

MCCSS Sector COVID-19 Webinar

QsAs

October 24, 2022

Guidance & Testing	
<p>Will day programs have different guidelines, or do they follow congregate settings?</p>	<p>There are no specific guidelines for day programs. While the guidance for congregate living settings can serve as 'best practice', non-congregate living service providers should continue to follow broader public health measures.</p>
<p>Why are Congregate Living Settings (CLS) not in alignment with Long Term Care (LTC) and Retirement Homes (RH) in terms of masking, testing and capacity?</p> <p>Are staff in CLS required to wear masks at all times or only during outbreaks or suspected outbreaks?</p>	<p>CLSs (both clients and staff) have access to PCR testing.</p> <p>Masking is highly recommended for CLS as well as in LTC (it is required in LTC based on a directive from the LTC minister).</p> <p>The <u>MOH COVID-19 Guidance: Long-Term Care Homes, Retirement Homes and Other Congregate Living Settings for PHUs</u> recommends that CLSs should ensure universal masking is adhered to at all times, for the purpose of source control, whether or not there is an outbreak.</p> <p>All staff and visitors should adhere to universal masking while indoors when interacting with clients and/or in designated client areas during their shift. Well-fitted medical (surgical/procedure) masks are strongly recommended.</p> <p>Staff and visitors should also wear a mask outdoors when there are individuals present who are immunocompromised and/or at a high risk of severe disease from COVID-19 and physical distancing is not possible.</p>
<p>Why are staff stay required to stay off for 10 full days if they are testing negative earlier and symptoms have improved?</p>	<p>This is required for residents or clients who are within settings that fall into the definition of an institution under the <i>Health Protection and Promotion Act</i> (HPPA) which includes CLS supporting individuals with developmental disabilities.</p>

	<p>Out of an abundance of caution, it is recommended that staff stay off for 10 days after a positive test. There are conditions where a staff may be brought back to work depending on the need of the organization including critical staffing shortages to return to work. If someone is asymptomatic and testing negative on a RAT, it is suggested that they reach out to their local PHU or local IPAC Hub for support to determine when it's safe to return to work.</p>
<p>Why is it required to report all positives to local public health units if the definition of outbreak is only considered 2 people supported?</p>	<p>COVID is still listed in the HPPA as a reportable/communicable disease. Ministry guidance for serious occurrences points to that list with respect to what needs to be reported.</p>
<p>The new guidance document for CLSs appears to differentiate between CLSs that are 'higher-risk' and those that are not, giving a definition of (1) falling under the definition of 'institution' within HPPA, and (2) serve populations who are at increased risk of severe outcomes from COVID. The majority of our SGLR [group homes] and ISR [intensive supportive residence] funded homes do not serve individuals at increased risk of severe outcomes. Does that mean that the guidance does not apply to these settings?</p>	<p>Recognizing that there is heterogeneity amongst and especially for MCCSS-funded CLSs, the guidance was meant to apply to those at higher risk of severe outcomes and that does include, not to stigmatize or disadvantage people, but to add an extra layer of protection, clients who live in settings serving clients with developmental disabilities.</p> <p>MCCSS identified our definition of what is considered a CLS for whom our guidance would apply, and that definition remains unchanged.</p> <p>The following MCCSS-funded and/or licensed settings, which may provide residence to individuals who are at increased risk of severe outcomes from COVID-19, are considered in scope for COVID-19 guidance for congregate living settings:</p> <ul style="list-style-type: none"> • Supported developmental services/intervenor residences; • Violence against women (VAW) shelters; • Anti-human trafficking (AHT) residences; • Children's residential facilities; • Indigenous Healing and Wellness Residential sites; and • Youth justice open and secure custody/detention facilities.
<p>The Ministry of Health (MOH) document does not indicate that staff cases need to be reported to local Public Health (PH)</p>	<p>Yes, there has been no change to the ministry's requirements for positive case reporting of staff.</p>

<p>units (and that staff are no longer in definition of outbreak). Is it still required that staff cases be reported as a Serious Occurrence Reporting (SOR) (which requires PH notification)?</p>	
<p>The guidance regarding universal masking, states recommended and not required. Does this mean that it is agency directed for PPE and not required, but recommended?</p>	<p>The MCCSS memo in June identified the end of masking requirements in alignment with the CMOH announcement relating to removing the masking mandate legislation. At that point, MCCSS identified that service providers had the option of maintaining the masking requirements according to their own policies and procedures and their own legal and HR advice. At this point, we're deferring to Public Health COVID-19 guidance.</p>
<p>If we've had IPAC training in Quebec, is that training equivalent in Ontario?</p>	<p>The PHO training is for non-clinical staff and is for individuals who do not have a clinical background and who do not provide care to individuals, therefore it is different from the IPAC training in Quebec.</p>
<p>Can washrooms in CLS be shared?</p>	<p>Yes, washrooms in CLS can be shared.</p> <p>It is recommended that all common areas (including washrooms) and high-touch surfaces (i.e., that are frequently touched and used) be cleaned and disinfected at least once a day and when visibly dirty. These include door handles, light switches, elevator buttons, handrails, trolleys, and other common equipment in the setting.</p> <p>Please see the section on Environmental Cleaning and Disinfection in the MOH COVID-19 Guidance: Long-Term Care Homes, Retirement Homes and Other Congregate Living Settings for PHUs.</p>
<p>How long does an individual who is not vaccinated need to be isolated if Rapid Antigen Test (RAT) is positive?</p>	<p>There are no requirements on duration to isolate anymore for the general community. Individuals should stay home until symptoms have been improving for at least 24 hours/no fever. If in a higher-risk congregate living setting, individuals should isolate for at least 5 days + symptoms are improving for at least 24 hours + no fever, while in the setting. Staff/general visitors are recommended to avoid any higher risk congregate settings for 10 days from RAT positive.</p>

