

**Ministry of Children, Community and Social Services**

# **Operational Guidelines During COVID-19 Pandemic**

**Re-Opening Of Adult Day Supports**

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## Introduction and purpose

These guidelines are intended to support the re-opening of day supports across adult MCCSS-funded services.

This guide provides clarification on operating day supports with enhanced health and safety guidelines and/or restrictions due to the COVID-19 outbreak. This also includes remote day supports operations, as agencies can decide not to return to former centre-based day programming. The operations of remote or community-based day support may and can continue following person-directed options if suitable in meeting the individual's preference.

In an effort to follow the recommendations and advice from the Ministry of Health and local public health units and build on innovations and alternate service models developed in response to COVID-19, agencies are encouraged to consider alternate approaches to delivering day supports that do not rely on community-based settings.

**The recommendations and advice provided by the Ministry of Health and the local public health unit should be followed and supersede the guidance being provided in this document.**

If you have further questions or require clarification, please contact your Ministry of Children, Community and Social Services Program Supervisor directly through your local Regional Office.

## Inspections

The Developmental Services Compliance Unit will conduct monitoring and inspections of developmental services day supports where and as necessary.

Ministry staff should be screened prior to entering the premises, wear face coverings and any personal protective equipment (PPE) as needed, follow any other protocols requested by the transfer payment recipient (TPR) and adhere to local public health unit guidance.

The ministry will use technology (e.g., telephone, video conferencing) to complete virtual monitoring and inspections where in-person inspections are not appropriate.

## Maximum group size and ratio

In order to limit the number of participants that staff come into contact with, and participants coming into contact with each other programs should operate in cohorts with no more than 10 individuals including staff, day program participants, and support staff for day program participants who stay together throughout the day, with the following considerations:

- While close contact may be unavoidable between all staff/participants, physical distancing and general infection prevention and control practices are encouraged.
- Agencies can consider introducing “floater” staff to help with cohorts and provide relief during staffing breaks.
- If a participant requires a support worker or other additional personal assistance, this person(s) must be included in the staff/participant count and that individual should follow all guidance provided herein.
- Face coverings (non-medical masks) should be used by all participants, if tolerated/appropriate.
- Staff, including support staff, must wear a non-medical mask for the duration of their shift/attendance at the day program.

As a matter of best practice, agencies should limit contact between groups of people and where establishing cohorts is not feasible due to day supports delivery model, agencies are encouraged to cohort “like” groups as much as possible (e.g., group full-day participants together, group partial day participants together).

## Maximum capacity of buildings

There can be more than one day supports program offered per building as long as they are able to maintain a separation of at least 2 metres (six feet) between cohorts and follow all health and safety requirements.

Cohorts cannot mix with other cohorts. Cohorts may be within the same room/space (e.g. staff areas/rooms, gymnasiums, hallways) at the same time when they can guarantee there will be no interaction/mixing between the cohorts at any point. This includes during pick-ups, drop-offs, mealtimes and outdoor activities.

Programs that use a room/space that is shared by cohorts or has other user groups (e.g., programs in museums, community centres, etc.) must ensure the room/space is cleaned and disinfected before and after using the space. A cleaning log must be posted and used to track cleaning.

Please note that remote or community-based day supports operations do not need to return to former centre-based day programming. The operations of remote based day supports may, and can, continue.

## **Staffing**

### Standard First Aid Training, including CPR

The WSIB has indicated that all CPR certifications that expire after March 1, 2020 will be automatically extended until September 30, 2020 on a temporary basis.

TPRs are encouraged to monitor the WSIB website for any updates on First Aid/CPR certificate extensions for any staff whose certification would have expired as of March 1, 2020.

Agencies are expected to adhere to and comply with current Emergency Orders and requirements outlined in the *Reg. 299/10: Quality Assurance Measures (QAM)*.

# Health and safety requirements

## Working with the local public health unit

While the ministry is providing guidance on how to operate day supports during the COVID-19 outbreak, providers must follow the advice of local public health units when establishing health and safety protocols, including how to implement the provincial direction regarding the maximum group size for each room offering day supports.

The ministry recognizes that implementation of these protocols may result in regional differences but given the unique needs and circumstances in each community and setting/agency, it is important to first and foremost follow the advice of local public health units to keep people, their families and staff safe in their respective communities.

