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COVID-19: Infection Prevention and Control Checklist for Long-Term Care and Retirement Homes

3rd Edition: January 2023

When to Use This Checklist

This checklist helps guide individuals trained or working with those trained in infection prevention and control (IPAC) in conducting IPAC assessments related to COVID-19 in long-term care and retirement homes.

It can be used:

- During in-person or virtual visits to provide advice on preparedness and management of COVID-19.
- By those working in or supporting long-term care or retirement homes for self-assessment and to guide policies, procedures, preparedness and response planning.
- In addition to—and does not replace—the advice, guidelines, recommendations, or other direction from provincial Ministries and local public health authorities.
- As a point-in-time assessment; ongoing re-evaluation is recommended as required.

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Assessor Information

Please complete and sign

Owner/Administrator (or designate)

First name:

Last name:

Signature:

Date (yyyy/mm/dd):

Inspector/Assessor/Investigator Signature:

Additional Inspector/Assessor/Investigator Signature(s):

1 - Entrance and Screening

1.1 Passive screening and signage

Yes	No	N/A	Passive screening is performed at the entrance by Health care workers (HCWs) and staff, essential visitors, and general visitors, while physically distanced.
Yes	No	N/A	There is passive screening signage which includes information on COVID-19 symptoms , ¹ potential exposures to COVID-19 and instructions to follow should one fail the passive screening (i.e., if COVID-19 is suspected or confirmed).
Yes	No	N/A	HCWs and staff who fail passive screening report their illness to their manager/supervisor.
Yes	No	N/A	HCWs with post-vaccination related symptoms are exempt from exclusion from work where expressly permitted under and in accordance with the Guidance for Employers Managing Workers with Symptoms within 48 Hours of COVID-19 or Influenza Immunization . ²

1.2 Entrance requirements

Yes	No	N/A	There is alcohol based hand rub (ABHR), (70-90% alcohol concentration), with instructions to clean hands at the entrance.
Yes	No	N/A	Medical masks are available and instructions to put on a mask at the entrance.
Yes	No	N/A	There is a reminder to follow respiratory etiquette.
Yes	No	N/A	HCWs, essential visitors or general visitors clean hands with ABHR and then don a medical mask to enter the Long-term Care Home (LTCH) or Retirement Home (RH).

1.3 Active screening

Yes	No	N/A	General visitors and essential visitors who enter the home with the exception of emergency first responders ³ , are actively screened by a screener or by an app or other method of attestation for signs and symptoms of and exposure to COVID-19 as they enter the building.
Yes	No	N/A	Residents returning to the home after an absence are actively screened.
Yes	No	N/A	Residents returning to the LTCH following an absence who fail active screening are permitted entry to the home.
Yes	No	N/A	Residents who fail active screening are placed on Additional Precautions ⁴ and tested for COVID-19.
Yes	No	N/A	The COVID-19 Screening Tool for Long-Term Care Homes and Retirement Homes may be used by the screeners. ³
Yes	No	N/A	Active screening procedure occurs 24 hours a day, seven days a week.

1.4 Asymptomatic Screen Testing

Yes	No	N/A	Long-term care homes (routine testing of asymptomatic HCWs, other staff and visitors who have not been exposed to COVID-19) is performed as per Ministry guidance . ⁵
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1.5 Screeners

Yes	No	N/A	Screener performs a Personal Risk Assessment (PRA) for personal protective equipment (PPE) for each interaction.
Yes	No	N/A	Screener wears required PPE.

With barrier (e.g., plexiglass):

- Medical mask
- Eye protection as directed by PRA

Without barrier:

- Medical mask
- Eye protection (eye protection is cleaned or changed when visibly soiled, wet, or damaged).
- Gloves and gown are worn based on PRA and changed between each interaction if contact with person being screened.

Yes	No	N/A	Mask is changed when visibly soiled, wet, or damaged.
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1.6 Ongoing Monitoring

Yes	No	N/A	All HCWs, essential visitors, general visitors, and students, self-monitor daily for COVID-19 symptoms. ⁶
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1.7 Visitors Who Fail Screening

Yes	No	N/A	Visitors who do not pass screening are prevented from entering the LTCH, are encouraged to follow Ministry of Health recommendations for self-isolation and testing.
Yes	No	N/A	Visitors of imminently palliative residents who fail screening are permitted entry. The LTCH ensures they wear a medical mask and maintain physical distance from other residents, HCWs and staff.
Yes	No	N/A	There is a process to record contact information and visit details for any visitor who has entered and exited the home (full name, contact information, the resident they are visiting, and the in/out time).
Yes	No	N/A	All essential visitors and general visitors don a mask as directed by ministry guidance during their time inside the home. ⁷ Essential visitors and general visitors receive donning and doffing mask support and appropriate hand hygiene instructions from staff.
Yes	No	N/A	Support for other personal protective equipment (PPE) is provided as required.