<p>What is the Ministry requirement for tracking/reporting RAT testing?</p>	<p>MCCSS has not prescribed record retention and reporting requirements related to screening tools specifically. Service providers are responsible for following their record retention policies and procedures, in alignment with any legislative or regulatory requirements and local public health direction.</p>
<p>Can you please clarify the guidance on rapid testing for Violence Against Women (VAW) shelters?</p>	<p>VAW shelters are to follow the rapid antigen testing guidance outlined in the October 2022 Interim Direction issued by MCCSS on October 6, 2022.</p>
<p>Do visitors to CLS need to complete RAT prior to entering?</p>	<p>In accordance with the October 2022 Interim Direction issued by MCCSS, service providers are to continue to regularly screen all visitors entering a CLS (regardless of the visitor's vaccination status). The service provider is to determine their own testing schedule in alignment with provincial testing guidance.</p>
<p>Is daily screening of staff at CLS still in place?</p>	<p>Active screening for staff (i.e., answering screening questions with an attestation or confirmation of completion prior to entering the setting) is no longer required.</p> <p>CLSs are recommended to develop an operational plan including guidance for staff, visitors, and clients to self-monitor for symptoms of COVID-19.</p> <p>Routine screening with rapid antigen tests continues to be required. Service providers are to determine their own testing schedules.</p>
<p>Is masking still mandatory in Youth Justice detention? Has screening moved to passive rather than active?</p>	<p>The MCCSS memo in June identified the end of masking requirements in alignment with the CMOH announcement relating to removing the masking mandate legislation. At that point, it was identified that service providers had the option of maintaining the masking requirements according to their own policies and procedures and their own legal and HR advice. This direction applied to youth justice licensed open and secure custody/detention facilities. Direct operated youth justice facilities have continued to follow direction from the Service Delivery Branch, Youth Justice Division, in accordance with Treasury Board Secretariat</p>

	<p>direction for Ministry staff and in alignment with Ministry of Solicitor General direction for adult correctional institutions.</p> <p>As of October 6, 2022, COVID-19 Guidance for MCCSS-funded and Licensed Congregate Living Settings is no longer in effect, as well as direction specific to youth justice licensed open and secure custody/detention facilities. Youth justice licensed open and secure custody/detention facilities are to follow the new MOH Guidance (version 8) dated October 3, 2022 and the MCCSS October 2022 Interim Direction. The MOH Guidance Version 8 indicates that masking is highly recommended for CLSs. As indicated above, direct operated youth justice facilities have continued to follow direction from the Service Delivery Branch.</p> <p>With respect to screening, youth justice licensed open and secure custody/detention facilities can use passive screening per MOH guidance which recommends that CLSs develop an operational plan including guidance for staff, visitors, and clients to self-monitor for symptoms of COVID-19. Settings should post signage at entrances and throughout the setting advising individuals of signs and symptoms of COVID-19 and provide steps that should be taken if COVID-19 is suspected or confirmed in a staff member, visitor, or client. Staff and visitors who are experiencing new or worsening symptoms should not enter the setting.</p>
Vaccine and Vaccination Survey	
<p>How long is recommended to get a booster dose after getting Covid?</p>	<p>The Ministry of Health recommends that booster doses be offered at an interval of six months after a previous COVID-19 infection. A shorter interval of at least 3 months may be warranted in the context of heightened epidemiological risk.</p> <p>Individuals should discuss the best timing for their next dose with a health care provider.</p> <p>For more information, see COVID-19 vaccines ontario.ca or COVID-19 Vaccine Booster (gov.on.ca).</p>

