

BEST PRACTICE

Infection Prevention and Control Organizational Risk Assessment for Long-Term Care and Retirement Homes

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Introduction

The residents in long-term care homes (LTCH) and retirement homes (RH) are at a higher risk of acquiring infections due to a variety of factors related to the home, both external (e.g., local epidemiology of infections) and internal (e.g., setting structure, resident demographics). Health care associated infections (HAIs) are a significant cause of illness that can result in serious consequences affecting the quality of life of residents and can potentially contribute to death. An effective and adequately resourced infection prevention and control (IPAC) program is essential to improving resident and staff safety by preventing the occurrence and limiting the spread of HAIs.

In Ontario, the *Fixing Long-Term Care Homes Act*¹ and the *Retirement Homes Act, 2010*² (Ontario Regulation 166/11) require homes to have an IPAC program. In addition, homes have the responsibility under the *Occupational Health and Safety Act*³, to protect the health and safety of workers in the workplace. A comprehensive IPAC program will contribute to the safety of residents and staff. A recommended practice in ensuring the effectiveness of the IPAC program is conducting an Organizational Risk Assessment (ORA).

An IPAC ORA is a systematic approach to identify potential internal and external infection risks and implementing controls to mitigate the transmission of infections in the health care setting. It provides homes with the information needed to determine whether current infection control measures are effective or if additional measures or changes are required to minimize the risk of exposure to and transmission of infections.

Who is this document for?

The infection control organizational risk assessment document is intended for the home's interdisciplinary team and draws on their clinical expertise, frontline perspective and operational insight.

When to use this document?

It is recommended to conduct an IPAC ORA at least once a year or more often as needed (e.g., when new infection threats emerge, when there are changes in services provided, or to follow-up on a previous IPAC ORA). ORA will support continuous improvement of the IPAC program through annual review and updates.

What is included in this document?

- [Planning an organizational risk assessment](#)
- [Conducting an organizational risk assessment](#)
 - [Step 1: identify risk](#)
 - [Step 2: analyze the risk](#)
 - [Step 3: assess risk](#)
 - [Step 4: manage risk](#)
 - [Step 5: develop and implement the action plan](#)
- [Example of an ORA](#)
- [Hierarchy of controls](#)

Planning an Organizational Risk Assessment

Bring People Together

To effectively identify and address IPAC risks across all areas of a long-term care or retirement home, it is essential to involve all departments and staff roles in the ORA process. Multidisciplinary collaboration ensures that IPAC strategies are informed by operational functions and frontline perspectives. This inclusive approach supports the development of feasible, program-specific action plans that enhance safety throughout the home.

An Organizational Risk Assessment (ORA) should be conducted by a designated team or an existing committee with appropriate expertise. The ORA team can leverage the Interdisciplinary Team (IDT) or an established group such as the Infection Prevention and Control (IPAC) Committee, Quality Improvement Team, or Professional Practice Team.

The team include key members, including but not limited to:

- IPAC Lead
- Administrative representatives
- Clinical Leadership
- Joint Health and Safety Committee (JHSC) members
- Occupational Health representatives (where available)
- Departmental representatives relevant to the scope of the assessment (e.g., Environmental Services, Facilities, Dietary).

The IPAC lead generally coordinates the interdisciplinary team. The IDT team may vary depending on the size and services within the home. Consider seeking advice from external partners such as [Public Health Units](#), IPAC Hubs and Public Health Ontario (PHO).

After forming the ORA team, schedule a planning meeting to:

- Decide on scope and key priorities (it may be necessary to identify priority areas within the IPAC program)
- Assign roles and responsibilities
- Set timelines and milestones
- Gather key information relevant to the ORA ([table 1](#) and [table 2](#))

Plan additional meetings as needed to:

- Review findings
- Evaluate progress
- Initiate subsequent rounds of the ORA

Establish Scope and Key Priorities

To keep the ORA manageable, prioritize high-risk areas using past assessments or focus on one program or service at a time. For example, begin with environmental cleaning or outbreak management, then move on to other programs/services. The interdisciplinary team should collaborate with program leads when completing an ORA. Follow the five key steps outlined in this document to guide the ORA process effectively.

An [ORA form](#) is available to document your home's ORA.