Resources

- [COVID-19 Screening Tool for Long-Term Care Homes and Retirement Homes](#)³
- [COVID-19: Guidance for the Health Sector](#)⁵
- [Coronavirus Disease 2019 \(COVID-19\): How to Self-Monitor](#)⁶
- [COVID-19 Guidance Document for Long-Term Care Homes in Ontario](#)⁷
- [COVID-19 Guidance: Long-Term Care Homes, Retirement Homes, and Other Congregate Living Settings for Public Health Units](#)⁸
- [Coronavirus Disease 2019 \(COVID-19\): Universal Mask Use in Health Care](#)⁹
- [Coronavirus Disease 2019 \(COVID-19\): How to self-isolate](#)¹⁰

Notes

2 - Visiting

2.1 Visitor Policies and Procedures

Yes	No	N/A	There are written policies and procedures with respect to visits in accordance to the requirements described in the COVID-19 Guidance: Long-Term Care Homes, Retirement Homes, and Other Congregate Living Settings for Public Health Units ⁸
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Notes

3 - Personal Care Services

3.1 Personal Care Services masking

Yes	No	N/A	Personal care services (e.g., hairdressing and barber services) wear a medical mask and operate in accordance with all applicable laws including regulations.
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3.2 Resident masking

Yes	No	N/A	Resident wears a medical mask as tolerated. ⁷
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Notes

4 - Universal Masking

Yes	No	N/A	HCWs, general visitors and essential visitors receive education and training with respect to universal masking and are compliant with masking guidance.
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Resources

- [COVID-19 Guidance Document for Long-Term Care Homes in Ontario](#)⁷
- [Coronavirus Disease 2019 \(COVID-19\): Universal Mask Use in Health Care](#)⁹
- [Universal Mask Use in Health Care Settings and Retirement Homes](#)¹¹

Notes

5 - Human Resources

A contingency plan with respect to human resources has been developed that:

Identifies minimum staffing needs and prioritizes critical and non-essential services based on residents' health status, functional limitations, disabilities, and essential facility operations.

Considers staffing needs in outbreak and non-outbreak scenarios, and the expectation of increased staff absenteeism during outbreaks.

Yes	No	N/A	Home is aware of the Ministry of Health's Workforce Matching Portal ¹² or other available supports (e.g., Ontario Health-region) that can be accessed if the home would like to request help from available resources.
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Resources

- [Management of Cases and Contacts of COVID-19 in Ontario](#)¹

Notes

6 - Vaccination

Yes	No	N/A	Home has a vaccination policy and process in place.
Yes	No	N/A	Vaccination with COVID-19 vaccines and other vaccines such as influenza are documented and maintained for all residents and staff.
Yes	No	N/A	New admissions, who are not up-to-date with their COVID-19 vaccinations should be offered a complete series of a COVID-19 vaccination, or their remaining eligible doses, as soon as possible. ¹³
Yes	No	N/A	All individuals, regardless of COVID-19 vaccine status, continue to practice the recommended public health measures for the prevention and control of COVID-19 infection and transmission.

Resources

- [COVID-19 Vaccine-Relevant Information and Planning Resources](#)¹⁴
- [Ministry of Health COVID-19 Vaccine Guidance](#)¹⁵

Notes

7 - Personal Protective Equipment (PPE)

7.1 Education and Training

Yes	No	N/A	HCWs, staff general and essential visitors who provide health care receive education/training on how to perform a PRA and select appropriate PPE in accordance with Routine Practices and Additional Precautions ¹⁶ upon hire (orientation) annually just-in-time for specific cases or outbreaks.
Yes	No	N/A	HCWs, staff, general and essential visitors receive education and training on how to safely don and doff (put on and take off) PPE . ¹⁷
Yes	No	N/A	There are posters/visuals to help staff with donning and doffing of PPE.
Yes	No	N/A	HCWs, staff, general and essential visitors receive education on IPAC Recommendations for Use of PPE for care of Individuals with Suspect or Confirmed COVID-19 including those undergoing aerosol generating medical procedures (AGMPs) ⁴