Workplace parties are also reminded that the provisions of the *Occupational Health and Safety Act* (OHSA) continue to apply in all workplaces. In the event of a conflict, the requirements of the OHSA would prevail.

Contact information for local public health units.

## Cleaning

In addition to daily routine cleaning, all surfaces that are touched and used frequently by participants and staff should be cleaned and disinfected at least twice a day (or every four hours, whichever is more frequent) and when visibly dirty (e.g., door knobs, water fountain knobs, light switches, toilet and faucet handles, electronic devices, and tabletops).

Public health advice regarding the appropriate cleaning and disinfectant products to use should be followed. For more information on cleaning please refer to Public Health Ontario's Environmental Cleaning fact sheet.

It is important to check and adhere to expiry dates of cleaning and disinfectant products used and to always follow the manufacturer's instructions. Staff should also ensure that the products used are compatible with the item to be cleaned and disinfected.

All shared equipment and other resources that are physically touched are to be cleaned after use between different cohorts and according to any local public health advice.

# Guidance Around the Use of Face Coverings (Non-Medical Masks) and Personal Protective Equipment

## Routine Masking to Protect Others (for Source Control)

Non-medical masks are recommended for use as an additional measure for source control to help protect others from exposure to the respiratory droplets of the person wearing the mask.

- Non-medical masks help keep the wearer's droplets contained to protect others around them.
- Staff should refer to the [Public Health Agency of Canada's \(PHAC\) website](#) on guidance regarding the use of non-medical masks or [Ontario COVID-19 website](#) or [Public Health Ontario resource](#).

People should wash their hands before donning (putting on) a mask and before and after doffing (removing) the mask. Refer to [Public Health Ontario resources](#) for how to properly wear and take off masks and eye protection.

Face Coverings (non-medical masks) should be worn:

- By all people including day program staff, support staff, day program participants and anyone accompanying a person for drop-off/pick-up, in all areas, including in screening areas. See the screening section for more information.
- Staff, including support staff, must wear a non-medical mask for the duration of their shift/attendance at the day program.

Staff should perform and promote frequent, proper hand hygiene (including supervising or assisting participants with hand hygiene) through active reminders and visible signage throughout the day supports setting. Hand washing using soap and water is recommended over alcohol-based hand rub when hands are visibly soiled. Refer to Public Health Ontario's [How to Wash Your Hands fact sheet](#).

Masks should be changed if visibly soiled, damp, or damaged.

## Use of PPE during the Provision of Direct Participant Care

Staff providing direct care to residents (e.g., care provided within 2 metres) should assess the need for PPE based on the nature of the planned interaction with a participant and what is known about the participant's health status. This is no different than the selection/use of PPE when assisting with direct participant care pre-COVID; use of PPE (e.g., wearing gloves when assisting with toileting) should continue per existing policies and procedures.

It is important to remember that non-medical masks are not considered PPE. If an interaction would normally require the use of a mask for protection, then a surgical/procedure mask should continue to be used.

More guidance about the selection of PPE can be found in Public Health Ontario's document on [Risk Algorithm to Guide PPE Use](#).

Agencies that provide residential and day supports can access PPE by completing the weekly Critical Supplies & Equipment (CSE) survey.

Agencies that operate day programs only (non-residential agencies) should complete the weekly CSE survey to report supply needs, however these sites will need to continue to source PPE through the [Workplace PPE Supplier Directory](#).

In the event of an outbreak, emergency PPE orders can be placed through the Ontario Association of Children's Aid Societies (OACAS) Shared Services webpage (<https://request.cwconnects.org/tpr/>).

## Screening for Symptoms

All people, including staff, must be actively screened each day before entering the day supports setting. A formal process should be established to ensure rigorous screening activities. Settings may wish to adapt the screening tool found on the MOH's [COVID-19 website](#).

During screening activities, the following should be followed:

- Limiting points of entry into the setting to help facilitate screening.
- Placing a physical barrier (e.g., plexiglass) that staff can be behind in order to conduct screening at entrances to protect from droplets.
- Spacing and layout at the entrance so that physical distancing can be maintained while staff conduct screenings.
- Providing alcohol-based hand rub (ABHR), tissue, and lined no-touch waste basket or bin for screening staff.
- The need for medical (surgical/procedure) masks and eye protection is recommended for staff doing screening if a physical barrier is not present and close contact (within 2 metres of a client) is likely to occur.