Assign Roles and Responsibilities

Assigning roles and responsibilities during an organizational risk assessment ensures clarity and that each stage of the risk assessment process is monitored, evaluated, and aligned with organizational objectives. Each team member should have defined tasks based on knowledge and experience, such as data collection, analysis, and reporting, to streamline the process and avoid duplication.

Set Timelines and Milestones

It is recommended to conduct an IPAC ORA at least once a year or more often as needed (e.g., when new infection threats emerge, when there are changes in services provided, or to follow-up on a previous IPAC ORA).

For each annual ORA, specify the timeframe for completion (e.g., 2 months, 3 months, or 6 months). Conducting an IPAC ORA supports the ongoing evaluation and refinement of the IPAC action plan, including pandemic preparedness. Maintaining a current plan enables timely and effective responses by adapting control measures to identified risks. The assessment serves as a strategic tool for planning, accreditation readiness, emergency preparedness, resource optimization, and compliance with legislative requirements.

Gather Key Information

There are information and documents, such as the internal and external examples in this section, that would be helpful for the interdisciplinary team to review prior to starting an ORA. This will help in establishing the context, understanding how internal or external factors impact infection transmission risks within the home and prioritizing areas of most concern. Tables 1 and 2 provide examples influencing IPAC that the interdisciplinary team could gather and review when planning an ORA.

Table 1: Examples of Internal Elements to Review During ORA Planning

Element	Rationale
Setting-related information (e.g., physical lay-out, bed capacity, age and size of home, preventative maintenance records from Facilities)	Design and infrastructure of your LTCH/RH can facilitate or hinder IPAC measures, such as availability of single rooms or cohorting options
Demographic information (e.g., resident demographics such as age, gender, care needs, chronic illness, ethnicity)	Demographic information may assist in understanding susceptibility to infections
Infectious diseases surveillance / infection rates and outbreaks (e.g., number of residents colonized with antimicrobial resistant organisms (AROs), outbreak frequency, workplace related illness)	Understanding HAI and outbreak trends within the home provides a picture of the disease burden and informs interventions
Hand hygiene program (e.g., education and compliance audits on the 4 Moments of Hand Hygiene, availability of ABHR)	Supports the consistent application of the Four Moments of Hand Hygiene, which are critical to reducing the transmission of infectious agents in healthcare settings
Health care associated infection (HAI) prevention measures such as urinary tract infection program and antibiotic stewardship program (e.g., diagnostic testing guidelines, audits, medication reviews)	Improve patient outcomes, reduce infection rates, and promote responsible antimicrobial use
IPAC audits (e.g., environmental cleaning reports from environmental services and Personal Protective Equipment (PPE) audits, results of IPAC Checklist for Long-Term Care and Retirement Homes and IPAC Self-Assessment Audit for Long-Term Care and Retirement Homes)	Results from past audits, reports and evaluations help identify which control measures are effective and what gaps in IPAC practices are present
Policies and Procedures (e.g., outbreak management, ARO management, tuberculosis (TB) admission screening, staff and resident vaccination status, emergency preparedness/pandemic plans, visitation policies, and third-party vendors for procedures such as those for footcare or salons)	Policies and Procedures (P&P) that are frequently reviewed based on current evidence-based literature, standards and regulations tend to be more in compliance with regulatory agencies and consistent with IPAC best practices
Staffing (e.g., education, training, staffing levels and turnover)	Levels of staffing including agency staffing could impact adherence to IPAC practices including healthy workplace policies. Also, staff who are up to date with their IPAC education are more likely to follow IPAC practices

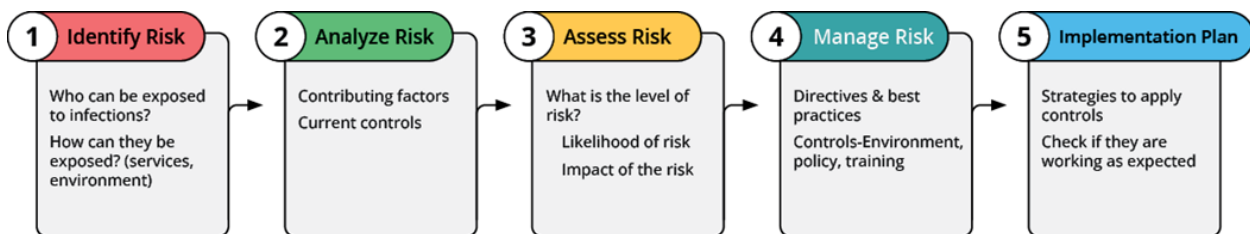
Table 2: Examples of External Elements to Review During ORA Planning