7.2 Eye protection

Yes	No	N/A	Eye protection (e.g., goggles or face shield) is worn by all HCWs, and essential visitors/caregivers within 2 metres of a resident who has suspect or confirmed COVID-19 and while providing care to residents in an outbreak area as per Ministry guidance . ⁷
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7.3 PPE Supply

Home has a plan in place for:

Estimating the number of days of supplies ([PPE Burn Rate Calculator](#))¹⁸

For maintaining an adequate supply of PPE for resident care for both usual care requirements and outbreak scenarios, including:

Medical masks	Gowns
N95 respirators (HCWs have been fit-tested for N95 respirators where applicable)	Eye protection
Gloves	

Resources

- [IPAC Recommendations for Use of PPE for Care of Individuals with Suspect or Confirmed COVID-19](#)⁴
- [COVID-19 Guidance Document for Long-Term Care Homes in Ontario](#)⁷
- [COVID-19 Guidance: Long-Term Care Homes, Retirement Homes, and Other Congregate Living Settings for Public Health Units](#)⁸

Notes

8 - Hand Hygiene

Yes	No	N/A	HCWs, other staff and essential visitors receive education and training on how and when to perform hand hygiene.
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ABHR (70-90% alcohol concentration) is available at:

Point-of-care

In other resident and common areas

Resources

- [Best practices for hand hygiene in all health care settings](#)¹⁹

Notes

9 - Consumable Supplies

A plan with key contacts (e.g., Ontario Health) has been put in place to monitor consumable supplies including, but not limited to:

Gloves	Thermometer tip covers
Gowns	ABHR
Masks	Tissues
Eye protection	Critical medications
N95 respirators	

Notes

10 - Physical Distancing

Yes	No	N/A	HCWs, other staff, essential visitors and general visitors receive education and training on physical distancing (maintaining a minimum 2 metre [6 feet] distance apart, as much as possible).
Yes	No	N/A	Physical distancing guidance is followed in accordance with Ministry guidance and as directed by the local public health unit.

Physical distancing of **staff** is supported by:

Breaks and lunches are staggered

Outdoor spaces are considered for breaks as weather permits.

The number of tables and chairs in staff common areas are limited.

Tables are 2 m apart.

Chairs are placed at the table such that a 2 m distance between chairs is maintained between those at the table and adjacent tables.

Meeting spaces are chosen that will allow 2 m distance between attendees and/or multiple meetings are held with smaller number of attendees.

Physical distancing of **residents** is supported by:

Educating residents on physical distancing.

Moving or removing chairs to ensure there is no crowded seating.

Removing or spacing out tables/chairs in dining room(s).

Multiple seating times in the dining room(s).

Monitoring elevator waiting spaces.

Consider placing markers on the floor where individuals may form a queue (e.g., at the elevator).

The physical layout of the room allows for sufficient space between resident environments (e.g., bed, furniture, fixtures, shared washroom).

Resident environments are separated by partitions or drawn curtains that do not impede air flow.

Yes	No	N/A	Medication administration schedules are reviewed to minimize the number of times HCWs need to enter residents' rooms.
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Resources

- [COVID-19 Guidance Document for Long-Term Care Homes in Ontario](#)⁷

Notes

11 - Air Quality and Ventilation

11.1 Ventilation of indoor spaces

Yes	No	N/A	Indoor spaces are as well-ventilated as possible, and may be through a combination of strategies including: natural ventilation (e.g., by regular opening of windows), local exhaust fans (e.g., bathroom exhaust fans) and central ventilation by a heating, ventilation and air conditioning (HVAC) system (which may include filtration). ^{20,21}
Yes	No	N/A	Where feasible, windows are open often and for extended periods if this can be done safely (especially if there is no central ventilation system). ^{20,21}
Yes	No	N/A	Where available in resident rooms, local exhaust fans are used often or longer (especially if there is no central ventilation system). ²¹
Yes	No	N/A	Where a mechanical HVAC system is in place, it is maintained and operated as designed. Filter upgrade is considered where feasible (with involvement of HVAC professional).
Yes	No	N/A	Pay special attention to common areas or spaces shared by multiple people e.g., dining rooms, staff rooms.
Yes	No	N/A	Portable air cleaners are considered to filter indoor air, especially where ventilation options are limited. ^{21,22}
Yes	No	N/A	All ventilation and filtration systems are maintained according to manufacturer's instructions. ^{20,21}

