The Murray McKinnon Foundation Pandemic Response Safety Plan

COVID19 2020-2022 Global Pandemic

Response Leads and Outbreak Management Team:

COVID - 19 Co-Leads: Suzette Lewis, Chief Executive Officer
(Oversight)
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(Development and updating of MMF Pandemic Response Plan)
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Ministry of Health Infection and Prevention Control Hub	**Ministry of Children, Community and Social Services (MCCSS) IPAC Champion Organizations**
Durham Region – Lakeridge Health Services	Community Living Clarington (905)576-3011
Millbrook – Peterborough Regional Health Centre Peterborough Health Unit (Mini Hub)	Community Living Trent Highlands (705)328-0464

PANDEMIC RESPONSE SAFETY PLAN UPDATES

May 1, 2020
May 14, 2020
May 25, 2020
June 2, 2020
June 29, 2020
July 3, 2020
August 24, 2020
September 25. 2020
December 21, 2020
February 22, 2021
March 23, 2021
May 7, 2021
June 7, 2021
June 16, 2021
September 3, 2021
October 3, 2021
December 21, 2021
January 19, 2022
February 17, 2022
May 9, 2022
September 21, 2022

Goals of Murray McKinnon Foundation Pandemic Response Plan

The goals of Murray McKinnon Foundation's Pandemic Response Plan are:

- To protect the health of clients and staff;
- To educate and inform all staff of scenarios that we could face in the event of a pandemic;
- To prepare for scenarios through planning, education and dialogue;
- To maintain and continue our care for our clients if containment of COVID-19 is not possible.

Relevant Background Information:

What is COVID-19?

Coronaviruses are a large family of viruses that cause illness in humans ranging from the common cold to more severe diseases. A novel coronavirus is a new strain that has not been previously identified in humans. In some cases, illness caused by novel coronavirus can be mild. In more severe cases, the novel coronavirus can cause pneumonia, acute respiratory distress syndrome, severe influenza-like illness, kidney failure and even death. On December 31, 2019, a cluster of cases of pneumonia was reported in Wuhan City, China. Recent information has confirmed a novel (or new) coronavirus (COVID-19) as the likely cause. (Peterborough Public Health, 2020)

Omicron has become the dominant variant of COVID-19 in Ontario and case counts are expected to double about every two to three days. This variant is highly transmissible and rising case counts are anticipated and inevitable.

What is a pandemic?

A pandemic is a worldwide outbreak of a communicable disease that affects a large proportion of the population. Concerns exist that a pandemic involving an influenza virus will occur.

On March 11, 2020 the World Health Organization declared that COVID - 19 was a pandemic.

How is it spread?

COVID-19 can be spread from person to person through:

- Close personal contact, such as touching or shaking hands
- Contact with nose and throat secretions (e.g., coughing and sneezing)
- Touching an object or surface with the virus on it, then touching your mouth, nose, or eyes before washing your hands

What are the symptoms?

The following symptoms may appear **2-14 days after exposure** and range from moderate to severe.

These include:

Fever and/or chills, Temperature of 37.8 degrees Celsius/100 degrees Fahrenheit or higher

Cough or barking cough (croup), continuous, more than usual, making a whistling noise when breathing (not related to asthma, post-infectious reactive airways, COPD, or other known causes or conditions already diagnosed by a health practitioner)

Shortness of breath / Out of breath, unable to breathe deeply (not related to asthma or other known causes or conditions already diagnosed by a health practitioner)

Decreased or loss of taste or smell. Not related to seasonal allergies, neurological disorders, or other known causes or conditions already diagnosed by a health practitioner

Muscle aches/joint pain that is unusual, long-lasting (not related to **getting a COVID-19 vaccine and/or flu shot in the last 48 hours**, a sudden injury, fibromyalgia, or other known causes or conditions already diagnosed by a health practitioner)

Extreme tiredness, unusual, fatigue, lack of energy (not related to **getting a COVID-19 vaccine and/or flu shot in the last 48 hours**, depression, insomnia, thyroid dysfunction, or other known causes or conditions already diagnosed by a health practitioner)

Sore throat, painful or difficulty swallowing (not related to post-nasal drip, acid reflux, or other known causes or conditions already diagnosed by a health practitioner)

Runny or stuffy/congested nose (not related to seasonal allergies, being outside in cold weather, or other known causes or conditions already diagnosed by a health practitioner)

Headache, new, unusual, long-lasting (not related to **getting a COVID-19 vaccine and/or flu shot in the last 48 hours**, tension-type headaches, chronic migraines, or other known causes or conditions already diagnosed by a health practitioner)

Nausea, vomiting and/or diarrhea (not related to irritable bowel syndrome, anxiety, menstrual cramps, medication side effects, or other known causes or conditions already diagnosed by a health practitioner)

Communication

Macro perspective: To Murray McKinnon Foundation from External Sources

- The Management Team will regularly monitor the WHO (World Health Organization) designation of phases made by the Director General;
- Health Canada will be monitored to observe the government's planning and response;
- Communication of the situation with regard to the pandemic and the response can be monitored via the following sources:

Ministry of Health of Ontario
Public Health Ontario
Public Health Agency of Canada
Centres of Disease Control and Prevention
World Health Organization
Durham Region and Peterborough Public Health Units
Chief Medical Officer of Ontario
Ministry of Health

Ministry of Children, Community and Social Services IPAC Champion Organizations
Ministry of Children, Community and Social Service, East Region

Within Murray McKinnon Foundation's Senior Leadership Team

- Notification of a change in the Alert Code (escalation of pandemic) will come from the Public Health Agency of Canada on its website and through media contacts (newspaper, radio, television).
- Any concerning change in the alert status will be brought to the management team for a decision regarding activation of the pandemic plan (or parts of the pandemic plan) (or amendment on parts of the pandemic response plan)
- When the Province of Ontario announces the continuation of school closures and distant learning, then Murray McKinnon Foundation will consider this a significant indicator that consideration of the activation of the pandemic plan should occur.
- The Chief Executive Officer will make the final decision on the activation (part or all) of the pandemic response plan.
- Staffing Contingency Plan is developed and implemented in the event of a staff shortage due to outbreak.
- Will regularly monitor directives from provincial and federal health officials and update the agency Pandemic Response Plan (Safety Plan) accordingly.

Containment

General Statement: We must work towards reducing the risk of infected persons entering any of the Murray McKinnon Foundation buildings (11 Ash Street, 52 Simcoe St. S., Murray McKinnon House, SRR Program and Lavender Hill).

The following actions will be taken:

1. The Administration Team will set up prominent notices at each of the building's entry points advising staff and visitors not to enter if they have symptoms of the COVID-19.
2. Managers and supervisors will set up Key General Infection Control – Basic Hygiene and Hand Hygiene notices around the houses. This will include entrances, offices, washrooms and kitchens.
3. Murray McKinnon Foundation's Management team/COVID-19 Co-Leads and Maintenance Person will ensure through proactive procurement and strict supply monitoring that each house/building has adequate supplies of personal protective equipment, tissues, hand hygiene products, and cleaning products.
4. Murray McKinnon Foundation will keep a supply of face masks, large supply of gloves and protective eye wear in the Outbreak Response Boxes as well as PPEs in the Biohazard Kits in case someone does become diagnosed with COVID-19.
5. Murray McKinnon Foundation, designated employee will complete a weekly inventory of PPE and related supplies and report weekly to MCCSS on the non-health Critical Supplies and Equipment Survey (CSES).
6. As per MCCSS directives there will be no non-essential Reintegration Leaves granted for any Open Custody youth serving their sentence at Murray McKinnon House.

Visit Guidelines:

An essential visitor is generally a person who:

1. Performs essential services to support the ongoing operation of a facility (including a contractor) and/or,
2. Is considered necessary to maintain the health, wellness and safety, or any applicable legal rights, of a resident, of a youth residing in a youth justice open or secure facility.

An essential visitor may include but is not limited to the following:

- Legal representative
- Probation officer
- Social Service Worker (e.g. child welfare workers etc.)
- Health Care Providers (e.g. doctor, nurse etc.)

Applicable to SRR / Lavender Hill only. An essential visitor may include but is not limited to the following:

- A parent / guardian

Prerequisites for accepting visitors:

The following prerequisites must be met before accepting visitors in a setting:

- Proactive and ongoing communication with residents, families/others and staff about the resumption of on-site visit procedures, which should include but not be limited to:
    - Visit scheduling protocols and any site-specific policies (e.g. outbreak, verification of immunization status).
    - PPE requirements for indoor / outdoor visitors.
    - Operational procedures such as limiting movement inside the congregate setting, if applicable, and ensuring visitors' agreement to comply with the procedures prior to each visit.
    - Identification of dedicated indoor and outdoor visitation areas.

- A list / log of visitors and their contact information, which is to be made available to relevant staff and for PHU contact tracing activity, as needed. Logs are to be kept for a minimum of one month.
- An approach to dealing with non-adherence to these policies and procedures, including the discontinuation of visits where appropriate. In the circumstance of non-adherence staff would advise the resident / visitor that they have not followed the agency pandemic protocols, therefore, the visit must end. If the visitor refuses to leave an administrator must be notified and the police may be called for assistance. A debriefing with the youth must take place.
- Rapid Antigen test with a negative result

Essential visitors must wear a Surgical One ear loop mask and eye protection while on site. Staff on duty must consider whether the support or care provided by the essential visitor can be reasonably, safely and fully assumed by the agency. Virtual visits are to be strongly encouraged and facilitated whenever possible. Visitors must remain with designated spaces as identified by the service provider.

Essential visitors must be screened at the door and entry will only be granted to those who pass screening. Visitors will be advised that strict adherence to the masking / eye protection requirements, proper respiratory etiquette and frequent hand hygiene are a condition of entry and failure to adhere will result in them being asked to leave the premises.

Outdoor Visits

Outdoor visits are **permitted** for essential visitors and as of May 22, 2021 **FOR NON-DETENTION AND CUSTODY PROGRAMS (SRR / Lavender Hill only) (provided the facility is not in Outbreak)** non-essential visitors.

Essential and non-essential visitor personal protection equipment requirements while outdoors:

Essential visitors:
- Do not need to schedule an outdoor (or indoor visit).
- Must pass active screening for COVID - 19, including rapid antigen testing before being allowed entry into the setting.
- Must wear appropriate PPE for the duration of their visit (e.g.surgical/procedure masks and eye protection).

Non-essential visitors **(applicable to SRR / Lavender Hill only)**:
- Must schedule an outdoor visit.
- Must pass active screening for COVID - 19
- Must wear surgical/procedure masks at all times.
- Must maintain physical distance at all times (2 meters/6 feet)
- Must not enter our facility (congregate living setting) during visits.
- Visits must be supervised by a staff person.

Service providers are to supply outdoor essential visitors with new PPE equipment required (e.g. surgical/procedure face masks and eye protection).

The scheduling of visits should take into consideration the size of the designated visitation area to ensure physical distancing can be maintained. Every effort should be made to ensure different groups of visitors are also physically distanced.

Should there not be enough outdoor space to accommodate the visit, these visits may also take place in the general vicinity (e.g. backyard of Murray McKinnon House, local park) to enable family and friends to visit residents.

While outside visitors are encouraged to mask and/ or physically distance if all parties are fully vaccinated.

While outside visitors may choose not to mask while maintaining physical distance regardless of immunization status.

Environmental cleaning and disinfection of the visitation space(s) (including washrooms) will occur following each visit.

Effective June 9, 2021 - MCCSS has provided interim direction allowing for:
• brief physical contact with visitors; and
• recreational activities (non-essential short-stay absences) for residents outside of the congregate living setting unless the local public health unit has advised otherwise as part of outbreak management.
This is applicable to NON-DETENTION AND CUSTODY SETTINGS ONLY (SRR) (provided the facility is not in Outbreak).

1. Brief physical contact with visitors:
   • Residents and visitors, regardless of vaccination status, are permitted to engage in brief physical contact (e.g., a hug) during indoor or outdoor visits. This includes essential and non-essential visitors
   • The requirement for visitors to wear eye protection and a surgical/procedure mask at all times remains in place.
   • Despite masking exemptions, where feasible, residents are strongly encouraged to wear a surgical/procedure mask also.
   • Non-essential visitors must maintain physical distance (2 meters/6 feet) before and after physical contact.

2. Recreational Activities (Short Stay Absences):

• Residents are permitted to leave the congregate living setting for a short-stay (i.e. same day) absence in the community in alignment with provincial parameters as outlined in the Re-Opening Ontario Act and related orders.
• This will now include recreational outings (activities for pleasure) in addition to essential absences (e.g., work, school, medical appointment, physical exercise).
- Residents are to be encouraged / reminded to follow proper hand hygiene and respiratory etiquette at all times in the community, and to physically distance and mask in alignment with provincial guidance.
- All residents returning from an absence must be screened upon return to the residence.

Where visitors or residents are immuno-compromised or at high-risk of severe disease from COVID-19 virtual visits should be considered if possible.

Youth Justice Division Guidance for Youth Absences & Non-essential Reintegration Leaves – May 2022

A youth absence includes any non-emergency situation where a young person is authorized to leave a facility, including: essential reintegration leaves, non-essential reintegration leaves (whether day or overnight), and court appearances.