Element	Rationale
Community disease burden (e.g., novel viruses, AROs like MRSA, community levels of respiratory viruses)	Understanding community trends of infectious illness is important in mitigating risk posed to residents through screening and other measures
Resident transfer networks (e.g., outbreaks and ARO rates at local health care facilities, dialysis centres)	Understanding resident transfer networks and establishing joint screening and notification requirements is key in preventing spread of infections between facilities and homes
Legislation/government mandated requirements (e.g., diseases of public health significance and outbreaks, reprocessing requirements)	Keeping abreast of changes to requirements ensures awareness of community risks and your home’s obligations in reporting and implementation of new practice requirements
New technologies (e.g. new cleaning technologies)	Being aware of new technologies or approaches allows you to evaluate potential risks/benefits that can have an impact on the IPAC program
Misinformation/media	Awareness and understanding of popularized misconceptions are important in addressing behaviours that may contribute to infection risk

Conducting an Organizational Risk Assessment

Steps for Organizational Risk Assessment

Figure 1: Steps for an organizational risk assessment⁴



Step 1: Identify Risk

Identify risk(s) that can contribute to infectious disease exposures. Risk can be the result of having an increased number of infections or colonizations or not having the correct measures in place. It is important to consider how infections are transmitted (i.e., mode of transmission) and who could be exposed (i.e., residents, staff and visitors).

Stop and Think

Think about your own setting, engage different programs and departments as you conduct an ORA. What are the exposure risks and consequences of exposure? What information can you use to identify the risks?

Take Action

Gather information such as surveillance records, audits and maintenance reports, list of policies and procedures and activities.

Table 3: Examples of IPAC Risks and Consequences that Homes may Encounter

Risk	Consequence	Source of Information
Increased Acute Respiratory Infections (ARI) exposure among residents and staff	Frequent outbreaks may result in increased resident morbidity and mortality	Records of ARI outbreaks
Unknown cases of MRSA	Lack of adherence to MRSA screening may result in unknown cases of MRSA spreading to other residents	MRSA screening audit
Contaminated or improperly cleaned and disinfected surfaces, items and environment	Exposure to infectious pathogens	Environmental cleaning audit
Lack of appropriate PPE use and alcohol-based hand rub (ABHR) products	Exposure of staff to infectious pathogens due to lack of appropriate PPE and ABHR use	PPE audit
Low compliance to 4 Moments of Hand Hygiene	Poor hand hygiene practice may facilitate transmission of infections	Hand hygiene compliance audits

Step 2: Analyze the Risk

This step will require an understanding of how contributing factors and existing control measures affect the risk. When analyzing the risks to your home, you and your team can ask questions to help you get a better understanding of what risks you will want to work on based on how you prioritize your next steps.

Stop and Think

Think about the risks identified in Step 1, along with contributing factors and existing control measures, to better understand potential risks. What are the internal and external factors that can affect the implementation of control strategies?

Take Action

Start listing existing control measures in place in your home. The hierarchy of controls is an approach that can be used to analyze control measures. The hierarchy contains five levels that are ranked from the most effective to least effective level of protection). For more information on hierarchy of controls, see [Appendix B](#).

