

Toronto Region

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October 6, 2022

MEMORANDUM TO: Executive Directors
Ministry of Children, Community and Social Services
(MCCSS) funded and/or licensed service providers (with
congregate living settings)

FROM: Sherri Rennie
Director, Toronto Region

RE: MCCSS COVID-19 Updates – October 6, 2022

I am writing to provide COVID-19 related updates and reminders as follows:

1. Updates to COVID-19 guidance for congregate living settings (CLSs)
 - Discontinuation of MCCSS guidance for CLSs
 - October 2022 Interim Direction - Use of rapid antigen tests
 - Key updates to MOH guidance for CLSs
2. Vaccination
 - COVID-19 vaccination dosage and product recommendations by age group.
 - GO-VAXX support
 - Resident vaccination survey
 - Influenza vaccination – Universal Influenza Immunization Program (UIIP)
3. Indoor air quality and filtration reminders
 - CO₂ monitors – available for order
4. For Children's Service Providers: Change in SOR-RL default COVID-19 Serious Occurrence level
5. COVID-19 resources

1. Updates to COVID-19 guidance for congregate living settings (Excluding youth justice directly operated facilities)

Over the course of the COVID-19 pandemic, the Ministry of Children, Community and Social Services (MCCSS) issued direction that aligned closely with the Ministry of Health (MOH) guidance to support local public health units (PHUs) in their COVID-19 response in congregate living settings (CLSs). This direction also included some ministry-specific modified and/or additional requirements for funded and/or licensed CLSs. In consultation with the Office of the Chief Medical Officer of Health (OCMOH), and in alignment with updated MOH guidance, MCCSS has determined that at this stage of the pandemic, it will align the majority of its guidance and maintain only **Interim Direction - Rapid Antigen Testing**.

MCCSS will continue to maintain regular oversight and will adjust Interim Direction and share COVID-19 related information as needed. The ministry will continue COVID-19 risk monitoring and/or licensing and compliance processes to help support health and safety in congregate settings. MCCSS serious occurrence reporting, and issues management processes will continue. New and emerging trends will be monitored closely through established data sources, including but not limited to provincial wastewater testing.

The **COVID-19 Guidance for MCCSS-funded and Licensed Congregate Living Settings** will no longer be in effect as of October 6, 2022.

MCCSS funded and/or licensed CLSs will now be expected to follow applicable 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](#)

October 2022 Interim Direction - Use of rapid antigen testing

The ministry continues to take precautions to help protect vulnerable residents and staff in ministry-funded and licensed congregate living settings. Interim direction (see **Appendix 1 - October 2022 INTERIM DIRECTION**) related to 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.

- 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 through the Serious Occurrence Reporting process.

Summary of key updates to public health measures for CLS

On October 6, 2022, MOH updated recommendations for CLSs in the [COVID-19 Guidance: Long-Term Care Homes, Retirement Homes, and Other Congregate Living Settings for Public Health Units](#).

Notable updates have been made to the following sections:

- **Screening:**
 - Active screening for staff and visitors is no longer required.
 - CLSs are recommended to develop an operational plan including guidance for staff, visitors, and residents 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 providing steps that should be taken if COVID-19 is suspected or confirmed in a staff member, visitor, or resident.
 - Residents should continue to be assessed at least once daily to identify new or worsening symptoms of COVID-19.
- **Masking:**
 - Reinforced messaging recommending 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.
- **New admissions/transfers:**
 - Testing (PCR or RAT) of new residents being admitted or transferred from the community or a setting that is not in outbreak is no longer recommended.
- **Case, contact and outbreak management:**
 - This section of the MOH Guidance for CLSs applies to [higher risk CLSs](#) within the meaning of “institution” in subsection 21(1) of the Health Protection and Promotion Act (HPPA).
 - PHUs may provide outbreak management using principles outlined in this document to other CLSs that are not designated as an “institution” under the HPPA but provide residential services to individuals who are medically and/or socially vulnerable to COVID-19 when within their capacity to do so.

- All MCCSS funded and/or licensed CLSs (excluding youth justice directly operated facilities) may follow the principles in this section, regardless of designation under HPPA.
- The isolation period for residents with symptoms/positive test result has been reduced from 10 to 5 days (and wearing a mask for 10 days when in shared spaces).
- Close contacts are to wear a mask for 10 days following last exposure (change from 5 days of isolation and recommended PCR testing).
- The outbreak definition has been updated to include residents only.
- Widespread symptomatic testing for contact management is discouraged.

