- It is beneficial to keep indoor air as close to “fresh” outdoor conditions as possible, where outdoor air generally has a carbon dioxide (CO₂) concentration < 450 parts per million (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.
- 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.
- **CO₂ monitors are available for ordering** to support improved air quality, as an extra protective measure for residents and staff working in congregate living settings.
 - CO₂ monitors are available while supplies last and can be ordered up to a maximum of 5 units per site.

Questions?

Thank you for your time!