Refer to [Public Health Ontario resources](#) for how to properly wear and take off masks and eye protection.

- Encouraging all participants, staff and family members to use ABHR before entering.

Deny entry to any individual who has any of the symptoms outlined in [the COVID-19 Reference Document for Symptoms](#) on the Ministry of Health's website or who has come in close contact with a person with has symptoms of or has tested positive for COVID-19 in the past 14 days.

Parents, caregivers and supporting agencies should be reminded of this requirement when clients are first registered for the supports and through visible signage at the entrances and drop-off areas.

As part of screening, all participants, staff and any visitors should be advised that if they start to feel unwell, they should immediately notify a designated individual (either staff or a supervisor).

All providers must keep daily records of their screening results.

For information and resources on COVID-19 symptoms, protections, and seeking health care please consult the province's [COVID-19 website](#).

## **Attendance Records**

All day supports providers must keep daily records of everyone entering the facility/home (such as staff, participants, visitors, cleaners, people doing maintenance work, people providing therapeutic supports etc., those delivering food etc.).

If participants arrive by public transit, the time and transit route should be logged.

Records (e.g., name, contact information, time of arrival/departure, etc.) must be kept up-to-date and available to facilitate contact tracing in the event of a confirmed COVID-19 case or outbreak.

## **Protocols When a Program Participant or Agency Staff Becomes Sick**

Staff, parents/caregivers and people in service must not attend any day supports if they are sick, even if symptoms resemble a mild cold.

Symptoms to look for include: fever, cough, shortness of breath, sore throat, runny nose, nasal congestion, headache, and a general feeling of being unwell.

A list of symptoms, including atypical signs and symptoms, can also be found in [the COVID-19 Reference Document for Symptoms](#) on the Ministry of Health's website.

If a person or staff becomes sick while receiving supports, they should be isolated and given a surgical/procedure mask, and arrangements should be made for family members/guardian to be contacted for pick-up.

The sick individual should be reminded of hand hygiene and respiratory etiquette while waiting to be picked-up. Tissues should be provided to the day program participant to support proper respiratory etiquette, along with proper disposal of the tissues.

If a separate room is not available, the sick person should be kept 2 metres (6 feet) from others.

Staff should remain with the client until the appropriate person arrives. When interacting with a sick individual, staff should always wear a surgical/procedure mask and eye protection or face shield and not interact with others. Staff should also avoid contact with the client's respiratory secretions.

The isolation space and all items used by the sick person should be cleaned and disinfected immediately. All items that cannot be cleaned (paper, books, etc.) should be removed and stored in a sealed container for a minimum of 7 days.

Service Agencies should encourage the sick person to be clinically assessed by their primary care provider or Telehealth Ontario (1-866-787-0000) and get tested for COVID-19.

In the event that there is a confirmed case of COVID-19 at the day support program, the local public health unit will provide specific advice on what control measures should be implemented to prevent the potential spread.

Where a day program participant or a staff member is suspected of having or has a confirmed case of COVID-19, TPRs must report COVID-19-related serious occurrences using the *2019 Ministry of Children, Community and Social Services Serious Occurrence Reporting Guidelines*.

Agencies should consult the supplement entitled "MCCSS COVID-19 Serious Occurrence Reporting Category and Subcategory Selections" for clarity.

In addition, where staff is suspected of having or has a confirmed case of COVID-19, agencies must notify the Ministry of Labour, Training and Skills Development Serious Occurrence Reporting.

Where a day supports program is required to close due to COVID-19, agencies must report this to the ministry as a serious occurrence.

## Testing Requirements

Symptomatic staff and participants should be encouraged to get tested.

- Those who test negative for COVID-19 must be excluded from the program until 24 hours after symptom resolution.
- Those who test positive for COVID-19 must be excluded from the program for 14 days after the onset of symptoms and/or clearance has been received from the health care provider or, where applicable, local public health unit.

Staff and participants awaiting test results who are/have been symptomatic or have been advised to self-isolate by the local public health unit should be excluded from the day supports setting. Other staff and participants awaiting results may not need to be excluded.

In the event of laboratory confirmed case(s) of COVID-19 in staff or participants, outbreaks will be declared by the local public health unit.