11.2 Where portable units (e.g., air cleaners, fans, air conditioners) are used:

Yes	No	N/A	Place in a manner that avoids air currents from one person to another's breathing space. ²¹
Yes	No	N/A	Develop a plan to cover manufacturer recommended maintenance including filter replacement (if applicable). ²²
Yes	No	N/A	Select unit appropriate for the size of the room and optimally place (e.g., follow manufacturer's instructions, ensure intake and outflow are not obstructed, not a fall hazard). ²⁰

11.3 Outdoor spaces:

Yes	No	N/A	When feasible, to reduce the risk of COVID-19 transmission, outdoor activities are encouraged over indoor activities
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Resources

- [COVID-19 Guidance: Long-Term Care Homes, Retirement Homes, and Other Congregate Living Settings for Public Health Units](#)⁸
- [Heating, Ventilation and Air Conditioning \(HVAC\) Systems in Buildings and COVID-19](#)²⁰
- [COVID-19: Guidance on Indoor Ventilation During the Pandemic](#)²¹
- [Use of Portable Air Cleaners and Transmission of COVID-19](#)²²
- [Using Ventilation and Filtration to Reduce Aerosol Transmission of COVID-19 in Long-Term Care Homes](#)²³
- [How to Protect Yourself from COVID-19](#)²⁴

Notes

12 - Resident Admissions, Re-admissions and Absences

Yes	No	N/A	There are written policies and procedures with respect to accepting admissions and transfers of residents from other health care facilities back to the home (re-admission) including during an outbreak. ^{7,8}
Yes	No	N/A	There is a written policy and procedure with respect to permitting residents to go on absences. ⁷
Yes	No	N/A	Residents are provided a medical mask (worn as tolerated) and residents are reminded to follow public health measures, such as physical distancing and hand hygiene, while they are away from the home. ⁷
Yes	No	N/A	All residents on an absence, regardless of type or duration of the absence, are actively screened upon their return to the home.

Resources

- [COVID-19 Guidance Document for Long-Term Care Homes in Ontario](#)⁷
- [COVID-19 Guidance: Long-Term Care Homes, Retirement Homes, and Other Congregate Living Settings for Public Health Units](#)⁸

Notes

13 - Post-mortem Care

Yes	No	N/A	HCWs receive education and training on care of a deceased resident who was infected with COVID-19 (i.e., Additional Precautions ⁴ continue after the person has died).
Yes	No	N/A	The LTCH follows directives from the Bereavement Authority of Ontario ²⁵ and the Chief Coroner for Ontario regarding the management of deceased residents.
Yes	No	N/A	The home contacts the local public health unit immediately following the death of any person with confirmed or suspected COVID-19.

Resources

- [COVID-19 Guidance Document for Long-Term Care Homes in Ontario](#)⁷

Notes

14 - Environmental Cleaning

Yes	No	N/A	Environmental cleaning is performed using a health care grade cleaner/disinfectant that has a drug identification number (DIN).
Yes	No	N/A	Aerosol or trigger spray bottles are not used to apply cleaner/disinfectants.
Yes	No	N/A	Contact time, as indicated in the disinfectant manufacturer's instructions for use, is adhered to.
Yes	No	N/A	High touch surfaces are cleaned at least once per day and when visibly soiled. A list of the high touch surfaces to be cleaned is maintained. A daily record is kept of who is responsible for cleaning the high touch surfaces and when they were cleaned.
Yes	No	N/A	Equipment that cannot be dedicated to a single resident is cleaned and disinfected between residents.
Yes	No	N/A	There are policies and procedures regarding staffing in Environmental Services to allow for surge capacity (e.g., additional staff, supervision, supplies, and equipment).
Yes	No	N/A	There is a policy for cleaning rooms of residents who are on Additional Precautions ⁴ (suspect and confirmed cases).

Environmental Services staff receive education and training on:

Hand hygiene

The correct way to clean (e.g., use the correct dilution, correct contact time, clean from clean to contaminated and from top to bottom, do not double dip).