Table 4: Examples of IPAC Considerations When Analyzing Risk

Risk	Contributing Factors	Control Measures
Unknown cases of MRSA	<ul style="list-style-type: none">• Lack of surveillance program in place to monitor MRSA and other AROs• Noncompliance with admission screening for MRSA	<ul style="list-style-type: none">• There is a process in place for prompt initiation of Additional Precautions for identified MRSA cases• Environmental cleaning procedure is in place to ensure cleaning of the resident's room follows best practice guidelines
Low compliance to 4 Moments of Hand Hygiene	<ul style="list-style-type: none">• ABHR products are not available at point-of-care• A clearly defined responsibility for replacing dispensers of ABHR (who and when) is not in place	<ul style="list-style-type: none">• Regular compliance audit of 4 Moments of Hand Hygiene• Staff education on the importance of hand hygiene

Step 3: Assess Risk

In this step, the home assesses the likelihood of an event occurring and the impact of that event on residents and staff (e.g., Influenza outbreak). Factors that can increase the likelihood of exposure to infectious agents can include number of residents, staff and resident susceptibility to communicable disease(s), activity of infectious illness in the community, and staffing levels. It is important to assess the level of each identified risk, as it helps in setting priorities.

- **High (H) risk:** High likelihood of the event occurring and high severity of outcome - immediate action required.
- **Medium (M) risk:** Either likelihood of event occurring is high or severity of outcome is high - make efforts to further reduce the risk.
- **Low (L) risk:** Low likelihood of the event occurring and low severity of outcome - monitor and reduce the risk as needed when feasible.

Stop and Think

What is the likelihood of the risk occurring and the impact on residents and staff?

Some questions to ask the team and to help you prioritize the likelihood and severity of any risks identified could include:

- Is there an increase in the number of residents with a positive MRSA swab in the last year?
- Are there prolonged and frequent outbreaks of acute respiratory infection (ARI)?
- Have environmental cleaning, hand hygiene and PPE audits remained consistent over the last year or have there been changes in compliance rates?

Take Action

The level of risk will help you set priorities and inform decisions when it comes to planning and implementing an IPAC action plan. The risk with the highest rating would require immediate attention. A Risk Assessment Matrix may be helpful in assessing the risk. For more information, see the Risk Assessment Matrix at Public Services Health & Safety Association document's [Infectious Disease Threats Risk Assessment Tool for Acute Care](#).⁴

Step 4: Manage Risk

Once risks have been identified, analyzed and assessed, the home must now review all risks identified and determine which standards, best practices, legislation and directives offer the most appropriate control measures and solutions to mitigate potential risks. Control measures may need to be adapted to the circumstances of each home and to the severity and likelihood of risk(s).

Stop and Think

Can the risk be mitigated? What additional control measures are needed?

Taking Action

If needed, contact LTCH/ RH partners such as IPAC Hubs or colleagues from other LTCH/RH who have previously completed an ORA. Multiple IPAC control measures are usually needed to manage the identified risks. Refer to [Appendix B](#) for examples of application of the hierarchy of control to determine order of effectiveness.

Table 5: Examples of Risks, Actions and Best Practice Guidelines/Standards

Risk	Action	Best Practice Guidelines/Standards
Lack of adherence to MRSA screening procedure resulting in increased transmission of MRSA	<ul style="list-style-type: none"> Assess compliance with screening (e.g., is there lack of supplies, training of staff) Review ARO screening protocol with staff 	<ul style="list-style-type: none"> PIDAC: Annex A - Screening, Testing and Surveillance for Antibiotic-resistant Organisms (AROs)⁵ Antibiotic Resistant Organism (ARO) Risk Factor-Based Screening Guidance for All Health Care Settings Screening Checklists
Contaminated or improperly cleaned and disinfected surfaces, items and environment	<ul style="list-style-type: none"> Review environmental cleaning policy and procedure Conduct environmental cleaning audits 	<ul style="list-style-type: none"> PIDAC: Best Practices for Environmental Cleaning for Prevention and Control of Infections⁷ CSA Z317.12:20 Cleaning and Disinfection of Health Care Facilities⁸ CSA Z317.10:21 Handling of Health Care Waste Materials⁹
Lack of appropriate PPE use and ABHR products	<ul style="list-style-type: none"> Review education and training on PPE use Review audit on PPE Assess ABHR supply and placement of products 	<ul style="list-style-type: none"> Implementing Personal Protective Equipment Audits in Health Care Settings¹⁰ PIDAC: Routine Practices and Additional Precautions in All Health Care Settings¹¹ CSA Z94.4:18 Selection, Use and Care of Respirators¹²
Low hand hygiene compliance audits facilitating transmission of ARO and other pathogens	<ul style="list-style-type: none"> Review education and training on hand hygiene provided to staff Review process on auditing hand hygiene compliance 	<ul style="list-style-type: none"> PIDAC Best Practices for Hand Hygiene in All Health Care Settings¹³ PHO Hand Hygiene Program