Please note that local Public Health Units (PHU) may continue to provide direction that may be different and/or in addition to this guidance in order to prevent and mitigate the spread of COVID-19 and/or other infectious diseases. Direction from local PHUs takes precedence over this guidance.

Preparing for youth absence:

- Youth are to be provided with surgical masks when they are leaving the facility.
- Youth are to be provided handouts and health teaching that reminds youth and family/others to practice applicable public health measures when outside of the facility.
- Layers of Prevention Against COVID-19 (publichealthontario.ca)
- Coronavirus Disease 2019 (COVID-19) - How to Wash Your Hands (publichealthontario.ca)
- Absences should not be permitted if the youth is medically isolated for COVID-19 or if the facility/unit is in outbreak as declared by the local PHU or if otherwise directed by the local PHU.
- **Non-essential reintegration leaves** will include a condition that the youth must comply with follow up screening and testing protocol upon return to facility. When planning a non-essential reintegration leave, staff shall make the youth aware of the follow up screening and testing protocol that will required upon return to facility and/or PPE requirements. Youth should be advised that if they test positive upon return to the facility, medical isolation will be required.

Returning from youth absence:

- Youth must be actively screened for COVID-19 upon their return to the facility.
- Facilities can use or adapt the screening tools that have been developed by the Ministry of Health, such as: General COVID-19 Self-Assessment
- Regardless of COVID-19 vaccination status, youth should undergo rapid antigen testing upon return to facility (day one), followed by PCR testing on day five or rapid antigen testing on days five and six if PCR testing is unavailable.
- If youth refuses testing upon return, staff should encourage and educate on the importance of this practice. If youth continues to refuse, and remains asymptomatic, no isolation is required.
- Youth are exempt from this requirement if they are within 90 days from a confirmed COVID-19 infection and do not have symptoms.
- No isolation is required if youth have a negative rapid antigen test result upon return from absence. They are not required to isolate until their day five/day six follow-up testing, unless test results are positive or they become symptomatic.
- Youth should be assessed daily for symptoms pending test results.
- If the youth has been exposed to a known COVID-19 case during their absence, they may be considered a high risk close contact. Facilities shall consult the local PHU to determine applicable measures that may be required.
- A youth's compliance with procedures upon return from a non-essential reintegration will be considered when determining approval for future nonessential reintegration leaves.

Communication to Employees

The Chief Executive Officer, in consultation with MCCSS, the Murray McKinnon Foundation, the Senior Leadership and broader Administration Team will determine the timing and methods in which communication will take place with all agency employees. This will include the following:

- SLT Virtual Meetings;
- Memorandums;
- Team Connects (virtual staff meetings);
- Supportive text messages to employees who are unable to work due to circumstances of COVID19 (e.g. social isolation due to travel out of country, social isolation due to COVID19 contact, symptomatic and seeking medical advice);
- Posting of MMF Pandemic Response Safety Plan on ADP website with regular updates included.

Note: If a youth is suspected/known to have COVID19 all staff who worked directly with the youth will be notified by a Director, or delegate and asked to contact Public Health and follow the direction of Public Health. This might include Self-Isolation or Self-Monitoring.

If the youth is residing at SRR/McK/LH they MUST identify that they are residing with others in a congregate care living setting. This will prioritize their testing/intervention as a measure to prevent the potential spread of the virus.

Note: If a MMF residential program staff is swabbed for COVID -19 they must make the health official aware that they are an essential worker in a congregate care living setting where they come into contact with/may come into contact with youth and are on shift with other workers. This will prioritize their testing as a measure to prevent the potential spread of the virus.

Managing Fear

It is highly likely that there will be some anxiety around the pandemic situation, and this is likely to contribute to an increase in employee absences or increase in staff distress.
Suggestions on how to manage:

- Managers will communicate the pandemic and let the staff know that we are prepared to manage it to the best of our ability;
- Have a management plan in place which is clearly communicated to staff;
- Provide clear, timely and proactive communications to staff when things are changing. This will include regular memorandums that are sent to personal emails and through bi-weekly Team Connects;
- Provide clear communications on how Murray McKinnon Foundation and MCCSS is handling the pandemic;
- Newsletters to be created by CB staff for CB clients;
- Newsletter from agency Social Workers to be created and distributed;
- Commitment from Managers to focus on wellness (mental and physical) for all employees.

Everyday Steps To Protect Health

Prevention:

There are many things residential settings can do to prevent and limit the spread of COVID-19 in the residential setting, particularly by facilitating proper hand hygiene, respiratory etiquette, and physical distancing as well as screening staff, volunteers, and new or returning residents.
Staff on duty must wear 3 layer masks or Surgical One Ear Loop masks as well as protective goggles or face shield while on site. In the event of an outbreak staff are to wear KN95 masks.

Residents should be encouraged to wear cloth masks, if tolerated.

Hand Hygiene (see Hand Hygiene on Public Health Ontario (PHO) Public Resources):
This refers to hand washing or hand sanitizing and actions taken to maintain healthy hands and fingernails. It should be performed frequently with soap and water or hand sanitizer for 15- 20 seconds:

- Upon entering the facility;
- Before putting on, and before and after taking off a mask and/or eye protection;
- Before touching the face (including before and after smoking);
- Before and after touching surfaces or using common areas or equipment;
- Before and after preparing food;
- Before and after eating;
- Before going to sleep;
- After using the toilet;
- After disposing of waste or handling dirty laundry;
- After blowing your nose, coughing, or sneezing;

- After interacting with other people at a distance of less than 2 metres/6 feet;
- Whenever hands look dirty or are visibly soiled: and
- Before and after smoking.

Handwashing with plain soap and water is the preferred method of hand hygiene. If soap and water are not available, hands can be cleaned with an alcohol-based hand sanitizer (ABHS) that contains at least 70% alcohol, ensuring that all surfaces of the hands are covered (e.g., front and back of hands as well as between fingers and under the nails) and rub them together until they feel dry. For visibly soiled hands, remove soiling with a paper towel or hand wipe first, followed by use of ABHS. When drying hands, disposable paper towels are preferred, but a cloth towel that is only used by one person may be used. Avoid touching the face, eyes, nose, and mouth at all times, especially with unwashed hands.

Note: Use sanitizer on your hands for 15 seconds before and after using each article of gloves, face masks and PPEs.

Access to handwashing stations (e.g. sinks) and / or alcohol - based hand rub (ABHR) should be available at multiple, prominent locations throughout the sites, such as at entrances and in common areas, to promote frequent hand hygiene.

In our residential programs hand sanitizer and disinfecting wipes containing alcohol will not be left in areas where youth struggling with mental health/addiction could consume the content. Youth must be reminded to regularly wash their hands.

(See attached Handwashing Poster)

Masking

Surgical ear loop masks are required while staff or essential visitors are on site at Murray McKinnon House or the SRR program. Surgical ear loop masks are highly recommended to be worn by staff or essential visitors are on site at Lavender Hill, 52 Simcoe Street South (community based programs) or 11 Ash Street (administration office).
Surgical ear loop masks protect other individuals from exposure to the respiratory droplets of the person wearing the mask. Masks should be worn in a manner that covers their mouth, nose and chin. This masking requirement does not apply to individuals who are unable to wear a mask due to a medical condition, unable to put on or remove their mask or face covering without the assistance of another person, and / or are being reasonable accommodated in accordance with Accessibility for Ontarians with Disabilities Act, 2005 or the Human Rights Code. Youths are to be encouraged to mask as tolerated.
Staff members working in Murray McKinnon House and the SRR program will be required and staff members in other locations will be encouraged to wear a medical / surgical ear loop mask at all times, both indoors and outdoors, whether or not the residence is in an outbreak and regardless of one's COVID - 19 vaccination status. Staff should be physically distanced before removing their medical / surgical ear loop mask for eating and drinking. Masks should not be removed when staff are interacting with residents.
Masks do not need to be worn while eating or when a resident, staff or essential visitor is in a room by themselves. When people are removing their surgical mask to eat they must place their mask on a piece of paper towel / napkin and not directly on the table surface, however if the mask is moist or soiled it should be disposed of. Staff in the agency are not required to use N95 respirators as the agency does not provide direct care (e.g. feeding, bathing, toileting) to 'patients' nor does the agency perform aerosol-producing surgical procedures. (For further information on Masking please see Ontario's COVID - 19 website and PHO website).

Eye Protection:

Regardless of immunization status, eye protection (e.g. face shield, goggles, safety glasses) must be worn by staff when providing direct care to a resident (e.g.) care provided within 2 metres) indoors.

Peterborough Public Health Unit (IPAC Lead) has advised that in the Lavender Hill residence "The wearing of eye protection can be avoided if in addition to the staff wearing a surgical/medical mask, the client does so also. This would apply only if coming into close contact (but even for short periods of time so to avoid the chances that a contact could be considered a "high risk contact" and so be required to self isolate in response to an identified positive case etc). So if it is predicted there might be a conversation for several minutes etc between two persons.

In addition, any suspected cases/someone identified as symptomatic should have the addition of eye protection in place for staff providing any close support/services.

Use of N95 Respirators

Note: beginning mid-February employees of MMF working in our residential programs (congregate care living settings) will begin to be 'fit-tested' for N95 respirators.

The need for N95 respirators will most often be indicated based on an individual's medical needs (e.g. aerosol-generating medical procedures), specifically individuals who are known or suspected to have COVID - 19 and / or as directed by a public health unit (PHU).

Public Health Ontario's interim recommended PPE when providing direct care for individuals with suspected or confirmed COVID - 19 includes a fit-tested, seal-checked N95 respirator (or equivalent or greater protection), eye protection, gown, and gloves.

- Other appropriate PPE (based on risk assessment) includes a well-fitted surgical / procedure (medical) mask, or not-fit tested respirator*, eye protection, gown and gloves for direct care care of individuals with suspected or confirmed COVID - 19
- N95 respirators should be fit-tested prior to use to optimize any expected benefit.

*A not-fit tested N95 (or equivalent) respirator is considered an alternative to a medical mask.

Respiratory Etiquette:
Cover your cough and teach, remind or help residents to cover their nose and mouth with a tissue when coughing and sneezing or cough or sneeze into the bend of the arm, not the hand. All buildings will have access to tissues and no-touch garbage cans. Residents and staff should dispose of any tissues that they used as soon as possible in a lined, non-touch waste basket and wash their hands afterwards.

Physical Distancing:
Physical distancing limits the number of people that individuals come into close contact with. This means keeping a distance of at least 2 metres or 6 feet (approximately 2 arms-length) from other people in the residential setting and outside. Unless providing essential personal care, people living in the residence should distance themselves from others. This may require educating residents to be mindful of their proximity to others. The agency programs have moved furniture and have visual cues such as tape on the floor to remind persons on site of physical distancing requirements..
Other measures to be implemented:

- Postponing or cancelling face to face activities;
- No non-essential visitors to be granted entry in to any of the buildings;

- No non-essential Reintegration Leaves (applicable to Open Custody youth);
- Staggering meals and/or break times;
- Ensuring there is adequate space between all persons while they are eating (at least 2 meters apart);
- Enabling persons to access phones, computers, internet, television, video games or other activities in a manner that keeps people at least 2 meters apart and promoting hand hygiene before and after use;
- Planning enhanced in-house/on the property recreation and structured activities that maintain physical distancing.

Note: Youth in our residential programs should be provided with the necessary means to physically distance without creating undue social isolation. This means that staff will regularly check in, and interact with the youth to confirm their emotional and physical well-being.

- Group meetings will not take place (e.g. on site team meetings will be replaced with virtual Team Connects;
- Staff and residents are reminded of the need to maintain physical distancing at all times using verbal reminders and posters.

(Attach MCCSS Physical Distancing Poster)

Avoid Sharing Personal and Household Items:

• Youth will not share personal items with others (e.g., toothbrushes, towels, washcloths, bed linen, unwashed eating utensils, straws, cigarettes, drinks, drug paraphernalia, phones, computers, remote controls, toys, other electronic devices, etc.);

• Where possible, personal items should be kept separately for each youth. Clean all items that must be used by several people between uses (e.g., remote controls, recreation equipment, telephones) - see cleaning below;

- Disposable dishes/cups/bowls/cutlery or personalized bin with dishes/cutlery etc will be provided for youth during social isolation or outbreak.

Cleaning:

Cleaning and disinfecting objects and high-touch surfaces will help to prevent the transmission of viruses from contaminated objects and surfaces to people (see Environmental Cleaning on PHO public resources). Cleaning removes germs, dirt, and impurities from surfaces or objects by using soap (or detergent) and water to physically remove germs from surfaces. This process does not necessarily kill germs, but by removing them, it lowers their numbers and the risk of spreading infection.

Shared items that cannot be regularly cleaned such as puzzles, board games, cards, plush toys have been removed, and/or disinfected and assigned to one person. If a board game/cards is played all participants must wear gloves.

Note: when cleaning surfaces (e.g. countertops) use soap and water first and then clean with disinfectant.