PLEASE NOTE:

For information specific to extended measures in Youth Justice Directly Operated Settings – please refer to [Guidance to Youth Justice Directly Operated Facilities](#).

Also see **Appendix 2** for a table that maps topics from the discontinued MCCSS Guidance document to the MOH Guidance document.

2. Vaccination

COVID-19 vaccination continues to be one of the most effective ways to help prevent severe illness and death due to COVID-19. **CLSs are asked to continue to encourage residents, staff, caregivers and visitors to remain [up-to-date](#) with their COVID-19 vaccinations.**

COVID-19 vaccination dosage and product recommendations

As a reminder, information regarding COVID-19 vaccine dosage and product recommendations by age group, can be found [here](#). This includes primary series and booster doses (as applicable) for ages:

- 6 months to 5 years;
- 5 years and older;
- Moderately or severely immunocompromised individuals 6 months or older.

Also see a summary table here: [Recommended and Minimum Intervals for COVID-19 Vaccination](#).

GO-VAXX Support

As a further reminder to the memo on September 15, 2022, PHUs are responsible for leading local COVID-19 vaccine planning and delivery activities. If service providers are seeking additional support, please contact the GO-VAXX and Mobile Clinic Team to

organize and set up clinics to support vaccinations including bivalent boosters for congregate living settings.

For more information and/or to book a vaccination clinic, please reach out to GOVAXX@ontario.ca and cc Alexandra Murphy (Alexandra.Murphy@ontario.ca) and Melinda Merhar (Melinda.Merhar@ontario.ca) to support tracking and prioritization. In your request, please also note that you are an MCCSS funded and/or licensed congregate living setting. For planning purposes please book ahead as spots can fill up several weeks in advance.

Resident vaccination survey

(For Residential Care Providers Only, Does Not Include Children's Treatment Centres, Children's Special Need Organizations, Healthy Child Development and Early Intervention Organizations)

By November 11, 2022, all residential sites are asked to report on the number of residents and/or Supported Independent Living clients who:

- have been fully vaccinated (2 doses)
- have received a dose of a COVID-19 vaccine in the last 6 months (between May 1, 2022 and October 31, 2022) AND/OR have had a COVID-19 infection in the last 6 months (between May 1, 2022 and October 31, 2022)

Please complete the survey by visiting: <https://ncv.microsoft.com/NAFvUBDly4>.
Templates for agencies with a large number of sites will be provided shortly.

What's new?

This version of the survey asks about the number of clients who have had a dose of a COVID-19 vaccine in the last six months (between May 1, 2022, and October 31, 2022) AND/OR have had a COVID-19 infection in the last six months (between May 1, 2022, and October 31, 2022). This aligns with the Ministry of Health's guidance that primary series doses be offered at an interval of two months and that booster doses be offered at an interval of six months after a previous COVID-19 vaccine dose or a COVID-19 infection. A shorter interval of at least 3 months may be warranted in the context of heightened epidemiological risk.

Instructions/reminders:

- Please complete **one survey per site** and select your site from the appropriate drop-down menu. The survey has been updated with a revised list of sites.

- Please consult ***Attachment 1: How to Complete the Vaccination Survey for MCCSS Congregate Care Residential Settings: A Guide for Service Providers*** for more information.
- To report on Supported Independent Living (SIL) clients, please select "Yes" in answer to the question "Are you reporting on Supported Independent Living services?" Please note that Supported Independent Living refers to a type of residential service and support under the *Services and Supports to Promote the Social Inclusion of Persons with Developmental Disabilities Act, 2008* (SIPDDA) for adults with a developmental disability.
- Consistent with previous reporting periods, large service providers (15+ sites) will receive a separate excel template which they can use to submit their responses.
- 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.

As a reminder, service providers ***should not*** disclose personal information or personal health information to the ministry (e.g., names, dates of birth, individual vaccination status). We are requesting only aggregate statistics, which the ministry may share with the MOH or PHUs to support health-related measures including vaccine roll-out. Service providers will need to ensure that the data is collected, retained, and disposed of in a manner that respects privacy, including complying with the *Personal Health Information and Protection Act, 2004 (PHIPA)* and other relevant legislation, where applicable.

Influenza Vaccination – Universal Influenza Implementation Program (UIIP)

Vaccination against influenza will be important this fall given the potential for the co-circulation of COVID-19. Per the National Advisory Committee on Immunization (NACI), individuals in the following groups in particular are recommended to receive the influenza vaccine:

- Individuals at high risk of influenza-related complications or who are more likely to require hospitalization.
- Individuals capable of transmitting influenza to those listed above and/or to infants under 6 months of age, including care providers in facilities/community settings and household contacts.
- People who provide essential community services.