## Establishing an Occupational Health and Safety and Infection Prevention and Control (IPAC) Plan

Each agency should create a plan that follows recommendations and guidance from the Ministry of Health and Public Health Ontario.

The plan should consider, and address levels of risk associated within the day supports. This includes how the day supports will operate during and throughout the recovery phase following the pandemic including:

- Cleaning and disinfecting of the space, equipment and resources;
- How to screen individuals and report illness;
- How to ensure physical distancing and hand hygiene;
- How shifts will be scheduled to support cohorting, where applicable; and
- Limiting the number of participants allowed in groups, rescheduling of group events and/or in-person meetings.

# Operational guidance

## Pre-Supports Considerations

### Communication with Families/Caregivers

Communication with families/caregivers regarding the enhancement of health and safety measures facilitates transparency of expectations. New policies should be identified to families/caregivers, for their information and active participation in helping to keep all clients and staff safe and healthy.

Agencies should develop a fact sheet to communicate the enhanced health and safety measures being implemented as well as any new expectations of staff and parents/caregivers as well as other service agencies or guardians.

Agencies are not required as part of re-opening to revise their policies and procedures document. They are only required to revise respective policies that are impacted by enhanced health and safety measures due to COVID-19.

Agencies may want to consider providing links to helpful information, as well as detailed instructions regarding screening, group/shared transport and pick-up/drop-off procedures, and protocols if a client or staff becomes ill.

Priority/waitlist policies may need to be updated to account for limited capacity during re-opening phases. Any changes should be communicated to families/caregivers so they are aware of the changes and the equitable approach undertaken to assess priority for care.

Where possible, the use of in-person communication should be limited.

### Access and Prioritizing People

When determining prioritization of limited day supports spaces, DSOs, agencies, and day supports providers may wish to consider the following:

- Physical and/or health risk of individuals;
- Other supports available or being utilized by the individual;
- Supports for people where parents/caregivers must return to work and that work is outside of the home;
- Families/caregivers of adults with special needs and/or a developmental disability;
- Continuity of service for people who had previously received supports and;
- Other local circumstances.

DSOs, agencies, and day supports providers should also consider that some people they used to serve may no longer require supports or might require a different level of support (i.e., partial days).

Assessing demand for supports prior to re-opening, for example via conducting a survey, is advised.

## **Staff IPAC Training**

Agencies must ensure that training is provided to all staff on the health, safety and other operational measures outlined in this document plus any additional local requirements in place prior to re-opening (e.g., infection prevention and control (IPAC) and proper use of PPE). Education must be provided about the safe use, limitations and proper care (e.g., cleaning) of non-medical and surgical/procedure masks and any additional PPE that staff need to use. The local public health unit may offer additional information on IPAC. See Ontario's COVID-19 website and PHO's website for additional information.

The selection of PPE should be based on the nature of the interaction with the client and/or the likely mode(s) of transmission of infectious agents. Selection of appropriate PPE should be based on a risk assessment (e.g., type of interaction, status of client) that dictates what is worn to help break the chain of transmission and to protect staff. More guidance about the selection of PPE can be found in PHO's document on [Risk Algorithm to Guide PPE Use](#).

Training should also include instructions on how to properly clean the space and equipment, how to safely conduct daily screening, how to ensure proper physical distancing and how to keep daily attendance records, and what to do in the case that someone becomes sick.

It may be useful to draw on the approaches adopted by those who operate residential supports as well as any lessons learned they can offer.

## **Liability and Insurance**

All respective requirements under the MCSS Act, SIPDDA and CYFSA must be upheld in addition to the enhanced health and safety measures outlined in this document and by the local public health unit.

Agencies may wish to consult with your own legal counsel or insurance advisors about any other considerations for operating day supports during this period.

# **In-Supports Considerations**

## **Drop-Off and Pick-up Procedures**

Agencies should develop procedures that support physical distancing and separate cohorts as best as possible (i.e., individuals of one cohort enter door A and individuals of another cohort enter door B, or staggered entrance times).

As much as possible, parents/caregivers should not go past the screening area.

All entrances should have hand sanitizer and if in an enclosed space, parents/caregivers, participants and staff/providers should use face coverings/non-medical masks or appropriate PPE if physical distancing of at least 2 metres cannot be maintained.

Agencies should consider using signage/markings on the ground to direct people through the entry steps and define physical distancing requirements.