In all agency program buildings the Atomizer Fogging Unit is to be used on a weekly basis. This process will be recorded. In the event of an Outbreak the Atomizer Fogging Unit will be used daily. That process will be recorded.

Disinfecting:

Disinfecting kills germs on surfaces or objects using chemicals. This process does not necessarily clean dirty surfaces or remove germs, but by killing germs on a surface after cleaning, it can further lower the risk of spreading infection. For effective disinfection, cleaning should be done first.

• Clean and disinfect all high-touch surfaces as directed with the product(s) provided by the agency as a cleaner and disinfectant. High-touch areas include toilets and sinks, door handles/knobs (including refrigerator), kitchen surfaces and small appliances (e.g., kettles, coffee makers), light switches, telephones, remote controls, recreation equipment. Document the cleaning on the agency Cleaning/Disinfecting sign off forms (see following documents).
*If an agency employee or resident becomes ill with COVID - 19 symptoms you must disinfect as soon as possible all surfaces that were touched by the person;
• Read and follow the product label for health and safety information about the products; substances or chemicals that may be hazardous. Only use disinfectants that have a Drug Identification Number on the label (8-digit number given by Health Canada). Wear gloves when handling cleaning products;
• High-touch electronics such as mobile devices and phones, computers and other devices may be disinfected with 70% alcohol (e.g., alcohol prep wipes);
*If phones are shared and cannot be appropriately disinfected between uses, cover them with a new disposable bag for **each use**;
• Place lined no touch waste baskets in visible locations and empty them regularly;
-Mattresses should be cleaned and disinfected between residents and clean bedding should be provided to all residents. Bedding **must** be cleaned once a week and bath/hand/tea towels and face cloths should be used only once;
Full PPE must be donned when handling dirty laundry and doffed before leaving the area. Laundry must be washed with regular laundry soap and hot water (60c to 90c). Do NOT shake laundry;
-Washrooms (shared) should be cleaned after each use;.
-Vehicles used for transporting clients should be cleaned between each use.

When using disinfectant spray it must be allowed to sit for 10 minutes before wiping. If spray is being used on a white surface staff are requested to disinfect with Lysol wipes to avoid staining. There is no wait period with the Lysol wipes. Disinfectant cannot be stored on the floor and must be rotated regularly.

(See attached Disinfecting/Cleaning Sign Off Forms)

Ventilation and Air Filtration

In general, ventilation with fresh air and filtration can improve indoor air quality and are layers of protection in a comprehensive COVID - 19 strategy.

- To reduce the risk of COVID - 19 transmission, outdoor activities are encouraged over indoor activities where possible.
- Indoor spaces should be a well ventilated as possible, through a combination of strategies: natural ventilation (e.g. by opening windows), exhaust fans, or centrally by a heating, ventilation, and air conditioning (HVAC) system.
- The use of portable air cleaners can help filter out aerosols.

Signage
Signage should be posted on all entry doors and throughout the residence to prompt anyone to self-identify if they feel unwell or screen positive for symptoms of COVID-19.
(See attached COVID19 STOP - Screening Sign)

Signage must be posted on the entrance doors of the facility indicating if there is an outbreak in the building.

Screening:

All youth, staff and essential visitors entering any of our properties must come into the building by the designated point of entry to be actively screened by a staff member on duty using the agency's Screening Tool. The staff completing the screening will wear gloves, an ear loop Surgical 1 medical mask and eye protection, or if COVID19 is suspected/identified the staff will wear full Personal Protective Equipment (PPE). Those who fail screening are not permitted to enter. Individuals conducting screening should ideally be behind a physical barrier (e.g., Plexiglas) or stand 2 metres or 6 feet away from the individual being screened. If possible, the screener should be placed at the entrance to screen all individuals wanting to enter the residential setting. If a physical barrier or 2 metres or 6 feet distance is not possible, then screeners must wear a mask, goggles and/or face shield and gloves. This is done as a droplet precaution. Hand sanitizer should also be available. Residents should be monitored for symptoms of COVID-19 daily (see How to Self Monitor on PHO (Public Health Ontario website).
The latest COVID case definition is available on the MOH COVID-19 website.

Note: MMF residents will be screened twice per day for symptoms, including fever. This will be at the start of the resident's day and after supper. This will be documented in the Medical Section of the DMU. Youth will be encouraged to tell staff if they feel ill at any point in time. When this happens a screening will be done.

Note: MMF employees will be screened twice per shift (shift must exceed 4 hours) for symptoms, including fever. If the staff member fails their screening during shift an Administrator/On-Call must be advised, the staff will isolate themselves and an immediate replacement will be arranged. The staff member who failed their screening will be instructed to contact the local PHU and identify that they are an essential worker in a congregate living setting, therefore, a priority group for response and testing.

Note: As part of screening all employees, youth and essential visitors must be advised that if they start to feel unwell while on site, they should immediately notify an Administrator or delegate.

Note: Emergency first responders should be permitted entry without screening.
Staff are to advise their manager/supervisor of any illness that could be COVID-19.
Staff are to immediately inform their managers if they have been at another facility with COVID-19 cases or if they have been exposed to COVID-19 or, if they live in the same household with someone currently diagnosed with COVID - 19.
Staff are to immediately inform their managers if they have come into direct contact with someone who has returned from out of country in the last 14 days.
Staff are to immediately inform their managers if they have been advised by Public Health or federal government that they are to quarantine.

Note: As noted above "to be actively screened by a staff member on duty" does not allow for self-screening. If an employee answers a specific symptom with a "Yes" answer it is acceptable for the employee to attest that the symptom is not COVID - 19 related. This does not apply for a fever. An Administrator or Dr. N.P./ Nurse may follow up with the employee to have a better understanding of the symptom.

Work at only one facility:

MMF employees who are fully vaccinated against COVID-19 will be exempt from the one employer rule, if they have provided proof to their employer that they are fully vaccinated. The exemption does not apply if there is an outbreak, which will help prevent transmission and support active COVID–19 case management.

MMF will continue to limit movement of workers between the Murray McKinnon House and the SRR Program.

(Review and complete HR Download certification of the wearing of PPE).
(See attached MCCSS Personal Protective Equipment (PPE) Poster

Vaccination Policy

1) Murray McKinnon Foundation requires that all employees, staff, contractors, volunteers and students, as well as persons who provide Services in an Education and Community Partnership program (herein referred to as "Required Individuals") provide no later than September 29th, 2021:
    a. Proof of full vaccination*** against COVID–19; or
    b. Written proof of a medical reason provided by a physician or registered nurse in the extended class that sets out:
        i. a documented medical reason for not being fully vaccinated against COVID–19, and
        ii. the effective time period for the medical reason; or
    c. Proof of completing an education session approved by Murray McKinnon Foundation about the benefits of COVID–19 vaccination prior to declining vaccination for any reason other than a medical reason. The approved session must at minimum address:
        i. how COVID–19 vaccines work.
        ii. vaccine safety related to the development of the COVID–19 vaccines.
        iii. the benefits of vaccination against COVID–19.
        iv. risks of not being fully vaccinated against COVID–19; and
        v. possible side effects of COVID–19 vaccination.

***For the purposes of this directive, "fully vaccinated" means having received the full series of a COVID–19 vaccine or combination of COVID–19 vaccines approved by the World Health Organization (e.g. two doses of a two-dose vaccine series, or one dose of a single-dose vaccine series); and having received the final dose of the COVID–19 vaccine at least 14 days ago.

Murray McKinnon Foundation has determined that the educational session to be completed is: COVID-19 Vaccination:

Making an Informed Decision Learning Module (Lakeridge Health)
https://lakeridgeulearn.cerner.com/content/LRHO_CD/courses/1COVID19%20Vaccination%20%20Making%20an%20Informed%20Decision%20MLTC_1624538732109/story_html5.html

Required Individuals will present to their respective Director/Assistant Director of Residential programs a document providing an Educational Session attestation of the date they viewed the educational session and 3 Key Learnings for each of the five categories (i–v) listed above.

2) Murray McKinnon Foundation shall require that where a Required Individual, as identified in this memorandum, does not provide proof of being fully vaccinated against COVID-19 in accordance with 1 (a), but instead relies upon the medical reason described at paragraph 1(b) or the educational session at 1(c), the Required Individual shall: a) Submit to regular antigen point of care testing for COVID–19 and demonstrate a negative result. This testing must occur at a minimum of once every seven days and at least 1 day before having direct contact with any agency clients, families and guardians, co-workers and colleagues. It will be the responsibility of the Required Individual to make arrangements with to have the rapid antigen screening completed. Note: an agency PASP Champion will not be called in for overtime to complete the screening. b) The Required Individual must provide verification (e.g. text confirming negative result from an agency PASP Champion or written proof from an external resource) of their negative test result to their respective program Director/Assistant Director of Residential Programs.

3) The agency will collect, maintain, and disclose, statistical (non-identifiable) information to the ministry that includes:
   a) Documentation that includes (collectively, "the statistical information"): i. the number of Required Individuals that provide proof of being fully-vaccinated against COVID–19; ii. the number of Required Individuals that provided a documented medical reason for not being fully vaccinated against COVID–19; iii. the number of Required Individuals that completed an educational session about the benefits of COVID–19 vaccination in accordance with 1(c), where applicable; and iv. the total number of the agency's Required Individuals to whom this instruction applies.
   b) The agency will disclose the statistical information to MCCSS in the manner and within the timelines specified by MCCSS. MCCSS may seek additional detail within the requested Statistical Information outlined above which will also be specified in the request. MCCSS may further disclose this Statistical Information and may make it publicly available. c) The agency will comply with PHIPA directives.

Public Health strongly encourages getting the 3rd booster for those 18 years old and over as soon as possible (e.g., post-2nd vaccination). As this will likely offer significant added protection against Omicron.

Provincial Antigen Screening Program (PASP)

Purpose:

- PASP is a newly launched program that allows employer in priority settings to add an additional safety measure in high-risk and essential workplaces, to help reduce the spread of COVID – 19.
- Workplaces are a key setting to implement rapid testing: many people continue to go to work despite other, broader public health measures to limit the spread of COVID–19, and the nature of some workplaces may place employees at an increased risk of spreading COVID – 19 within the workplace or to the vulnerable populations they work with.
- Through the program, rapid antigen screening will be distributed to organizations in priority settings, to enhance existing screening measures for asymptomatic employees and other identified groups entering the workplace.
- Rapid antigen screening may allow for workplaces to actively identify cases of COVID – 19 that may have otherwise been missed through workplace screening, supporting employee safety and business continuity in a variety of workplaces.

Implementation Date:

Murray McKinnon Foundation applied for the PASP program and was successful. Our agency operationalized PASP on May 4, 2021.

Implementation Team / Champions:

DNP Michelle Acorn (Nurse Practitioner PHC/Adult) (MMF Pandemic Response Plan Infection and Control Lead) is providing oversight /competency education on the operation of the PASP Program at Murray McKinnon Foundation. There are currently **ten (10)** trained PASP Champions within the agency to administer rapid antigen screening.

Screening Process & Logistics:

An employee, client or visitor with a positive result on a rapid antigen screening test will be presumed positive for COVID - 19 and must not be permitted entry to any MMF work site. The agency will follow existing guidance for positive case management.

NEW INTERIM DIRECTION from Office of the Chief Medical Officer (OCMOH), Public Health and MCCSS for the SRR Program and Lavender Hill:

Screening using rapid antigen tests beginning December 24, 2021, and until further notice:

A) Programs are requested to include the use of rapid antigen tests for the mandatory screening of:

- All staff/students/volunteers (regardless of vaccination status) at a frequency of 2 times per week (7-day period).
- This may include the minimum once-per-week rapid antigen screening requirement for unvaccinated staff under the service provider's vaccination policy.
- Visitors prior to entry to the SRR Program or Lavender Hill (regardless of vaccination status) unless the visitor presented a negative rapid antigen screening result at the same CLS the day before.

The SRR Program and Lavender Hill programs are also required to make rapid antigen screening available for: • Residents (regardless of vaccination status) who return to a CLS from an overnight absence. For clarity, it is not a mandatory requirement that returning residents undertake the test. However, service providers are strongly encouraged the promote the use of rapid antigen screening by returning residents as a measure to protect others in the CLS.

- For overnight absences of 2 nights or less: Rapid antigen screening should occur on day three and day seven from the day the resident left the setting.
- For overnight absences of 3 nights or more: Rapid antigen screening should occur on the day of return (as part of active screening upon entry) and day four following their return.
- If the resident leaves for a subsequent overnight absence, a new testing period should be started when they return to the program.