It is strongly recommended that everyone living or working in a congregate living setting receive their flu shot this year, as rates of influenza are expected to be higher as mandatory public health measures have been lifted in the province.

Vaccine supply will be prioritized for **congregate living settings** in **early to mid-October**. Supply will then be available for the general population in late-October and onwards.

Service providers can work with their local PHUs to administer influenza vaccinations. Please reach out to your local PHU this flu season.

NACI guidance states that co-administration of COVID-19 vaccine (primary series and booster) and the influenza vaccine can occur, but it is neither necessary nor a priority at this time.

UIIP Resources:

- [Universal Influenza Immunization Program](#)
- [Health Care Provider Qs & As: Influenza Immunization Information for the 2022/2023 Influenza Season](#)
- [2022-23 UIIP 6mo-64 Fact Sheet](#)
- [2022-23 UIIP 65+ Fact Sheet](#)

3. Ventilation and Air Filtration

As the seasons change, and residents, staff and visitors will be spending more time indoors, service providers are reminded to continue to implement strategies to support increased ventilation and indoor air quality.

CO₂ monitors – available for order

It is important to remember that during pandemic conditions, 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. However, because of 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.

Service providers are reminded that 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. If you have not ordered CO₂ monitors, please consider the benefits these units may provide to staff and residents. CO₂ sensors may be used to help identify areas with poor ventilation (they are not a replacement for carbon monoxide alarms [CO detectors] as outlined in Ontario's Fire Code and cannot identify the presence or absence of COVID-19 in the air).

4. For Children's Service Providers: Change in default COVID-19 Serious Occurrence level in SOR-RL

Over time, and with new COVID-19 variants, there is now less emphasis on asymptomatic or mild COVID-19 cases, and greater focus on those resulting in hospitalizations. As such, as part of the recent SOR-RL Release 4.6, the Serious Occurrence Level of all COVID-19 Confirmed Positive categories and the COVID-19 Confirmed Outbreak category are now Level 2 by default (i.e., to be reported within 24 hours to MCCSS), rather than Level 1 (i.e., to be reported within 1 hour to MCCSS), in the absence of any additional risk factors/conditions.

As a reminder, adult service providers are not to use the COVID-19-specific categories, but rather more general categories to report COVID-19 incidents. Most of these categories are Level 2 by default but may be elevated to Level 1 based on the presence of additional risk factors/conditions.

Placing agencies and/or agencies that contract with a third party for the provision of services are asked to please share relevant information with any unlicensed outside paid resources (OPRs) and/or third parties.

If you have questions, please do not hesitate to reach out to your MCCSS program supervisor or ministry contact.

Sincerely,

A handwritten signature in black ink, appearing to read "Sherri Rennie". The signature is fluid and cursive, with the first name "Sherri" and last name "Rennie" clearly distinguishable.

Sherri Rennie
Director, Toronto Region

Appendix 1: October 2022 INTERIM DIRECTION

The Ministry of Children, Community and Social Services (MCCSS) continues to take precautions to help protect vulnerable residents and staff in ministry-funded and licensed congregate living settings.

This direction applies to MCCSS-funded and licensed congregate living settings (CLSs) including:

- Adult developmental residences.
- Intervenor residences.
- Violence against women shelters,
- Anti-human trafficking (AHT) residences,
- Children's residential facilities,
- Indigenous Healing and Wellness Strategy (IHWS) facilities.
- Youth justice open and secure facilities.

PLEASE NOTE:

For information specific to extended measures in Youth Justice Directly Operated Settings – please refer to [Guidance to Youth Justice Directly Operated Facilities](#).

Use of Rapid Antigen Testing

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

- Regularly screen all staff who enter a CLS (regardless of vaccination status), in alignment with the Ministry of Health's [COVID-19 Provincial Testing Guidance](#)
 - 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-funded and/or licensed 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).
- Regularly screen all visitors entering a CLS (regardless of the visitor's vaccination status).
 - 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.
- Testing residents who are symptomatic where PCR testing is not available in a timely manner. See [Management of Cases and Contacts of COVID-19 in Ontario](#) for additional guidance re use of RATs for individuals with symptoms of COVID-19.

