

MCCSS Congregate Care Settings Operational Guideline for COVID-19 Universal Source Control Measures 2.0 (February 2021)

This guideline applies to all MCCSS-funded service providers with congregate care settings and to directly-operated youth justice facilities.

This guideline outlines the minimum standards to be implemented in congregate care settings. The standards may be exceeded in certain circumstances (e.g. confirmed or suspected outbreak).

Masking/Eye Protection Usage

All MCCSS-funded congregate care settings will implement source control practices, requiring that:

- All staff wear a surgical/procedure mask and eye protection at all times except when:
 - Eating and drinking (and maintaining physical distance of at least 2 metres from others).
 - Alone outside.
 - Alone in an office.
- “At all times” includes:
 - When travelling in a vehicle for work purposes. The driver should use personal judgment and remove eye protection when driving if it creates a safety hazard.
 - When a plexiglass barrier is in place.
- All visitors, regardless of visitor type (essential, non-essential, and designated), are to wear a surgical/procedure mask and eye protection at all times.

Masking and eye protection are NOT A SUBSTITUTE for other important infection prevention and control practices, including active symptom screening, hand hygiene, and physical distancing.

Surgical/procedural masks and eye protection (e.g. face shields, goggles, safety glasses with side shields) will be provided by the service provider. See section below for additional information on personal protective equipment (PPE) supply.

Principles and Practices for Staff Masking

Staff will be provided with one (1) surgical/procedure mask (mask) at the beginning of

their shift. Staff will immediately perform hand hygiene and then don the mask.

Masks are intended to be worn for extended periods and re-used for the entire shift however the mask should be replaced if the mask is:

- Soiled
- Contaminated (e.g., if someone coughs on you)
- Moist or wet
- Damaged and/or
- Difficult to breathe through

Service providers should provide additional mask in the cases where the initial supplied mask needs to be discarded for the above reasons.

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

Principles and Practices for Visitor Masking

Visitors will be provided with a surgical/procedure mask (and eye protection) upon entry into the setting.

Masks are intended to be worn for extended periods and re-used for the entire visit however the mask should be replaced if the mask is:

- Soiled
- Contaminated (e.g., if someone coughs on you)
- Moist or wet
- Damaged and/or
- Difficult to breathe through

Service providers should provide additional mask in the cases where the initial supplied mask needs to be discarded.

Staff and Visitor Eye Protection (face shields, goggles, safety glasses with side shields)

The purpose of eye protection as PPE is to protect the mucous membranes of the eyes from exposure to potentially infectious respiratory droplets. Eye protection does not replace a mask, which provides a barrier of protection to the nose and lips.

Eye protection includes transparent face shields, goggles, or safety glasses with side shields. Prescription glasses and sunglasses alone are not considered adequate eye protection.

Eye protection comes in many different shapes and designs. When selecting eye protection for PPE, make sure that:

- the type of eye protection is appropriate for the type of activity to be performed and the type of exposure that it is intended to protect against, and
- eye protection can provide a barrier from all sides, from the front, the sides, and the top when the individual has the head lowered (e.g. close fitting and/or with integrated side shields).

Re-use of eye protection by staff

Eye protection may be reused if the item is clear and intact. If the item is visibly damaged or suspected of damage, the item must be properly discarded. A process and area must be established to safely clean/disinfect eye protection upon removal and prior to removing/changing masks, including prior to breaks and at the end of a shift. Staff are responsible for the care and maintenance of re-usable items in accordance with appropriate [procedures and guidance](#).

It is important to:

- Ensure that eye protection is not touched while being worn, or only touched and adjusted following hand hygiene, and
- Clean and disinfect eye protection prior to re-donning.

Personal Protective Equipment Supply

Core PPE

Surgical/procedure masks, face shields, hand sanitizer, gloves, disinfectant wipes and isolation gowns are considered ‘core’ PPE types. By reporting your current inventory, daily consumption, and forecasted usage via the [Critical Supplies and Equipment \(CSE\) survey portal](#), MCCSS can see when your survey results indicate less than a 2 week supply of core PPE, which will trigger an automatic 2-week top-up shipment to be sent within one week of the survey close.

Niche PPE

Eye goggles and safety glasses are considered a “niche” PPE type and can be obtained through the [Ontario Association of Children’s Aid Societies \(OACAS\) Shared Services PPE Order Page](#).

Service providers are asked to use discretion when ordering niche PPE (i.e., eye goggles or safety glasses) and should default to using core PPE (i.e., face shields) when operationally feasible as access and supply to these products is more stable.

Service providers should forecast their requirements in the [CSE survey portal](#). In case of an emergency (i.e., COVID-19 outbreak, having less than a 5 day supply of PPE) organizations requiring additional surgical masks, eye protection and isolation gowns can request additional supply from the [OACAS Shared Services PPE Order Page](#).