NEW INTERIM DIRECTION from Office of the Chief Medical Officer (OCMOH), Public Health and MCCSS applicable to the Murray McKinnon House (Youth Justice Services Custody and Detention Facilities:

Beginning December 24, 2021, until further notice, all Ministry of Children, Community and Social Services (MCCSS)-funded and licensed youth justice custody and detention facilities are to adjust their asymptomatic testing protocols to include the use of rapid antigen tests for screening as follows:

Staff

- Mandatory rapid antigen screening of all staff who enter a facility (regardless of vaccination status), at a frequency of 2 times per week (7-day period).
- This may include the minimum once-per-week rapid antigen screening requirement for unvaccinated staff under the service provider's vaccination policy. Vaccination policy requirements under CMOH Letters of Instruction and existing agency business processes are expected to continue.
- Facilities 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 must not be permitted entry to the facility and must obtain a PCR test as soon as possible, and before returning to work.
- Visitors
- Mandatory rapid antigen screening as part of active screening for all visitors entering a facility (regardless of the visitor's vaccination status). Exception only if the visitor presented a negative rapid antigen test result at the same facility the day before.
- A visitor with a positive result on a rapid antigen test must not be permitted entry and should be encouraged to seek a PCR test as soon as possible

- Murray McKinnon House:

- While MCCSS funded and/or licensed facilities have been identified by the MOH as a priority for PCR testing, in the event that such testing is not available, any positive results from a rapid antigen test will no longer require a confirmed, laboratory based PCR or molecular point of care test (e.g., ID NOW).

- Staff, youth, and visitors receiving a positive rapid antigen test result will be presumed to have COVID-19.

- Where a confirming PCR test is not available, service providers will follow existing guidance for positive case management for staff and youth including MOH isolation requirements, use of N95 Respirators when fit-testing is completed.

- For our Community Based programs the directive for Rapid Antigen Screening reads as follows:

"Service Providers who do not operate congregate living settings are requested to defer the use of rapid antigen tests to screen only those individuals required to meet their vaccination policy obligations under the CMOH Letters of Instruction."

- Champions or Nurse Practitioner Michelle Acorn and nursing team are the only certified and qualified team members who may perform swabbing, or provide instruction and then supervise while an employee, client or essential / non-essential visitor does self-swabbing. They have completed Ontario Health/Public Health Ontario onboarding modules, and observed in person skills

competencies including infection control/PPE, quality control, identification, data management and case management if positive. They are also vaccination champions.

- Data entry is completed immediately following testing and is submitted collectively once weekly (Fridays) to the Ministry.
- Screening is not intended for people who have recovered from COVID, have recently returned from out of country, or around COVID positive individuals not protected with PPE such as family living situations and outbreaks. Public Health consultation is essential as PCR testing by DNP or COVID Testing Centres would be required.
- Rapid Antigen Screening will take place in the MMF Administration Office, Training Room. Employees are to remain in this location awaiting screening results. Employees are not to enter their respective programs until a negative screening has been confirmed by a PASP Champion. Staff will be advised of their test result once it is available confidentially.
- Residential Employee programs will be screened twice weekly and are not to enter their specific site until their rapid antigen screening test is completed.

  Note: A site location for Rapid Antigen Screening at Lavender Hill is being determined.
- When there is a positive screening (probable COVID) DNP Michelle Acorn is called urgently for notification and ability to conduct on-site PCR diagnostic testing to ensure a true positive versus false negative) if available. If not, utilization of COVID–19 testing centers within 24 hours - 48 hours is advised. A hard copy instruction for public health guidance is provided and documented.
- If PCR diagnostic testing confirms COVID -19 positive Public Health must be notified immediately and the supervisor for contact training and monitoring.
- Our goal is to keep the program in house and minimize the stress of the process for the staff / client. However, if it is faster for staff / client to go to an external testing site then that would be preferred.
- The agency has analyzers at the main Rapid Antigen Screening site (Administration Office, Training Room), at the Community Based Programs main site and Lavender Hill.

Note: Clinical Guidance Update – March 5, 2021

- Changes to Ministry of Health guidance to allow for all Health Canada approved point-of-care tests for COVID–19 to be performed in accordance with the product manufacturer's label, e.g., by health professional or trained operator.
- Specimen collection for antigen testing may also be done by the person being tested ('self-swabbing') under the following specific circumstances:
  - If a trained individual, including a health care professional (regulated or unregulated) is supervising the self-swabbing.
  - Any individual supervising the self-swabbing must consult the self-swabbing resource developed by Ontario Health in collaboration with Public Health Ontario and ensure that have the appropriate knowledge, skills, and judgement to provide appropriate self-swabbing oversight, including how to operate the device, PPE requirements, and how to safely dispose of waste.

Testing Locations:

- Consideration must be given to Quality Control of the environment (confidentiality, direct light). Oshawa Residential Programs (Murray McKinnon House and SRR) will utilize the Administration Office training room and the Community Based Programs (Attendance Centre, Reintegration Support Program, Ajax Learning Centre will utilize the 'red room' at the Oshawa site.

- In the Oshawa residential programs test site there will be a controlled entrance through the North Oshawa Lions Club door, with secured doors into the Administration office (Locks from inside the office). At the community-based programs test site entry/exit will be through the front door.
- Each test site will have a designated secured storage area for equipment.
- Each test site will have water access, eye wash bottles, PPE supplies that will be contained environment for sanitization (closed doors, cupboards and large space).
- Each test site will have a 'hands free' garbage container and red biohazard bags for disposal of rapid antigen test kit and PPE supplies. An independent company will gather the biohazard bags.

Specimen Collection, Testing, and Results Interpretation/Recording/Notification:

- Before collecting a sample, confirm the individual's identification by checking at least two unique identifiers (e.g., full name, date of birth).
- Handle only one specimen at a time when setting up a test.
- Track the individual's two unique identifiers on the test and confirm that they match those of the individual.
- Follow the product insert and / or provincial authorities when performing and interpreting the test.
- Record test results on paper, or electronically, with the name of the individual tested (with two unique identifiers), test result, test used, and date and time tested.
- Ensure the following can be traced back to the testing result if necessary: who performed the test, who was notified of the test result, the kit lot number, and quality control results.
- Communicate test results to the person being tested and to public health units, where relevant.

EFFECTIVE JUNE 8, 2021:

Obligations for Handling and Disposing of Used Antigen Point-of-Care Tests

Waste generated from rapid antigen screening tests is considered a hazardous waste under the *Environmental Protection Act*. To ease rapid antigen testing requirements for small organizations, Ontario has exempted organizations from requirements related to the collection, handling, storage and transportation of hazardous waste related to testing kits, while still requiring that the used kits are sent for final treatment and disposal at an approved hazardous waste disposal site in Ontario.

Guidance on how waste from rapid testing kits should be handled has been developed by the Ministry of Environment, Conservation and Parks, and can be found here: *Safe Handling and Management of Rapid Antigen COVID-19 Testing Waste.*

These changes will make it easier for small organizations or other persons to safely handle this waste while still protecting human health and the environment.

ACCESSING Rapid Antigen Tests:

The agency should make use of their existing stock of rapid antigen tests to meet these requirements. Additional orders should only be placed where a service provider has less than a two week supply.

Management and Employee Responsibilities

1. Management will Post and distribute the following information:
    a. *Appropriate Hand washing techniques at all sinks in residence*
    b. *Entry Point Notices*
    c. *Use of PPE and How to Wear Properly (poster and video links)*
2. Suspect/known COVID-19 case of staff at home:
    a. Staff must not report to work;
    b. Have staff notify their local Health Department and MUST identify that they are an essential worker for MMF in a congregate care living setting and describe the work (e.g. congregate care living setting and contact with youth/colleagues);
    c. Inform employee to adhere to Public Health Unit (PHU) recommendations in regards to returning to work;
    d. The employer will arrange for professional fumigation in a known case where the employee has been on the work site recently;
    e. Cooperate with public health investigations and Ministry of Labour, Training and Skills Development (MLTSD) and the Occupational Health and Safety Act (OHSA) inspectors;
    f. Comply with recommendations and/or orders issued by the PHU and OHSA inspectors;
    g. Maintain accurate shift records and up-to-date contact information for employees;
    h. Communicate with staff and other stakeholders, as needed, when there is an outbreak.

3. Suspected COVID-19 cases at work of staff:
    a. Advise employee to leave the work site;
    b. Advise employee to seek medical advice by contacting local Public Health Unit or Telehealth and identifying that they are an essential worker in a congregate care living setting;
    c. Follow-up to confirm status;
    d. If COVID-19 is confirmed, notify Public Health immediately (Director Responsibility);
    e. Inform employee to adhere to Public Health recommendations in regard to returning to work;
    f. The suspect case's work area (including the office, computer etc.) should be cleaned and disinfected, as indicated in the section on cleaning.
    g. Advise a member of the Administration Team;
    h. Chief Executive Officer, or delegate will advise MCCSS Program Supervisor;
    i. Complete a Serious Occurrence Report.
    j. All employees of the Murray McKinnon Foundation will complete Public Health Ontario's IPAC training which can be found at COVID - 19 Resources for Congregate Living Settings (select Course, COVID - 19 IPAC Fundamentals Training).
4. Mandatory Positive Case Reporting:
   Service Providers must continue to report COVID - 19 cases through the ministry's Swerious Occurrence Reporting. A positive case can now be based on a positive result of any PCR, molecular point of care, or rapid antigen test. Regardless of the test(s) conducted, each positive case should only be reported once (e.g. where a positive rapid antigen test is reported, there is no need to report again if a subsequent positive PCR test is received. A member of the Administration Team will advise MCCSS Program Supervisor and complete the Serious Occurrence Report.
    a. In the instance of an essential visitor Advise the essential visitor to contact their local public health unit, advise the health official that they had been in congregate care living setting and to follow their directives to facilitate timely outbreak management in our programs.

Note: Where there is an outbreak, or for specific operational reasons, a member of the Senior Leadership Team will work collaboratively with local Public Health to identify strategies to bring testing services onsite.

Note: If a staff member has tested positive for COVID - 19 the agency must obtain a copy of the results. If a staff member tested positive, recovers and has now tested negative for COVID - 19 the agency must obtain a copy of the results for the employee to return to work.

Monitor yourself for symptoms

- If you have always used the recommended precautions, then monitor yourself for symptoms for 14 days following your last contact with the ill person.
- If you have had direct contact with a person or came into contact with a person's body fluids (e.g. coughed/sneezed on, cleaning up vomit etc.) of a person now known to be diagnosed with COVID - 19 and you were not in proper PPE contact your local public health authority for further instructions. Advise the health official that you are an essential worker in a congregate care living setting. *If you have had this type of contact it is recommended that you contact your health provider to arrange for a COVID - 19 PCR swab 7-10 days from the person's onset of symptoms.
- If you develop symptoms, isolate yourself as quickly as possible and contact your local public health authority for further instructions.

● If you develop symptoms, isolate yourself as quickly as possible and contact your manager for further instructions.

Note: As per Ministry of Health Management of Cases and Contacts of COVID – 19 in Ontario (August 31, Version 15:

MMF employees are close contacts of individuals with COVID – 19 symptoms or positive test are able to return to work without isolating, provided the MMF employee has no symptoms and follows additional precautions for a total of 10 days:

- Self-monitor for symptoms. Employees should self-isolate immediately if they develop any symptoms of COVID – 19 and seek testing.
- Wear a mask and avoid activities where mask removal would be necessary (e.g. dining/drinking with others), practice social distancing.

MMF employees should stay home when you are sick, until you have no fever and your symptoms are improving for at least 24 hours (or 48 hours if you have gastro-intestinal symptoms.

- After isolating, wear a mask when out in public wear a mask when out in public for 10 days from when your symptoms started.
- Avoid non-essential visits to vulnerable individuals at risk of severe infection and highest risk settings (e.g. hospitals, long-term care) for at least 10 days from when your symptoms began.

Reporting:
COVID - 19 is designated as a disease of public health significance (O.Reg. 135/18) and thus reportable under the Health Protection and Promotion Act (HPPA).
In addition to any duty to report (e.g. Serious Occurrence) a suspected or confirmed case of COVID - 19 under the HIPAA and other legal requirements, administrators in our residential programs are encouraged to contact our local health unit if a resident, staff or essential visitor has or may have COVID - 19 to facilitate timely contact tracing and outbreak management within the setting.
Note: staff will be asked to contact their local public health unit if COVID - 19 is suspected.
Note: staff are asked to identify the type of care setting to the local public health unit as they are tracking cases within congregate care living settings;
Note: The Director, or delegate will determine who and how daily/regular updates to PHU will be done.
Note: The Director, or delegate will determine who else needs to be advised (beyond those already listed) of the outbreak and provide information/direction accordingly. This will include:

- MMF Infection and Control Lead
- Health Care Providers
- Community partners actively involved with share residents/clients
- Board Members
- Unions

Be prepared to provide the following information to the public health unit:

- Total number of residents and staff in the facility/building;
- A list (line list) of ill residents, staff and visitors including when they became ill, if they were tested and results, when they were in the facility/building, and if they remained at the facility or were transferred to hospital. See Appendix A.
- A list of people who had close contact (e.g. dining room table mates, shift partners, others who spend time within 2 metre) with those with COVID - 19. Note that in some outbreaks this may include the whole facility/program;
- Determine appropriate management of exposed staff with the PHU.

Serious Occurrence Reporting:
Cases of COVID - 19 among staff/essential visitors or among residents - whether suspected or confirmed through testing are Serious Occurrences under Ministry of Children, Community and Social Services policy and are required to be reported. Serious Occurrence updates are required when test results (rapid testing and / or PCR swab) become known.