Step 5: Develop an Implementation Plan

Develop and implement a plan based on the information from steps one to four. The plan will guide efforts in managing the implementation of different IPAC measures and strategies to mitigate risks. A multi-modal improvement strategy could include but not limited to:

- Making changes to the physical environment or workflow
- Modifying policies and procedures to support IPAC practices
- Staff training
- Continuous monitoring (e.g., auditing)

Implementing control measures can vary, but can include hand hygiene, appropriate use of PPE, Additional Precautions signage, cleaning and disinfection, etc.

Stop and Think¹⁴

On this last step, review the findings from steps one to four and think about the following when developing and implementing the IPAC action plan:

- What are the IPAC measures, actions or changes to be implemented?
- What will be prioritized?
- Who will be responsible? Who are the key decision-makers that can influence the adoption and implementation of the plan?
- What resources are needed?
- What is the timeline for implementation?
- Is there a way to know if the control measures work as expected (e.g., evaluation)?

Take Action

Set a meeting with the ORA team to review your findings. An ORA is an important component of an IPAC program and evolves alongside the needs of your home. Evaluate your ORA on a regular basis and as infectious disease threats change. Consider which infectious disease threats continue or have changed and if the IPAC strategies in place are preventing transmission in your home. Ensure timely communication of the IPAC action plan and other relevant information to staff. Provide regular updates and invite active participation to the implementation of the IPAC action plan.

Go to [Appendix A](#) for an example of an ORA.

Example Implementation Plan

Identify the risk

Non-compliance with resident admission screening for MRSA

Level of risk

High to medium risk

Strategies/control measure

- Policy and procedure for ARO screening
- Procedure to ensure supply of MRSA swabs
- Include MRSA screening as part of admission process

Who is responsible and key decision makers

- Senior Leadership
- IPAC Lead
- Director of Care (DOC)
- Specific Department/Program Leads

Measure of Compliance

- MRSA admission screening
- MRSA surveillance

Resources

- Committee members to review policies and procedures
- Adequate supplies of swabs and PPE to ensure timely admission screening

Timelines

Complete within the next three months

Evaluation Plan

- Audit of MRSA admission screening
- Rate of health care associated MRSA infections

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Appendix A: Example of an ORA

This example demonstrates an ORA with focus on Outbreak Management. Each home should review the risks specific to their unique setting and develop a suitable implementation plan. The example uses one of the IPAC program components from the [IPAC Standard for Long-Term Care Homes](#) to illustrate how ORA may be applied.

Planning

Bring People Together

Begin the ORA with the Interdisciplinary Team (IDT) or an established group such as the IPAC Committee, Quality Improvement Team, or Professional Practice Team.

Ensure key roles are included, such as the IPAC lead, administrators, Joint Health and Safety Committee (JHSC) members, Occupational Health (if available), and representatives from relevant departments.

Establish Scope and Key Priorities

Key Priorities:

- To evaluate the home's readiness and capacity to prevent and respond to effectively to infectious disease outbreaks
- Minimize the impact of outbreaks by implementing targeted interventions that protect residents, staff and visitors

Scope: All areas within the long-term care home, including resident rooms, common areas, dining hall and clinical spaces

Gather Information

Collect information on:

- Policies and procedures on outbreak management, environmental cleaning, surveillance, reporting procedures
- Surveillance and outbreak data (e.g., surveillance on ARI, outbreak summary report, debrief)
- Staffing
- Education and training records
- Observational audits (e.g., hand hygiene, PPE use)
- Staff and resident immunization records
- Access and usage of PPE, ABHR, cleaning supplies
- Environmental cleaning and disinfection
- Laboratory testing reports
- Communication
- Outbreak management team roles and responsibilities

Conducting

When conducting an ORA, use the [form for long-term care and retirement homes](#). Below is an example of an ORA on outbreak management.

Step 1. Identify Risks

Who could be exposed and how can they be exposed?