How far apart should you get a booster dose and a flu shot?	You may receive a COVID-19 vaccine and influenza vaccine at the same time or any time before/after each other.
How can the vaccination survey be accessed?	Agencies received the link to the survey in the memo dated October 6, 2022. Agencies with 15 or more sites should have received a large agency template. They submit their information using either the large agency template or the online survey.
Is the survey required for people who are coming into congregate settings periodically for respite?	The survey is intended to capture the vaccination status of residents of MCCSS funded congregate care settings. If the setting is not their primary residence (e.g., they are there for a respite visit), they do not need to be included in the site's resident vaccination reporting.
In the VAW sector, residents may only stay for a period of 4 to 6 weeks. Is data collection required for clients who are no longer living in shelters but were during the requested timeframe, or is it a snapshot in time? What about non-residential settings - such as Victim Services?	Any resident for whom the shelter is their primary residence at the time of reporting should be included (e.g., point in time). Non-residential settings, including Victim Services settings, do not need to respond to the Resident Vaccination Survey.
Does the vaccination survey apply to short-term children's respite (weekends only) licensed as a children's residence? The children don't live there, and don't attend if they are ill.	The survey is intended to capture the vaccination status of residents of MCCSS funded congregate care settings. If the setting is not their primary residence (e.g., they are there for a weekend visit), they do not need to be included in the site's resident vaccination reporting.
PPE	
Will the new PPE portal affect reporting of PPE supplies?	Critical Supplies and Equipment (CSE) survey completion is still required. Please continue to report weekly as consolidated survey data from all sectors is used in overall planning by the Ministry of Public and Business Service Delivery (MPBSD).
Where can agencies access HEPA filters?	HEPA units are available through the MPBSD PPE portal. Agencies can order HEPA units similar to the other PPE items, however it may not be the same brand/model as previously received.

<p>Are HEPA replacement filters available through the portal?</p>	<p>HEPA replacement filters are not currently available through the MPBSD supply portal. HEPA replacement filters are eligible as CRRF/CCSF expenditures. Pre-approval should be at the discretion of the Program Supervisor and should only be considered until supply becomes available through the MPBSD supply portal. Updates on the availability of replacement filters through the MPBSD Supply Portal will be communicated as soon as available.</p>
<p>Is there a limit to ordering gloves?</p>	<p>There is no limit to ordering gloves. Please keep in mind that gloves are to be ordered in eaches (not pairs).</p>
<p>Are N95s available through the portal?</p>	<p>Yes, N95 respirators are available through the MPBSD PPE portal. The primary model available is the 3M 1870+.</p>
<p>How do we register for the PPE supply online?</p>	<p>Ensure you have completed the onboarding Microsoft Form link. This step should take no longer than 10 minutes and is used to create your account. You should receive an access confirmation email to finish setting up your account prior to your region's transition date. If you are approaching your transition and have not been provided access, please email MCCSSPPESupplies@ontario.ca.</p>
<p>Are CO2 and HEPA units available for order for office space?</p>	<p>At this time, CO2 monitors (5 per site) and HEPA units (2 per site) are limited to congregate care settings and not intended for office space.</p>
<p>On the new portal, the N-95 brand has changed and the previous model numbers are not listed. Do we need to re-do fit-testing for all employees who used the old masks? We fit-tested our staff using the masks that were available previously.</p>	<p>3M 1870+ is the primary model of N95 being shipped through the PSP. Unless you state otherwise in the special notes section, this is the brand and model that will be sent.</p> <p>If the 1870+ does not fit specific staff, Medicom N95s (SM and REG) will be available as alternatives through the PSP, and you must make note in the special comments to request the alternatives. If your organization requires N95 fit-testing for the 1870+, or an alternate model that is available from the provincial stockpile, you can apply directly via the online form on the Ontario Together page.</p>
<p>Are HEPA units available to non-congregate settings?</p>	<p>Yes, HEPA filters are available to non-congregate settings.</p>

CRRF/CCSF	
<p>Is overtime for staff eligible under the CRRF? We are required to use our own staff under our collective agreement and can't bring in temporary staff.</p>	<p>Additional staffing costs are limited to only the essential back-fill of existing staff positions for staff absences due to COVID-19. Where the collective agreement restricts an agency's use of temporary staff, an agency may apply to the CRRF for reimbursement of overtime pay where the overtime directly relates to the backfilling of Covid absences.</p>
<p>Are there any funding sources for support staff who have to isolate for a minimum of 10 days? Any resources available?</p>	<p>The CRRF and CCSF are to help address exceptional support costs related to COVID-19 that a service provider is not able to manage within flexible use of their existing budget, or mitigated risk through a service delivery model that reflects the hierarchy of control.</p> <p>Providers should exhaust all existing and available resources to address COVID-related pressures, prior to requesting funding through the CRRF/CCSF including financial flexibility.</p> <p>For Workers: The <u>Ontario COVID-19 Worker Income Protection Benefit</u> has been extended to March 31, 2023.</p>

Resources/Links Shared:

- PHO's COVID Prep Checklist https://www.publichealthontario.ca/-/media/Documents/nCoV/cong/2020/05/covid-19-preparedness-prevention-congregate-living-settings.pdf?sc_lang=en
- PHO Training English: <https://www.publichealthontario.ca/en/Education-and-Events/Online-Learning/IPAC-Courses>
PHO Training French: <https://www.publichealthontario.ca/fr/education-and-events/online-learning/ipac-courses>
- To learn more about Mulberry and attend the webinar:
<https://us02web.zoom.us/meeting/register/tZlscuChrT4jEtGUe7B7-NTOGbThL30HUefy>
- <https://drive.google.com/file/d/1NzrOvgkhyavn1w-rXzr0JeqUOGIWRJx0/view?usp=sharing>