Outbreak Definition:
As per the Infectious Disease Protocol, the outbreak case definition varies with the outbreak under investigation and should be established by the PHU.
An outbreak is defined as one or more cases of COVID - 19 in a resident or staff associated with the facility.
A possible outbreak is a cluster of ill residents, staff and/or visitors.

Outbreak Management:
Outbreak is defined as one laboratory confirmed case in a resident or staff member. Outbreaks are declared by the local medical officer of health or their designate in coordination with the Chief Executive Officer, or delegate of a Murray McKinnon Foundation residential setting.

- Once an outbreak has been declared, the local public health unit will direct testing and associated public health management of all those impacted (residents, staff members, essential visitors);
- The local public health unit will provide guidance with respect to any additional measure that should be implemented to reduce the risk of COVID - 19 transmission in the setting (e.g. staffing assignments, testing of residents, staff and essential visitors with no testing);;
- Residents, staff and essential visitors should be made aware of the outbreak measures being implemented in the residences;
- In an outbreak the Director, or delegate will advocate for testing of all residents and staff in the building (including asymptomatic) as a component of outbreak management. In particular, those persons who came into contact with the person(s) 48 hours prior to the onset of symptoms / positive test result for COVID - 19.
- The Chief Executive Officer, or delegate will be the media spokesperson and will coordinate messaging with the local PHU.

In our residential programs where possible, and in consultation with the MCCSS Program Supervisor, request that no additional youth be admitted into the facility until testing can be completed or during an outbreak, except where the safety of the person is at risk and no alternative is available.

In a situation where the residence has youth who are suspected or known to have COVID - 19 they will be considered as a cohort. These youth may interact with one another (physically distancing) and share the same bathroom (if required). If there are youth who are known to not have COVID - 19 they will be considered as a non-cohort and must be separated from the cohort group. This can be done by having bedrooms in a separate wing//end of hall/separate floor for leisure/separate bathroom.

In our residential programs (SRR and Lavender Hill) residents who have left the programs on an overnight absence prior to an outbreak being declared should, if possible, avoid returning to the setting until the outbreak is declared over.

In our residential programs only Essential visitors are permitted in an outbreak. General visits must be restricted in an outbreak.

- Residential programs should ensure that visitations are not unnecessarily discontinued and continue to safely facilitate essential visitors on-site during an outbreak (e.g. Oshawa programs to utilize Training Room, Lavender Hill to utilize Building B). However, programs may wish to consider limiting the number of visitors at any one time to reduce crowding and ensure all outbreak measures can be followed.

Signage during an Outbreak:

- Signage of outbreak on exterior doors;
- Reporting illness to staff/managers;
- Staying at least 2 metres apart from others;
- Frequent cleaning of hands required;
- Avoid touching your face;
- Respiratory etiquette (coughing and sneezing into a tissue or your sleeve - followed by cleaning hands;
- The availability and requirement for KN95 masks and eye protection;
- When and where Droplet and Contact Precautions are needed in the facility (e.g. outbreak/social isolation area).

Outbreak and Non-outbreak Areas:

The local PHU will help define the outbreak and non-outbreak area. The outbreak area could be the whole facility or only certain parts of the facility depending on; the number of COVID - 19 cases are where they are/have been located in the building. **It is best to define the outbreak area broadly to ensure maximum protection of youth and staff.**

When in doubt, it is best to declare the whole facility in an outbreak. If there is a non-outbreak area residents and staff should be monitored closely for signs and symptoms of COVID-19.

Non-outbreak areas are those areas in the residence which have clearly not been exposed to COVID - 19 (e.g. separate wing of the building, only person on the floor) and there has been no mixing of the residents.

Staff Cohorting:

This means having a staff member look after only one cohort of residents and not moving from one cohort to another (e.g. residents suspected/known to have COVID - 19 and residents who are well and do not have COVID - 19). A resident who is known to have COVID - 19 will self-quarantine in their room. A youth who is suspected to have COVID - 19 will be assigned a designated area. Youth who are well and not known to have COVID - 19 will be assigned a designated area to not cross with other cohorts. It will be practice to move residents from the same cohort to the same area of the building (or to transfer out a resident) to make it easier for staff to look after only one cohort. However if it is not possible to move residents, staff cohorting can still be implemented with a staff member looking after only the residents in one cohort and not moving from one cohort to another during a shift.

- If staff are required to work with more than one cohort they should move from the lowest risk to the highest risk cohorts (e.g. healthy and no failed screenings **to** unknown and no failed screenings **to** failed screening/suspected/swabbed **to** diagnosed with COVID - 19;
- Staff who were exposed to the outbreak area, particularly without the use of appropriate PPE (e.g. worked in the outbreak area before the outbreak was recognized) and have subsequently been cleared to return to work, should not work in the non-outbreak area;
- Staff who have previously had COVID - 19 would be best to work with the COVID - 19 positive cohort.

Resident Cohorting:

Residents within each cohort should be separated from residents from other cohorts. Within most cohorts, it is **very important for residents to stay as separate from each other as possible** (at least 2 metres apart at all times) and their own assigned bathroom when possible.
This is because some residents may be infected without having symptoms and therefore can spread infection to others they are near.

Residents who have tested positive for COVID - 19 should be given a medical / surgical mask to wear unless they are subject to a masking exemption, and directed to a designated space away for other residents where they can self-isolate.

Once a resident is cleared by public health, remove from COVID-19 positive cohort and place in the non-outbreak area.

Control Measures during an Outbreak:
Control measures are defined as any action or activity that can be used to help prevent, eliminate or reduce a hazard. Once an outbreak is declared, the local public health unit will provide direction on the control measures that should be implemented in our residential programs. This includes:

- Considering all residents in the outbreak area of the residence to be either infected or exposed and potentially incubating;
- Cohorting all residents in the outbreak area as much as possible while separately supporting all residents from the outbreak and non-break ares separately (if both cohorts are in the residence);
- Keep residents in the outbreak area as far away from each other as possible;
- Providing direction on how staff can protect themselves when interacting with residents in the outbreak area (e.g. wear full PPE). Some PPE can be left on when interacting with different residents in a cohort area (outbreak), while other PPE must be changed. Gloves must always be changed after direct care is given to a resident who is ill. All PPE must be changed if it becomes wet or dirty. All PPE should be changed when moving from resident care to non-resident care activities. Change gloves and gowns/overalls when moving between residents who have COVID - 19, and those who are not ill;
- Gloves must always be changed between residents and hands cleaned (e.g. washed with liquid soap and water or use of an alcohol-based hand sanitizer) before putting on and taking off gloves.
  Note: Change gown/overall when moving between rooms, if ill residents are far apart.
- Provide in-room tray service meals within the outbreak area to avoid communal dining;
- Undertaking enhanced cleaning practices;
- Restricting new admissions
- Staff supervising an isolation area are not permitted to eat or drink to avoid the removal of their mask
- It is best practice for staff to bring in an extra set of clothes to change into at the end of shift. It is recommended at the end of shift that staff change into fresh clothing. They should put the clothes they wore during their shift into a plastic bag, seal the bag and when home wash separately from other clothing.

Resolved Cases:
The agency will follow the directives of the local PHU to determine when cases are considered resolved and the residents may come out of isolation.

Declaring the Outbreak Over:
The local PHU will declare when an outbreak is over. The agency will follow the direction of PHU.

Generally, an outbreak is declared over when there is a consecutive 14 day period of no new COVID - 19 cases or worsening symptoms of a person recovering from COVID - 19.

Occupational Health and Safety:

- The agency has obligations under the Occupational Health and Safety Act (OHSA) to protect the health and safety of the workers, including from the transmission of infectious disease in the workplace;
- If the agency is advised that a worker has an occupational illness due to an exposure in the workplace or that a claim has been filed with the Workplace Safety and Insurance Board (WSIB), the Director, or delegate must notify the Ministry of Labour, Training and Skills Development in writing within 4 days. The Director must address the notice to, "Attention: Director" and then mail or fax (preferred) the notice, to the Ministry regional office closest to the agency. The agency must also advise the:
    - -Joint Health and Safety Committee
    - -Health and Safety representative
    - -Union
- If COVID - 19 is suspected or diagnosed in staff, return to work should be determined by the individual in consultation with their health care provider and the local public health unit, based on provincial guidance. Detailed occupational health and safety guidelines for COVID - 19 are available on the MOH COVID - 19 website and the Ministry of Labour, Training and Skills Development website.

Day to Day Operations (Residential Programs):

Meals

There are several things that residential settings can do to protect their residents and staff. These include:

• Only allow one person to use the kitchen at a time and clean and disinfect after each use;

* Mark out a distance of 2 meters or 6 feet between seats and seating areas to ensure the practice of physical distancing in common or shared spaces (e.g. dining room, living room);

• Suspend communal dining unless physical distancing is possible (e.g., eating at different times and cleaning all surfaces between seatings) or serving residents individual meals in their rooms if this is not feasible (e.g. youth is currently socially/medically isolating);

• Remove shared food containers from dining areas (e.g., pitchers of water, salt & pepper shakers);

*Dispense snacks directly to residents or use pre-packaged food;

*Ensure the kitchen is cleaned and disinfected between uses, when dirty and at regularly scheduled intervals for cleaning/disinfecting.

Group Activities and Outings:

• Activities that maintain physical distancing of 2 metres or 6 feet between individuals may continue in the home;

• Create a schedule for residents to use the common spaces in shifts, to maintain physical distancing. Reconfigure common spaces so seating ensures physical distancing;

• Individuals should only leave the home for urgent appointments;

• Arrange for delivery of medications;

• Youth and staff may make use of the yard and outdoor space immediately surrounding the residential setting if they can maintain physical distancing. Any shared equipment (e.g. basketball) must be disinfected after use by each person).

Collaboration with Specialized Services:
In order to provide continuing specialized supports (mental health services/harm reduction services/counselling specific) to the young persons in our care the agency will utilize our Clinical Care Team consisting of Senior Social Worker, Social Worker, Dr. Nurse Practitioner, Nurse. Should further support be required arrangements for virtual counselling will be arranged. In the event that a youth requires in person counselling/medical support the agency will contact the medical practitioner/counselor/hospital to discuss the process and precautionary measures required.

In our residential programs routine medications (e.g. prescription medications, acetaminophen, ibuprofen will be on-hand and stored according to YJSM standards. Naloxone is on site and secured in the first aid kits in a locked office.

Admitting a new intake into Detention/Custody during a Pandemic:

In giving this matter considerable consideration all youth entering our detention/custody facilities will be placed on a 14 day period of Physical/Social Isolation during the COVID -19 pandemic or, until they have a negative test result from a COVID - 19 PCR swab.

Rationale: Justice involved youth are extremely vulnerable which increases their exposure rate to the COVID -19 virus and COVID Variants of Concern. At the time of their entry they may not be symptomatic, or they may not be forthcoming with information. In order to ensure that there is no opportunity for the virus to be spread we must limit the new intakes contact with others. We will use this practice to ensure best health for youth and employees.

- At the time of the initial phone call advising you that a youth is in court and you are gathering information for the Level of Detention assessment you must inquire if the youth has been screened for COVID19. Document the caller's name and the information. Make note of pass or fail.
- If a decision is made that the youth is to come into Murray McKinnon House and you receive a call to advise you that the youth is being transported to the residence, verify with court security/bailiff that the youth has been screened for COVID - 19. Document the caller's name and the information. Make note of a pass or fail. If the youth has not been screened you must conduct a screening over the phone with the youth.

Note: In the event of a positive COVID - 19 screening inform the Administrator on duty or the On Call immediately for support and direction. Remove PPE from the Outbreak Response Bin and don full PPE.

- Prior to opening the door one staff will put on PPE, and remain in the PPE (coveralls, Surgical 1 ear loop mask, eye protection, gloves, booties, bonnet) until the staff member is able to confirm previous COVID - 19 screenings (see above) and administer our MMF screening test, including temperature that there is no risk of COVID - 19.

Note: If a COVID19 positive screening was identified a face shield or goggles must be worn during this process, until our own screening is completed. If youth tests positive the face shield or goggles must remain on unless a different direction is given from a health official. This is done as a Droplet Precaution.

Note: PPEs are found in our Outbreak Response Bins. If supplies are low notify Admin, Scott or a JHS committee member immediately.

Note: PPE supplies are not to be left on the floor.

- One staff in the PPE will greet the escort(s) and the youth on the porch and introduce themselves, explain to all in a language they will understand that due to the pandemic you are in a PPE and that you must verify that youth has been screened for COVID - 19 while in the care of Police/Bailiff. Staff will review the legal paperwork to ensure youth is in fact in the right place (e.g. paperwork states open custody vs secure custody). If the youth is in the wrong place staff will point out the error and advise that they cannot allow entry. If the youth is in the correct place, staff will then complete the MMF COVID - 19 screening tool with the youth and escorting officers/bailiffs. If the officers/bailiffs pass our screening tool they are granted entry into our facility to remove the handcuffs. If the officer(s)/bailiff(s) fail our screening tool they are not granted entry. Handcuffs will need to be removed on the porch.
- Whether the youth does/does not pass the screening tool they will be granted entry into the residence (they have been legally detained/sentenced into our care). Youth will be provided with sanitizer to cleanse their hands and immediately escorted to the designated intake area only where they will be isolated from the rest of the youth/staff/house.