Residents, staff and visitors may be exposed to communicable diseases that can spread quickly throughout the home, putting others at risk. Common examples include outbreaks of influenza, other respiratory viral infections and gastro-intestinal infections (GI).

Outbreaks can result in hospitalizations, increase mortality, social isolation among residents. They may also result in staff burnout and absenteeism, operational strain, psychological and mental effects.

Step 2. Analyze the Risk

What could increase this risk of transmission and are there any control measures in place to prevent this transmission?

Contributing factor(s):

- Peak respiratory illness season
- Delayed recognition, reporting and testing of ill residents
- Physical lay-out challenges and shared spaces, limited access to single rooms for isolation
- Staffing shortages
- Inconsistencies in applying the 4 Moments of Hand Hygiene and use of PPE use
- Lack of appropriate environmental cleaning
- Low uptake of influenza immunization among staff

Control measure(s) in place:

- There is a policy in place for monitoring and isolation of residents with signs and symptoms of an acute respiratory infection (ARI) and gastro-intestinal infections
- Influenza vaccination offered to residents and staff
- PPE and ABHR supplies readily available at point-of-care
- Staff receive annual education on infection control practices and outbreak management

Step 3. Assess the Risk

What is the likelihood of this risk and the impact of transmission?

Likelihood and impact of the identified risk (high, medium or low):

The risk of acute respiratory infection (ARI) transmission remains high due to the following contributing factors, despite the presence of established policies and procedures:

- Inconsistent adherence to the four moments of hand hygiene
- Delays in recognizing, reporting and testing of ill residents
- Inadequate environmental cleaning practices
- Lack of timely communication with the IPAC Lead and Public Health Unit partners
- Rising incidence of respiratory and gastrointestinal infections within the community

Step 4. Manage Risk

Can the risk be mitigated or reduced?

What additional control measures are needed?

After reviewing [Best Practice for Prevention of ARI¹⁵](#) and [Recommendations for Outbreak Prevention and Control in Institutions and Congregate Living Settings](#), additional control measures may need to be implemented such as:

- Prompt testing and isolation of suspect or confirmed ARI cases
- Reduce the number of residents attending programs and increase session frequency to support physical distancing. Remind staff to assist residents with hand hygiene
- Posting signage for Additional Precautions and ensuring appropriate PPE and ABHR are available on room entry
- Improvements in hand hygiene program
- Appropriate environmental cleaning

Step 5. Develop an Implementation Plan

How will these additional control measures be implemented?

Who will be responsible?

Is there a way to know if the control measures work as expected?

Implementation Plan 1

Identify the risk

Delays in recognizing, reporting and testing of ill residents

Level of risk

High

Strategies/control measure

List all strategies / control measures required to mitigate the risk.

Prompt testing and isolation of suspect or confirmed ARI/GI cases

Who is responsible and key decision makers

Note positions and roles that will be required for approvals and implementation.

DOC/Senior Leadership/Nursing/IPAC

Measure of compliance

For each control measure, define measurable criteria to ensure control measures are implemented as it should be (e.g., "Hand hygiene audits completed monthly, other audits of practice).

- Testing turnaround times
- Documentation of when patient/residents were placed on precautions

Resources

List the resources needed to complete the strategies / control measures identified.

- Availability of testing swabs and kits
- Staff to review policies and procedures

Timelines

Indicate milestones and schedule for implementation completion schedule.

Complete within the next 3 months

Evaluation plan

Identify how control measures will be monitored.

- Review documentation records when residents were placed on precautions
- Review of testing turnaround times

Implementation Plan 2

Identify the risk

Inadequate environmental cleaning practices

Level of risk

High

Strategies/control measure

List all strategies / control measures required to mitigate the risk.

Enhance environmental cleaning

Who is responsible and key decision makers

Note positions and roles that will be required for approvals and implementation.

Environnemental Services Manager/DOC/
ADOC/IPAC

Measure of compliance

For each control measure, define measurable criteria to ensure control measures are implemented as it should be (e.g., Hand hygiene audits completed monthly, other audits of practice).

Conduct environmental cleaning audits, cleaning logs and checklist

Resources

List the resources needed to complete the strategies / control measures identified.

- Availability of cleaning and disinfection products including cleaning instructions
- Committee members to review environmental policies and procedures.
- Environmental staff and designates to conduct audits

Timelines

Indicate milestones and schedule for implementation completion schedule.