Personal belongings (e.g., backpack, clothing, sunscreen, etc.) should be minimized. If brought, belongings should be labeled and kept in the person's locker/designated area.

## **Visitors**

Only essential visitors (i.e.: maintenance workers, inspectors, etc.) should be allowed at day support locations/agencies.

Video and telephone interviews should be used to interact with people where possible, rather than in person.

Ministry staff and other public officials (e.g., fire marshal, public health inspectors) are permitted to enter and inspect a day supports setting and premises at any reasonable time.

## **Space Set-Up and Physical Distancing**

When setting up the day supports space, agencies and day supports agencies are expected to ensure physical distancing between people by:

- spreading people out into different areas, particularly at meal time;
- incorporating more individual activities or activities that encourage more space between people; and
- using visual cues such as tape on the floor to promote physical distancing.

Shared spaces and structures that cannot be cleaned and disinfected between cohorts should not be used.

Recognizing that physical distancing can be difficult, particularly with people who are deafblind, exhibit behavioural issues or require physical supports for activities of daily living (i.e.; changing out of soiled clothing) additional suggestions include:

- proper use of non-medical masks between individuals from different cohorts, as tolerated;
- planning activities that do not involve shared objects or equipment;
- whenever possible, moving activities outside to allow for more space and ventilation;
- avoiding singing activities indoors; and
- in the case of intervenor services, avoid sharing of intervenors where there are people who require tactile communication and/or when sighted-guide is required.

Plans should also be made to prevent mixing of cohorts at the same time in washrooms/changerooms and to frequently clean and disinfect shared surfaces in washrooms/changerooms.

## **Equipment Usage and Restrictions**

Agencies and day supports providers are encouraged to provide equipment which are made of materials that can be cleaned and disinfected.

Equipment should be cleaned and disinfected after each single use.

Mouthed equipment should be removed immediately for cleaning and disinfecting and should not be shared amongst people in service.

Agencies and day support providers are encouraged to have designated equipment (e.g., books, laptops, tablets) for each room or cohort. Where equipment is shared, it should be cleaned and disinfected prior to being shared.

Recreational structures (benches, chair swings) can only be used by one cohort at a time. Please consult with your local public health unit regarding the use of outdoor equipment onsite.

## **Outdoor Activities**

Agencies should schedule outdoor activities in small groups/by cohort in order to facilitate physical distancing. Where the outdoor area is large enough to accommodate multiple groups, agencies may divide the space with physical markers to ensure cohorts remain separated.

If recreational structures (benches, chair swings) are to be used by more than one cohort, the structures can only be used by one cohort at a time and must be cleaned and disinfected before and after each use by each cohort.

Day supports providers should find alternate outdoor arrangements (e.g., community walk, gardening, outdoor arts), where there are challenges securing sufficient outdoor space and providers should follow physical distancing practices when possible.

Agencies should have sunscreen protocols in place (e.g., should be applied before drop-off). Participants should bring their own sun protection which should not be shared. Where necessary, staff can help apply sunscreen to participants if they're in the same cohort. The staff in this case should practice proper hand hygiene before and after sunscreen application.

## **Food Provision**

Agencies/day supports providers must change meal practices to prohibit self-serve or shared food at meal times and adhere to local public health protocols. At a minimum:

- Serving utensils should be used to serve food.
- Meals should be served in individual portions to the clients.
- There should be no items shared (e.g., serving spoon or salt shaker).
- Outside food should be limited and any food that is brought in should be clearly labelled to avoid accidental sharing.

There should be no food provided outside of the regular meal provision of the supports (except where required during medication administration and special precautions for handling and serving the food must be put in place).

Agencies should ensure proper hand washing and hygiene are practiced when staff are preparing and serving food, and before meal times for all individuals.

People receiving services should also practice physical distancing while eating where possible. Monitoring by staff must continue during meal time.

## **Provision of Services**

The ministry recognizes that people with developmental disabilities and their families/caregivers continue to require additional supports and services, particularly during the pandemic.

Agencies and operators must consider maximum capacity rules when planning for any extra staff that may be on the premises to provide these services.

Where services are provided through external staff/service providers, agencies and day supports providers should inform all families of this fact, and record attendance for contact tracing purposes.

All specific service resources staff must be screened before entering the day supports setting, as per the protocol in the screening section above.