  Note: if youth has passed screening please provide them with a Surgical 1 ear loop mask to wear. If youth has failed screening please provide them with a N95 mask to wear. Take time to explain that these are precautionary measures. Please ask the youth if they would like full PPE in the event that they would like to feel safe from staff exposure.

  Note: Inform your team on the status of the screening results.

  Note: If a youth passes our screening staff do not need to remain in a full PPE. The wearing of gloves, eye protection and a Surgical 1 face mask is suffice. We will respect an employee's decision to remain in a full PPE.

  Note: In Murray McKinnon House the designated intake area for a youth that has passed screening is the upstairs staff sitting area.

  Note: In any of our residential programs if a youth does not pass screening they will need to self-isolate in their assigned bedroom. This does not prohibit staff from interacting with the youth during this very vulnerable time for the youth.

Note: if the youth does **NOT PASS** the MMF Screening Tool the youth will be informed of the failed screening and informed that staff must now complete the on-line COVID - 19 Screening Assessment Tool (ontario.ca/covidvirus). Be calm and assure the youth in a language they can understand that their health and welfare is your greatest concern. Document the results of the on-line COVID - 19 Screening Assessment.

You can call Telehealth Ontario for further direction at 1-866-797-0000. The Director (or delegate) must notify the local Public Health Unit of the result of a negative result in order to arrange further testing/intervention. The health official must be advised that the youth is from a congregate care living setting. Durham Region Public Health Unit (905)668-7711. Peterborough Public Health Unit (705)743-1000.

Your Administrator may choose to contact the agency Dr. Nurse Practitioner to administer the COVID - 19 PCR swab.

Note: If the youth does not pass the MMF Screening Tool the youth's parent/guardian and Probation Officer must be notified by the Administrator on duty, or in their absence the On Call. This will be a very sensitive dialogue and emphasis on why the youth did not pass, care to be provided and precautionary measures must be thoroughly explained.

Note: The agency must organize COVID - 19 testing for all ill residents on-site; or transport to appropriate testing locations. The agency must advise the COVID - 19 testing location that a staff member will be accompanying the youth.

Note: The agency will obtain the results from the tests.

Youth upon entry will be offered the opportunity to voluntarily agree to a COVID - 19 swab and to Rapid Antigen Screening. Staff will advise the youth that will still need to be socially isolated until a negative swab test is confirmed. Ideally there will be a negative swab result before the end of the Socially Isolating period for the youth. Staff will contact Dr. of N.P. (Michelle) and advise her that we have a youth request at COVID - 19 swab test. Staff will advise the youth on date/time that Michelle will be completing the test.

The swab kits are kept refrigerated at the Murray McKinnon House and administered by the agency consulting Dr. N.P. When the swab is completed, the vial must be properly packaged in it's sample bag with completed requisition attached.

For Oshawa Residential Programs a staff member will place the completed swab test (in packaging and with requisition) in a cooler bag and take it to Life Labs at 245 King St. W. in Oshawa. Staff must have the completed swab test at LifeLabs prior to 10am or 1pm. Normal precautions are required when entering the building (face mask, distancing, sanitizing hands).

*Prior to dropping off the first swab DRP or ADRP or Supervisor should call ahead and advise that the drop off is to occur.

Hours of Operation for LifeLabs:

Mon: 7:00 AM to 3:00 PM
Tue: 7:00 AM to 3:00 PM
Wed: 7:00 AM to 3:00 PM
Thu: 7:00 AM to 3:00 PM
Fri: 7:00 AM to 3:00 PM
Sat: 7:00 AM to 12:00 PM
Sun: Closed

Note: Swab test results will be forwarded to our Dr. of N.P. as well if the youth were to leave prior to a result being obtained they would be provided with the on-line Test Results information.

You will now proceed with Physical Isolation Measures

- The staff in the PPE will be the staff that remains with the youth for the duration of the shift. This will limit interactions with the whole staff team.
- Staff that are at higher risk of contracting COVID19 will not work directly with the young person with a suspected case of COVID19. These people include those with chronic medical conditions (e.g. heart disease, diabetes) or a compromised immune system.
- The other staff on duty will inform the Administrator on duty or On Call.
- This will require a Serious Occurrence Report.
- Place the youth on a 24 hour Observation Sheet.
- Notify the Dr. NP and the Social Worker. Dr. NP will provide further direction.

Note: Only the Social Worker/Dr. NP or a Physician can remove the youth off the 24 hr Observation Report.

Note: if the staff assigned to the youth requires a break (to be limited) their peer must put on PPE before entering the designated isolation area. The staff leaving the designated isolation area must remain in their PPE (unless torn/soiled). At the end of shift the PPE will be removed, double bagged and disposed of in the dumpster.

Note: if the youth fails the screening they must remain in their assigned bedroom, with designated bathroom access only until a health official advises differently. A health practitioner may give permission for the youth to come out of their bedroom in consideration of the overall emotional and physical wellness of the youth.

- Staff will inquire if the youth requires food/beverages.
- Youth will immediately be searched and all their property double bagged (later washed in hot/soapy water).
- Immediately following the search the youth must shower with hot/soapy water.

Note: the bathroom used by the youth will be the designated washroom for the youth during their designated social isolation time period.

If the youth requested food/beverage this will be prepared by another staff member. Food/beverages will be served using disposable products and left outside the designated isolation area (include bag for disposal).

Staff will remind the youth of precautionary measures the youth must take (e.g. physically/socially isolate for a period of 14 days, wash hands frequently, do not touch face, and cough into their elbow).

- Staff will complete the regular Intake process with the youth. If the youth is feeling unwell get the vital information first and allow the youth to take rest breaks. Document the symptoms on the 24 Observation Report.
- The youth will be assigned a bedroom where they will isolate until a different direction is given. Be mindful that the youth will need your reassurance that they will be cared for. Give thought as to what can be provided to make them more comfortable (e.g. books, portable DVD player and movie(s)), conversations with staff while practicing physical distancing). Enhanced technology, such as video calling can be used to allow virtual visits with family and other approved persons (e.g. Resource Person, partner).
- Youth will be asked to advise staff if the youth becomes ill at any point in time. The Dr. NP will be called and in person assessment requested.

Note: See Medical Isolation in Policies and Procedures

Note: In Murray McKinnon House the assigned bedroom will be at the opposite end of any existing bedroom in use.

If the youth at any point experiences a high fever and/or respiratory distress (e.g. trouble breathing) call 911. Advise the operator of a positive COVID19 test result and the symptoms. Notify the Administrator on duty, or On Call for further direction.

If ill or COVID - 19 positive residents are moving to another facility:

- Prior to transfer, place youth in a private room;
- If that is not possible, the youth should wear a surgical/procedure mask (N95) and stay at least 2 metres from others. Ensure the youth washed their hands;
- Determine with the youth items they need to take with them. Ensure safe storage for any remaining items. Thoroughly disinfect before bagging/labelling);
- Staff should wear a surgical/procedure mask (KN95), eye protection, protective gown/overalls and gloves within 2 metres of the youth or when in their living space.
- Clean and disinfect room(s) after youth has left.

  NOTE: Any transfer of a youth should be done in accordance with the agency's policies and procedures and the rights of the youth. Remember that relocation of a youth may be traumatic or disconcerting and consideration must be given to providing additional mental health or emotional supports, as required.

Transportation of Residents

Only those staff members who are double vaccinated and can provide proof of vaccination will be allowed to transport youth to medical appointments and to hospital.

Residents/clients from an outbreak area who require transportation (e.g. COVID- 19 Assessment Centre, health care provider, medical centre, hospital) should be taken in the agency vehicle or a taxi if necessary. Do not take public transit.

If transporting via emergency medical services (EMS), notify them of risk of exposure.

Limit the number of people in the vehicle to only those who are essential. The driver and other passenger(s) must wear a Surgical One ear loop mask and eye protection. The window should be down weather permitting. Residents/clients must sit in the back seat.

Maintain these supplies

- Surgical 1 ear loop face masks
- KN95 masks
- Eye protection (e.g. goggles and/or face shields
- Personal Protective Equipment (PPE) (e.g. overalls/gowns)
- Disposable gloves (do not re-use)
- Disposable paper towels
- Tissues
- Waste container with plastic liner
- Thermometer
- Over the counter medication to reduce fever (e.g., ibuprofen or acetaminophen)
- Running water
- Hand soap
- Alcohol-based sanitizer containing at least 60% alcohol
- Dish soap
- Regular laundry soap
- Regular household cleaning products
- Disinfecting solution and a separate container for dilution. The Maintenance person will mix the solutions.
- Lysol wipes

Memorandum of Understanding with Park Place for Youth and Talitha House has been removed due to program closures.

Memorandums of Understanding with St. Leornards (Murray McKinnon House) and Seeds of Change (Lavender Hill) have been developed, signed and shared with MCCSS.

Day to Day Operations (Community Based Programs)
Continuation of Services for the Community Based Programs

MAC/RSO;

52 Simcoe St. S. is open with 2 staff on site

- There will be a cleaning schedule set for 2x a day to ensure surfaces, doors, handles, chairs etc are disinfected
- Community Program staff are encouraged to work from the confines of their home in order to follow guidelines of physical and social distancing. If staff require resources from the building they are asked to call ahead with approximate time of arrival so that there are at staggered intervals
- Each staff has equipment to provide service to youth in various formats. This includes (but is not restricted to) phones, texts, video and email. Engagement is dependent upon each youth's willingness and consent.
- Staff are able to deliver essential materials to youth while maintaining guidelines of physical and social distancing. These may include items such as food, hygiene products, program material eg. art supplies
- Youth may pick up essential materials at 52 Simcoe St. S. and are expected to communicate an approximate time of arrival through their worker or by phoning the Centre
- Youth enrolled in the school program through Grove are in communication with their Attendance Counsellors and teachers. Each youth is assessed for willingness to participate, internet access and whether they have a device. Attendance Counsellors are responsible to deliver materials required.
- Staff will document all communications in the appropriate DMU entries
- Staff will attend all virtual team meetings and communicate with the CBP Director regularly.

Ajax Learning Centre:

- Classroom Youth worker (CYW) will be able to work from a remote location (home) in order to coordinate services to all active/enrolled youth
- All youth notified via phone/text that physical access to Milestone Christian Centre (MCC) is off limits to all youth
- CYW permitted access to MCC once confirmation received from MCC General Manager and CBP Director

Access to MCC is for:

- cleaning out of food in fridge/cupboards
- Obtaining school supplies required for distance learning eg. Chrome books, youth binders
- Each youth is contacted to determine whether they are willing to participate in Distant Learning with Grove School and MCC Classroom youth worker support
- If youth is willing, arrangements are made to provide essential materials eg. Chrome book, paper work, access to the D2L platform DDSB (Durham District School Board)
- All materials will be disinfected prior to distribution
- CYW will practice physical distancing when delivering materials to youth
- Each youth's Probation Officer is updated via written report and phone call
- All youth will continue to be monitored and given assistance where required
- CYW will check in with all youth regularly to inquire about their health (physical, mental and emotional) and provide support where appropriate eg. give list of resources, assist with staple foods or hygiene products, etc.
- CYW will document all communications in the appropriate DMU entries
- CYW will attend all virtual team meetings and communicate with the CBP Director regularly

Version 8 Re-opening CBP

All staff must follow the Murray McKinnon Foundation Pandemic Response Plan and Protocols

RSO Protocols for seeing youth in the Community:

At the beginning of **each** work day staff will follow the Enhanced Self Screening protocol as per the Pandemic Response Plan:

- All staff must complete the current MMF Screening Tool (ST) and sign off on their "Work Log" indicating they have answered NO to all Screening Tool questions.
- If there is a time lapse of 4hrs between seeing youth, the Screening Tool must be re-administered and passed before meeting another youth.
- If the staff does not pass the Screening Tool, they will contact Public Health Unit and follow their direction. Staff will notify their Director/delegate immediately.
- If at any time through the work day a staff begins to feel ill, they will notify their Director/ delegate and follow direction.
- All staff must carry a "Vehicle Kit" containing: disposable masks, disposable gloves, eye protection, hand sanitizer, disinfectant wipes, thermometer and copies of the MMF Screening Tool.

Prior to meeting youth:
All staff must:
- Contact youth and administer the Screening Tool prior to the visit.
- If the youth answers NO to ALL questions, the meeting may take place.
- If the youth answers YES to any questions, advise the youth to contact Public Health Unit and follow their instruction. RSO worker may offer phone/text/virtual contact to support youth.
- If the youth did not pass or refused the screening test, the RSO will document date and time in the DMU and notify their Director/ delegate.
- RSO will not be allowed face to face contact for a minimum of 2 weeks for youth who refuse or do not pass the Covid test, unless negative . RSO workers will follow up with their youth.
- In the event that a youth tests positive for COVID 19, a Serious Occurrence will be completed.
- Director/delegate to notify Public Health if the youth does not pass the ST and take direction from Public Health.
- PO /community partners (e.g. CST/ISSP/TW) to be notified of risk of exposure.