Appendix 2: Map to Updated Ministry of Health CLS Guidance

Topic	Effective October 6, 2022
<p>Use of rapid antigen testing</p> <ul style="list-style-type: none"> ○ Staff ○ Visitors ○ Residents returning from overnight absences ○ New admissions when PCR is not available in timely manner 	<ul style="list-style-type: none"> • Service provider policy to be developed for routine screen testing as defined in MOH's COVID-19 Provincial Testing Guidance.
<p>Use of N95 respirators</p>	<p>See MOH Guidance section Personal Protective Equipment (PPE).</p> <p>Also see previous correspondence from MCCSS re the ongoing transition of PPE distribution from MCCSS to MPBSD.</p>
<p>Mandatory positive case reporting</p>	<p>See MOH Guidance section Roles and Responsibilities.</p>
<p>Management of staff in highest risk settings</p>	<p>See Management of Cases and Contacts of COVID-19 in Ontario section 9.2 Options for Critical Staffing Shortages.</p>
<p>Vaccination</p>	<p>See MOH Guidance section: Vaccination.</p>
<p>Screening</p>	<p>See MOH Guidance sections: Active and Passive Screening and Daily Symptom Assessment of Clients/Residents.</p>
<p>Hand hygiene</p>	<p>See MOH Guidance section: Hand Hygiene.</p>
<p>Physical distancing</p>	<p>See MOH Guidance section: Physical Distancing.</p>
<p>Masking</p>	<p>See MOH Guidance section: Masking.</p>
<p>Personal protective equipment</p>	<p>See MOH Guidance section: Personal Protective Equipment (PPE).</p> <p>Also see previous correspondence from MCCSS re the ongoing transition of PPE distribution from MCCSS to MPBSD.</p>
<p>Environmental cleaning and disinfection</p>	<p>See MOH Guidance section: Environmental Cleaning and Disinfection.</p>
<p>Ventilation and air filtration</p>	<p>See MOH Guidance section: Ventilation and Filtration.</p>

Topic	Effective October 6, 2022
	Also see previous correspondence from MCCSS re the ongoing transition of PPE distribution from MCCSS to MPBSD.
Admissions and transfers	See MOH Guidance section: Admissions and Transfers .
Absences	See MOH Guidance section: Absences .
Visitors	See MOH Guidance section: Visitors .
Caring for residents who need to self-isolate	See MOH Guidance section: Case, Contact, and Outbreak Management for CLSs .
Responding to a symptomatic individual	
Case and contact management	
Outbreak management	<p>This section applies to higher risk CLSs within the meaning of “institution” in subsection 21(1) of the HPPA.</p> <p>PHUs may provide outbreak management using principles outlined in this document to other CLSs that are not designated as an “institution” under the HPPA but provides residential services to individuals who are medically and/or socially vulnerable to COVID-19 when within their capacity to do so.</p> <p>All MCCSS funded and/or licensed CLSs (excluding youth justice directly operated facilities) may follow the principles in this section, regardless of designated under HPPA.</p>
Occupational health and safety	See MOH Guidance section: Occupational Health & Safety .

Appendix 3: COVID-19 Resources

Post COVID-19 Condition (Long COVID):

- [Understanding the Post COVID-19 Condition \(Long COVID\) in Adults and the Expected Burden for Ontario - Ontario COVID-19 Science Advisory Table \(covid19-sciencetable.ca\)](https://covid19-sciencetable.ca)

Antiviral treatment:

- [Antiviral treatment \(Paxlovid\) is available for higher-risk individuals with COVID-19 \(ontariohealth.ca\)](https://ontariohealth.ca)

COVID-19 vaccine children's resources:

- [Ontario COVID-19 Vaccine Administration Guidance](#)
- [SickKids COVID-19 Vaccination for ages under five](#)
- [Infographic: Reasons to Vaccinate my Young Child](#)
- [FAQ For Timing of Under 5 Vaccination](#)
- [SickKids COVID-19 Vaccination for ages 5-11](#)
- [Vaccine Information Sheet for Children](#)
- [OACAS Supporting Conversations with Youth about the COVID-19 Vaccine](#)
- [SickKids CARD System InfoSheet](#) to help with pain and fear around vaccines
- [Pediatric Vaccine Hesitancy Guides](#)
- [COVID-19 Vaccine Consult Service \(VCS\)](#) available for parents/caregivers and youth to answer questions/concerns related to COVID-19 vaccines for children, particularly those with complex special or medical needs
- [Needle Pain Management resources for families and health professionals](#)
- [All About Me fillable booklet](#) for children who will receive a vaccine
- ["What you need to know"](#) ahead of children's vaccination appointment
- Help with [Finding an Indigenous-supported clinic](#)
- [OACAS Max the Vax Children's Vaccination Campaign](#) and resources