Complete within 2 to 3 months

Evaluation plan

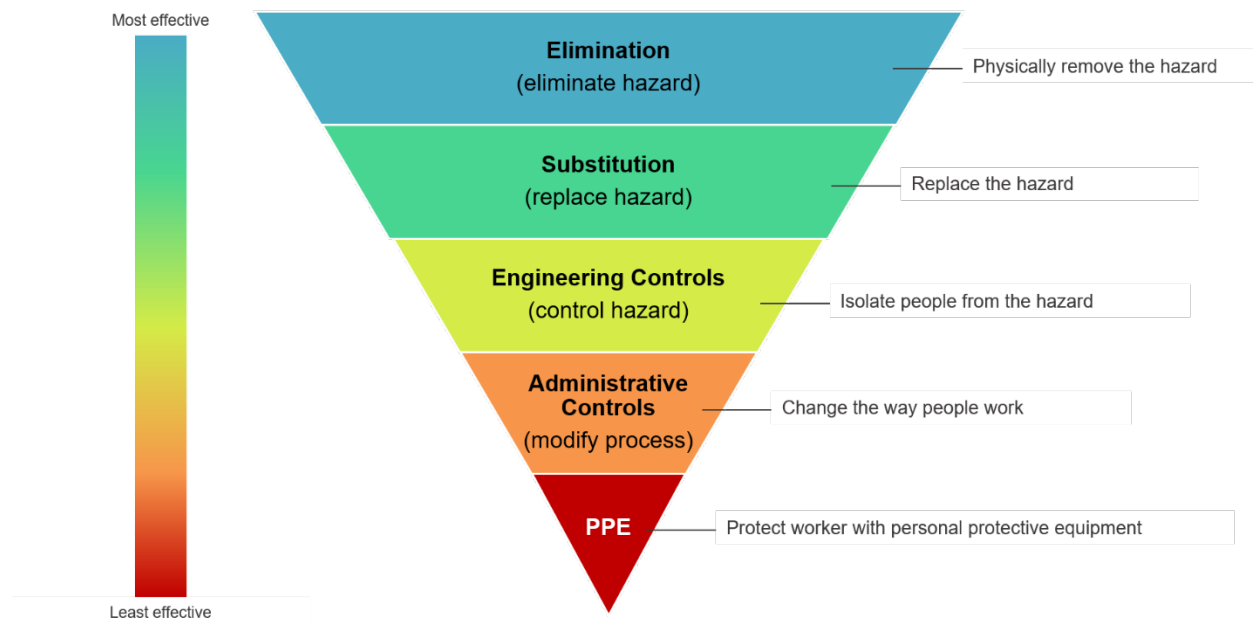
Identify how control measures will be monitored.

Review results of cleaning audits and environmental surface testing (if applicable)

Appendix B: Hierarchy of Controls

IPAC measures follow a hierarchy.¹⁶ To be effective, a combination of multiple control strategies should be implemented and periodically assessed.

Figure 2: Hierarchy of Controls



Source: National Institute for Occupational Safety and Health (NIOSH). About hierarchy of controls. Atlanta, GA: Center for Disease Control and Prevention; 2024. Available from <https://www.cdc.gov/niosh/hierarchy-of-controls/about/index.html>

The following are examples of hierarchy controls:

1. **Elimination and Substitution (remove the risk or find alternative):** e.g., vaccination
2. **Engineering Controls (isolate the hazard):** e.g., airborne infection isolation room (AIIR), ventilation, physical barrier at reception, providing alcohol-based hand rubs (ABHR) at point of care (POC) and entrance.
3. **Administrative Controls (change the way people work):** Achieved through having policies and procedures (P&P) based on IPAC best practices and IPAC training for staff. For example, health care worker vaccinations, sick leave policy, active screening, completing IPAC training such as [PHO: Infection Prevention and Control – Online Learning](#) on hire and on an annual basis.
4. **Personal Protective Equipment (PPE):** Availability and education on selection (e.g., point-of-care risk assessment) and use of protective gear to minimize exposure and prevent transmission.

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For more information about PHO, visit publichealthontario.ca.

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