Meeting youth Face to Face (after passing Screening Tool (ST))

All staff must:
- Wear a mask at all times.
- Sanitize their hands at a minimum of before and after each meeting.
- Maintain physical distancing (a minimum of 2 metres).
- Document in a Daily Log which indicates which youth were seen, where and time. (this will ensure immediate and accurate contact tracing if required).
- Ask youth if they know how to put on a mask, teach if necessary and provide a disposable mask if needed.
- Take youth temperature and document on ST.

All youth must:
- Wear a mask unless they have a Nurse Practitioner or Physicians note exempting them for medical reason.
- Sanitize their hands at the beginning and end of each meeting.

Considerations:
- If youth is seen, a Daily Log must be submitted at the end of the day to the Director/delegate via email. This is to ensure immediate and accurate contact tracing if required. Log will include: youth first name, where and time of meeting.

- RSO will not visit inside the youth home.
- Meetings will take place in open space where physical distancing of 2 metres can be maintained.
- Once allowed, youth will only sit in the backseat of the vehicle, opposite side of the driver.
- Prior to a youth being transported in a vehicle, staff must sanitize the exterior door handles, inside passenger door panel, back of seat in front of youth, seat belt and any other contact spots. RSO will complete this before and after each youth.
- Open food/drink will not be allowed when youth are in the vehicle.
    - Each worker will have bus tickets to distribute accordingly.

Schedule for Face to Face with youth

Tier 1 (beginning August 24/20)
RSO

- allowed to have 3 physical distance appointments per day and preference will be to plan for am and pm meetings.
- Meeting must take place in a predetermined outdoor spot.
- Visit for a maximum of 30min.
- Youth are NOT allowed in vehicles during this stage.
- Only 2 workers are allowed on the main site (52 Simcoe St. St) per day. Asked to minimize in and out activity. *If staff go out they must repeat the screening tool upon return.
- RSO to meet via zoom each morning to share schedules and determine who will require access to main building site.
- Other RSO workers will work remotely.

Tier 2 (beginning September 14/20)
RSO

- allowed to have 3 physical distance appointments per day and preference will be to plan for am and pm meetings.
- Visit for a maximum of 1hr in outdoor space only.
- Youth allowed in vehicles (as per protocol).
- Only 2 workers are allowed on the main site per day. Asked to minimize in and out activity.
- RSO to meet via zoom each morning to share schedules and determine who will require access to main building site.
- Other staff will work remotely.

Tier 3 (moving forward - date is yet to be determined)
RSO

- Allowed to have regular appointments as necessary.
- Only 3 workers are allowed on site per day. Asked to minimize in and out activity.
- RSO to meet via zoom each morning to share schedules and determine who will require access to main building site.
- Other staff to work remotely.

For 52 Simcoe St. S
Building Considerations:

- Community Based Program (CBP) Staff entrance is through the back door only, except for the first person in the building.
- Upon entry to the building, staff must wash their hands and administer the Screening Tool immediately. (see staff considerations)
- Screening table for staff is on the kitchen table: the Red Binder contains: MMF Screening Tool (ST), all memo's, MMF Pandemic Response Plan, Re-Opening Plan for CBP, sign in sheet which

indicates staff have answered NO to all questions on the ST, Temperature, read all memos up to date and their signature. A thermometer is on the kitchen table as well. A hand sanitizer is located on the wall beside the table. Hand soap is located beside the sink.

- Markers have been placed throughout the building indicating 6feet physical distance.
- The Front Door will remain locked at all times with signage on the door to: please knock and that a ST will be implemented prior to full admittance to the building.
- Admittance to the building is by appointment only.
- If someone comes to the door without a scheduled appointment, that person will remain on the porch until their preferred staff can come to the door. Only one person allowed on porch at a time.
- For ALL non-CBP staff, a Screening Tool table is located at the front door with: sign in book which indicates person's name, who they are seeing, time in and out, date, temperature check and that the person answered NO to all screening questions. Thermometer, disposable masks, and Kleenex are also on the table. A hand sanitizer is located on the wall above the table.
- The preferred CBP staff will administer the ST for each person entering the building and sign once the ST questions are answered.
- If the person coming into the building answers YES to any of the ST questions, they will be asked to leave immediately and consult with their local Public Health Unit for direction. If they are unable to leave immediately, they will be asked to wait in the "Red Room" (designated Isolation Room).
- The "Red Room" located from reception area is the designated "Emergency Isolation Room" and will have the Emergency Pandemic Kit (containing: isolation gowns, disposable masks,
- disposable gloves, ear thermometer, n95 masks, disinfectant wipes, Tylenol, Pepto Bismol, eye goggles and hand sanitizer, clip board with Screening Tool and blank lined paper).
- If the Red Room is utilized, it must be disinfected and cleaned thoroughly immediately afterwards. Staff must don PPE (mask, gloves,) to clean the room.
- Extra signage placed throughout the building, washrooms and all sinks to encourage modification of behaviour eg. washing hands, PPE, maintaining a healthy environment e.g. physical distancing, cohorting, and maintaining healthy operations eg. disinfect all areas 2x per day, kitchen protocols.
- Disinfectant wipes located in all washrooms and attic.
- A designated "staff only" washroom will be on the 2nd floor level.
- Sanitizer, boxes of disposable masks and Kleenex are located on each level of the building.
- All persons are encouraged to provide their own refillable drinking container.
- Furniture has been minimized throughout the building and seating is placed a minimum of 2 meters apart.
- Staff that hold appointments with youth in the basement office or elsewhere are responsible to disinfect the area immediately after the session ends. This will include equipment, furniture, door handles, railings, bathroom if used and other contact spots.
- A cleaning schedule will be maintained each day: midday after lunch and before the end of work day. A signoff sheet will require initials. (See attached)
- ACTION: Angela to order air purifiers for higher traffic areas such as the main floor class area, basement meeting room, RSO office and attic.
- ACTION: Scott to put up plexiglass on the swing door to Tracy's office.
- ACTION: Scott to arrange a "peep hole" for the side exit door from the basement.

Kitchen Considerations:

- Maximum x2 persons in the kitchen at a time utilizing distance markers.
- X1 MAC worker (alternating) will be responsible for making lunch for those present in the centre each day. This person must ensure they are wearing a mask and to wash hands before making the meal and then repeat washing hands prior to plating/serving. proper PPE is worn eg. mask.
- All meals will be plated and served contactless to each person by 1 staff only. This will be in the style of Boxed Lunches. Names will be written on the container where applicable.
- Menu planning will coordinate with easy meal service.
- Individual condiments will be provided eg. sugar, butter, mayonnaise, ketchup, salt/pepper,
- Grocery shopping will be completed on Mondays by x1 alternating MAC worker and all food coming into the centre will be wiped off.
- Disposable cups/plates/utensils will be available.

- There will be x2 lunch serving times to lessen congestion in the kitchen/wait area. May be done by floor levels or by dividing youth and staff. To be determined based on numbers in the building.
- Youth and staff will eat at their own work areas, thus being able to maintain physical distancing.
- Tables and high touch areas will be disinfected between and after each meal serving.
- All persons are encouraged to provide their own refillable drinking container.
- All persons entering the kitchen area must either wash their hands or use the sanitizer BEFORE going into the refrigerator, cupboards or using appliances.

CBP Staffing Considerations (staff includes teachers):

- All staff entering the building must proceed immediately to the Screening Station wearing a face mask. The mask must remain on until staff are alone in their designated area.
- All staff must have the Screening Tool (ST) administered which includes a recording of their temperature. This must be repeated if on site for more than 4hrs.
- NOTE: there is not always a 2nd staff available to conduct the ST for incoming staff, therefore amendments to the sign in sheet include "answer NO to all ST questions" and initial this space.
- If staff pass the ST, they must attest to being up to date on all agency and CBP Pandemic Memorandums. If not up to date, staff will not be allowed to pass the screening station until all memos are reviewed and sign off is completed. These are provided in the Red Binder.
- Sign off sheet is located in the Red Binder on Kitchen table (see Building Considerations).
- Staff will immediately report to their Director/delegate should they begin to feel ill while on shift.
- First staff to arrive on site will do a perimeter check (clean accordingly) as well as disinfect outside railings and door handles.
- A schedule will be implemented where x2 staff work for example 8am – 4pm which will allow for staggered scheduling and less congestion in and out of the building at peak times.
- Staff are to use their own equipment whenever possible eg. phones, computers, etc. if equipment is shared it must be disinfected immediately after each use.
- Only x2 staff allowed to break at a time outside of the building keeping physical distance.
- Staff are responsible to attend all Team Connect meetings and should schedule their calendars accordingly. Team Connect meetings will include review of protocols and revising where necessary and if appropriate. This is to ensure the safety plans are working and in accordance with agency, funder and provincial guidelines.

CBP Youth in Building:

- Letter to all youth will be delivered via mail/email/in person welcoming back, explaining new protocols/expectations from the MAC/RSO/MCC programs and how they can help eg. limiting belongings in the building, mask wearing, not attending appointments if feeling ill, etc.
- Preferred entrance to the building is by appointment.
- If possible, youth to be contacted on the day of and prior to the appointment and Screening Tool (ST) administered.
- Youth will be given a specific arrival time to enter the building, therefore lessening congestion at the Screening Table. Only x1 person will be allowed entrance to the building at a time.
- Youth will be met at the front door of 52 Simcoe St. S. by their preferred staff.
- All youth will be screened at the front door Screening Tool (ST) station and their temperature will be taken prior to fully entering the building.
- If the youth does not pass the ST, they will be asked to leave immediately and encouraged to contact their local Public Health Unit for direction. Staff may support through phone/text/virtual. Staff will notify the Director/delegate.
- Director / delegate will notify Public Health and seek direction. Other notifications to PO or other agency partners regarding risk of exposure.
- If the youth does pass the ST, they will be asked to sanitize their hands as well as to wear a mask (unless a medical note is provided) throughout their time at the centre.
- Appointments for MAC youth in programs will take place in the basement office area. Rationale: fewer direct people to be in proximity with, basement has self-contained washroom and direct access to outside door after their session.
- MAC youth who are in the building for school will be assigned a designated room, desk and computer/laptop.

- Each school youth will also be given a “school container” where they will keep their binder and other necessary items eg. pen/pencil, calculator, etc. Their first name only will be on the container for identification. This container will be kept in their designated area.
- Staff will be responsible to place the container at the youth’s designated seat at the beginning of each school time.
- School youth will be asked to commit to remaining on site for a contracted amount of time each day. Youth will be asked to limit breaks outside of the building and will be encouraged to break independently from their peers or to ensure physical distancing is adhered to.
- Youth must sanitize or wash their hands each time they enter the building. If the youth is absent for more than 1hour, they must pass the ST before reentry is allowed.
- Designated/signage youth bathrooms are: kitchen area, basement office, 2nd level first washroom. Disinfectant wipes will be available in each washroom.
- Youth will be provided lunch if they are in the building and will be asked to eat at their designated desk. Desks will be sanitized before and after eating. See Kitchen considerations.
- Youth will be encouraged to provide their own refillable drinking container.

MAC Schedule on Site

	Staff	Teacher	Youth in Individual Program	Youth in school	Total potential # of MAC involved persons on site	Total potential persons on site (includes MAC/Admin/RSO)
current	1				1	5
Tier 1	2		4		6	10
Tier 2	2-3	1	4	3	11	15
Tier 3	4	2	4	6	16	21

August 25, 2020

Version 3

MCC

Ajax Learning Centre (ALC)
NOTE: staff includes: ALC worker, Teacher, MAC and RSO worker (when applicable)
Screening Tool see attached, Temperature check cannot be 37.8c or higher

At the beginning of **each** work day:

- Staff are asked to complete the Enhanced Self Screening Tool (ST) prior to leaving for work. If possible, this should include taking their temperature.
- If staff pass the ST, please proceed to work site.
- If staff does not pass the ST, they are to notify their Director/delegate immediately and follow direction.

Staff Considerations:

- First staff on site will enter the building wearing a face mask and proceed directly to the class area. They will administer the ST with temperature check and record in the Red Binder.
- First staff to arrive on site will do a perimeter check (clean accordingly) as well as disinfect all outside door handles.
- First staff will set the Screening station in the foyer between front door and entrance to the Centre. Station will include: Red Binder with sign in sheets for all staff, youth or other person, thermometer, masks, hand sanitizer, Kleenex, garbage pail.
- A mask must remain on at all times unless they are alone in their designated area.
- All other staff must enter the building wearing a face mask and proceed directly to the Screening station.
- If staff pass the ST, they must attest to being up to date on all agency and CBP Pandemic Memorandums. If not up to date, staff will not be allowed to pass the screening station until all memos are reviewed and sign off is completed. These are provided in the Red Binder.
- If on site for more than 4hrs, the ST and temperature will be re-administered.
- If staff do not pass the ST or temperature check, they will leave the building immediately and notify their Director/delegate **and** Public Health and take direction.
- Director will notify Building Manager, Wayne via email to notify risk of exposure. (wchung13@rogers.com)
- If the person does not pass the ST, the foyer will be sanitized immediately after the person leaves (door handle, floor and any other contact surface).
- Staff must disinfect their hands before leaving the screening table.
- Staff will report to their Director/delegate should they begin to feel ill at any time during their shift and take direction.
- All staff must submit a Daily Contact Sheet to their Director/delegate at the end of their shift.

Youth Considerations:

- Youth will be met at the front door of MCC by their preferred worker.
- If not already, youth will be asked to wear a mask. If needed, one will be provided immediately.
- All youth will be administered the ST and their temperature will be taken prior to fully entering the class or program area. This will be recorded in the Red Binder.
- If the youth does not pass the ST, they will be asked to leave immediately and encouraged to contact their local Public Health Unit for direction. Staff may support through phone/text/virtual. Staff will notify Director/delegate.
- Director/delegate will notify Public Health and follow direction. Notification to PO and other agency involved to notify risk of exposure.
- Director will notify Building Manager, Wayne via email to notify risk of exposure. (wchung13@rogers.com)
- If the person does not pass the ST, the foyer will be sanitized immediately after the person leaves (door handle, floor and any other contact surface).

- If the youth does pass the ST, they will be asked to sanitize their hands as well as to wear a mask (unless a medical note is provided by a Medical Doctor or Doctor Nurse Practitioner) throughout their time in the building.
- If the youth begins to feel ill during their time in the centre, they will be asked to leave the building and contact their Doctor or Public Health Unit.
- Youth attending for an appointment with a MAC worker will be escorted to their designated meeting room.
- Each school youth will be given a designated desk and laptop. The laptop will be put on the table by staff.
- Each school youth will also be given a "school container" where they will keep their binder and other necessary items e.g. pen/pencil, calculator, etc. Their first name only will be on the container for identification. This container will be kept in their designated area.
- Staff will be responsible to place the container at the youth's designated seat at the beginning of each school time and will sanitize all equipment per cleaning schedule.
- School youth will be asked to commit to remaining on site for a contracted amount of time each day. Youth will be asked to limit breaks outside of the building and will be encouraged to break independently from their peers or to ensure physical distancing is adhered to.
- Youth must sanitize or wash or sanitize their hands each time they enter the building.

Building Considerations:

- All persons coming into the ALC should be by appointment and will be met by the preferred staff.
- The preferred staff will administer the ST and temperature check and will record this in the Red Binder.
- All persons coming into the ALC must pass the ST and temperature check before admittance into the program area.
- If a person does not pass the ST, they will be asked to leave immediately and contact their Public Health Unit for direction. Staff will notify their Director/delegate immediately and follow any direction.
- Director will notify Building Manager, Wayne via email to notify risk of exposure. (wchung13@rogers.com)
- If the person does not pass the ST, the foyer will be sanitized immediately after the person leaves (door handle, floor and any other contact surface).
- Desks will be set up a minimum of 2metres apart to ensure physical distancing requirement. Only one person per desk.
- Meeting room will be set so that physical distancing of 2 metres is maintained.
- "Youth only" or "staff only" washrooms will not be available therefore youth and staff will utilize the Universal Washroom Stall only. This will allow for consistent cleaning. Cleaning wipes will be available.
- Youth will be provided lunch if they are in the building and will be asked to eat at their designated desk. Desks will be sanitized before and after eating. No youth will be allowed in the kitchen.
- Youth will be encouraged to provide their own refillable drinking container.
- A cleaning schedule will be maintained each day: morning, midday after lunch and before end of work day. A signoff sheet will require initials. (See attached).
- MAC workers will clean their designated area before and after each youth is seen. Cleaning will include equipment, furniture, door handles, and any other contact spots.
- Staff will clean with approved cleaning supplies only in each area.
- Garbage will be emptied on a daily basis and the bag is to be placed in the Red garbage container in the kitchen.

Food Considerations:

- All food will be served contactless by staff only. There will be no open food containers of any sort available.
- Staff must ensure a mask is worn and to wash hands prior to meal making and again before plating/serving food.
- All meals will be plated and served contactless to each person by 1 staff only. This will be in the style of Boxed Lunches. First names will be written on the container.

- Menu planning will coordinate with easy meal service.
- Individual condiments will be provided e.g. sugar, butter, mayonnaise, ketchup, salt/pepper,
- Only disposable cups/plates/utensils will be utilized.
- Youth and staff will eat at their own work areas, thus being able to maintain physical distancing.
- Tables and high touch areas will be disinfected before and after each meal serving.
- All persons are encouraged to provide their own refillable drinking container.

- Kitchen Considerations:
- Only 1 staff is allowed in the kitchen and will immediately wash hands upon entrance.
- Staff will sanitize cupboards/fridges/stove/counters/sinks before and immediately after use with approved cleaning supplies only.
- Utensils/equipment will be washed and put away immediately after use.
- A menu will allow for minimal meal prep.
- All food will be plated with disposable containers/utensils only.

ALC Schedule on Site

	Staff	Teacher	Youth in Individual Program	Youth in school	Total potential persons on site in any given day (includes ALC/MAC/RSO)
Tier 1 Sept.14/20	2	1	3 max	3	10
Tier 2	2	1	4 max	5	13
Tier 3	2	1	4 max	6	14

Re-Opening Protocols for the SRR Program:

1. Follow all Precautionary Measures that are laid out in this plan (e.g. enhanced screening, screening when coming on site, wearing a mask, hand washing, physically distancing, disinfecting high touch surfaces, cohorting, social isolation, quarantine etc).
2. SRR specific – pandemic protocols for youths residing in the program.
3. Youth to be screened whenever they re-enter the building.
4. Any absence over one hour (with the exception of the SRR classroom) means that the youth must shower and change into clean clothes. Dirty clothes and towels to be placed in laundry.
5. Youth will have access to towels and once used they must be laundered (staff to assist when required), bedding must be laundered once a week (minimum).
6. Bins are to be labelled with youth's name and contain 2 plates, 2 bowls, 2 cups, 2 mugs, 2 forks/knives/spoons assigned to the youth. A secondary option is to provide disposable plates/cups/bowls/cutlery and put them in an individual's bin.
7. New youth will be asked if they will take a voluntary swab (this can be done by our Dr. N.P. or through health COVID - 19 Assessment Sites (by appointment or drive through). Until results are received the youth will be assigned a designated area with staff interaction. If youth refuses swab we will have to restrict movement throughout the house.
8. Individual packages of condiments are purchased (ketchup/mustard/jam/peanut butter etc) to ensure no double dipping of utensils.

Re-Opening Protocols for the Administration Office (11 Ash Street, Oshawa):

1. Persons entering the first door must use the hand sanitizer that is provided in the automatic dispenser on the south wall.
2. A screening station is set up in the alcove between the 1st and 2nd door of the main office. No one will enter through the second door unless they have a successful screening, or they have had a successful screening at the Murray McKinnon House or the Harold McNeill House within the past 4 hours.
3. A plexiglass barrier has been installed on the Reception desks
4. There will be no more than 6 people in the building at any one time. Any persons in common areas must wear a mask and maintain physical distancing.
5. Disinfecting of high touch areas must be done on 4 hour intervals.
6. Persons utilizing the training room must disinfect the area in which they have just vacated.

The AHT YITW must follow the Murray McKinnon Foundation Pandemic Response Safety Plan

Effective Jan.3/22 to Jan.26/22
Due to Provincial Guidelines, all contact with youth must be completed virtually (phone, zoom) UNLESS APPROVED by your immediate Supervisor, Larissa and or Director of Residential Programs, Marlene Director for special circumstances only.
If approved, the below stated protocols must be complied with:

AHT YITW Protocols for seeing clients in the community:

At the beginning of each work day staff will follow the Enhanced Self Screening protocol as per the Pandemic Response Safety Plan:

- All staff must complete the current MMF Screening Tool (ST) and sign off on their "Work Log" indicating they have answered NO to all Screening Tool questions.
- If there is a time lapse of 4hrs between seeing clients, the Screening Tool must be re-administered and passed before meeting another client.
- If a staff does not pass the Screening Tool, they will complete COVID – 19 on-line assessments at Ontario.ca and follow their direction. Staff will notify their immediate Supervisor / Director immediately and forward a photo of the assessment direction.
- If at any time through the work day the staff begins to feel ill, they will notify their Supervisor / Director and follow direction.
- All staff must carry a "Vehicle Kit" containing: disposable surgical/medical ear loop masks, disposable gloves, eye protection, hand sanitizer, disinfectant wipes, thermometer and copies of the most recent MMF Screening Tool.
- The AHT YITW will complete a rapid antigen test twice weekly. This can be arranged to be completed at the Training Room (Admin. Office) or at Lavender Hill.

Prior to meeting client the AHT YITW must:

- Contact client and administer the MMF Screening Tool prior to the visit.
- If the client answers NO to ALL questions, the meeting may take place.
- If the client answers YES to any questions, advise the client to complete COVID – 19 on-line assessment at Ontario.ca and follow their direction or, contact the DR Public Health Unit and follow their instruction or, contact their health practitioner. The AHT YITW worker may offer phone/text/virtual contact to support the client.
- If the client did not pass or refused the screening test, the AHT YITW will document date and time in the DMU and notify their Supervisor / Director.
- The AHT YITW will not be allowed face to face contact for a minimum of 2 weeks for clients who refuse or do not pass the COVID – 19 Screening test, unless negative . The AHT YITW will continue to work with the client to provide support and education.
- In the event that a youth tests positive for COVID - 19, a Serious Occurrence Report must be completed.
- PO /community partners (e.g. CAS / CST / ISSP etc.) to be notified of risk of exposure.
- In discussion with the AHT YITW and MCCSS Program Supervisor the AHT YITW Supervisor / Director will make an informed decision based on public risk on reporting any failed MMF screenings and the client's refusal to comply with Public Health direction.
- Meeting youth Face to Face (after passing Screening Tool (ST))

The AHT YITW must:

- Wear a surgical ear loop or KN 95 mask at all times.
- Wear eye protection (goggles or face shield) at all times.
- Sanitize and / or wash their hands minimally before and after each meeting.
- Maintain physical distancing (a minimum of 2 metres).
- Document in a Daily Log which youth were seen, where they were seen and the time of the visit. (this will ensure immediate and accurate contact tracing if required).
- Ask clients if they are familiar with donning a mask, teach if necessary and provide a disposable surgical ear loop mask for the client.
- Take the clients temperature (choice of forehead or wrist) and document on the MMF COVID – 19 Screening tool. If the visit exceeds four hours the staff must take another temperature for the client and record.

All clients must:

- Wear a surgical ear loop mask unless they have a note from a Nurse Practitioner or Physician exempting them for medical reasons. In this instance physical distancing must be ensured.
- Sanitize their hands at the beginning and end of each meeting.

Considerations:

- If clients are seen, the AHT YITW will submit their daily log to their Supervisor / Director at the end of the day. This is to ensure immediate and accurate contact tracing if required. Log will include: client's first name, where the contact took place and time of meeting.
- The AHT YITW will not visit inside a client's home.
- Meetings will take place in open spaces where physical distancing of 2 metres can be maintained (e.g. DR CAS, outdoor patio, park).
- Prior to a client being transported in an agency vehicle, staff must sanitize all high contact areas (e.g. exterior door handles, inside passenger door panel, back of seat in front of client, seat belt etc.). This process will be completed before and after each youth.
- The client must sit in the back seat behind the passenger seat.
- Open food/drink will not be allowed when clients are in the vehicle.
- The AHT YITW will have bus tickets to distribute accordingly.

Appendix A: Outbreak Line List

Name	Worker Resident Visitor	Program	Date of First Symptom	Symptoms	First test date	First Positive Test Result	Status: recovered, hospital, transfer (where), discharge,death

List of Publications:

COVID - 19 Guidance: Congregate Living for Vulnerable Populations (Ministry of Health)
COVID - 19 Action Plan for Vulnerable Ontarians (Government of Ontario)
Fact Sheets (Public Health Ontario)
COVID - 19 Provincial Testing Guidance Update (Ministry of Health)
COVID - 19 Preparedness and Prevention in Congregate Living Settings (Ministry of Health)
COVID - 19 Checklist Preparedness and Prevention in Congregate Living Settings (Public Health Ontario)
Managing COVID - 19 Outbreaks in Congregate Living Settings (Public Health Ontario)
Cohorting in Outbreaks in Congregate Living Settings (Public Health Ontario)
How to Cohort During an Outbreak of COVID -19 in a Congregate Living Setting (Public Health Ontario)
COVID - 19 Guidance: Essential Workplaces (Ministry of Health)
Congregate Living Setting Resources Toolkit (Public Health Ontario)
Ontario's COVID-19 Response Framework: Keeping Ontario Safe and Open
Guidance on Enhanced Measures in Congregate Care Settings
COVID - 19 Guidance for MCCSS Funded and/or Licensed Congregate Living Settings (June 2022)
Chief Medical Officer of Health (CMOH) Letters of Instruction (LOI)
Management Interim Guidance: Omicron Surge (gov.on.ca)
COVID - 19 Integrated Testing and Case Contact and Outbreak
Guidance to Youth Justice Facilities