Resources

- [Environmental Cleaning](#)²⁶

Notes

15 - Auditing

There is a process for auditing compliance (both during and outside of outbreaks) to:

Hand hygiene

Routine Practices

Additional Precautions

PPE use (e.g., how one dons and doffs)

Environmental Cleaning

Resources

- [Personal Protective Equipment \(PPE\) Auditing](#)²⁷
- [Auditing of Personal Protective Equipment \(PPE\) Use](#)²⁸
- [Supporting the Use of Personal Protective Equipment \(PPE\) Audit](#)²⁹
- [Supporting the Implementation of Personal Protective Equipment Auditing in Health Care Settings](#)³⁰

Notes

16 - Occupational Health and Safety

Yes	No	N/A	Those who test positive, have COVID-19 symptoms or are a high-risk contact of someone who is COVID-19 positive are to notify their manager/supervisor or occupational health designate as per as per the organizational policy.
Yes	No	N/A	IPAC practitioner/lead or designate is informed immediately of any staff cases (including contract or agency staff).

Resources

- [COVID-19 Guidance Document for Long-Term Care Homes in Ontario](#)⁷

Notes

17 - Planning and Outbreak Preparedness

17.1 Planning and Preparedness

Yes	No	N/A	A multidisciplinary planning committee or team has been created to specifically address COVID-19 and respiratory virus season preparedness planning
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As part of preparedness planning the multidisciplinary committee reviews the layers of prevention approach using the hierarchy of controls e.g.;

Vaccination	Physical distancing
Universal Masking	Policies
Ventilation	Education and training

Access to:

ABHR	PPE
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Yes	No	N/A	Home has identified a person(s) who is responsible (24 hours per day, seven days per week) for leading a timely COVID-19 response/outbreak management team.
Yes	No	N/A	Home has identified a person(s) responsible (24 hours per day, seven days per week) to liaise with the local Public Health Unit person(s).
Yes	No	N/A	Home has the name(s) and contact information of their local Public Health Unit person(s).
Yes	No	N/A	Home has the name(s) and contact information of other resources that may support/be involved during an outbreak.
Yes	No	N/A	Contact information for family members or guardians of home residents is up-to-date and the power-of-attorney (POA) is clearly identified.
Yes	No	N/A	Resident(s) care goals/advanced directives are known and updated.
Yes	No	N/A	There are processes in place for communication with HCWs, staff, essential visitors, residents and families and the media (external and internal communications).
Yes	No	N/A	There is a process for inter-facility transfers that includes notifying transport personnel and receiving facilities about a resident's suspected or confirmed diagnosis (e.g., presence of respiratory symptoms or known COVID-19) and/or the facility's outbreak status prior to transfer.

17.2 Test kits/requisitions/specimen collection:

Home has a process in place for ordering tests kits/requisitions/specimen collection

HCWs are educated and trained on COVID-19 and other respiratory virus specimen collection

Home has supply of COVID-19 test kits and test kits for other respiratory viruses

Home has resources on testing for COVID-19 and other respiratory viruses³¹

Home has a policy/procedure on COVID-19 and other respiratory virus specimen collection

There is a process for transporting COVID-19 and other respiratory virus specimens to laboratory for testing.

Yes	No	N/A	There is a plan for increasing cleaning and disinfection of high touch surfaces to at least two times daily and when visibly soiled.
Yes	No	N/A	Alternative accommodation plans have been considered to support resident physical separation for isolation and/or cohorting.

17.3 Isolation:

Yes	No	N/A	Single rooms have been identified for use for individuals requiring Additional Precautions ⁴ <ul style="list-style-type: none"> • Where a single room is not possible, individuals are placed in a room with no more than one other resident who must also be placed on Additional Precautions⁴
Yes	No	N/A	For the purposes of isolation, no more than two residents should be placed in a room, including 3 or 4 bed ward rooms.

17.4 General accommodations:

Yes	No	N/A	After completing all testing and isolation requirements under Admissions and Transfers as applicable, all new residents are placed in a single or semi-private room.
Yes	No	N/A	Where semi-private rooms are used, there is adequate space (minimum 2 m) between beds.

17.5 Ward rooms:

Yes	No	N/A	Where placement into single or semi-private rooms is not possible, new admissions are placed in a ward room (a room that has 3 or 4 beds) with no more than one other resident.
Yes	No	N/A	There are no more than two residents in a ward room and every effort is made to ensure there is adequate space (minimum 2 m) between beds.
Yes	No	N/A	Plans have been considered in preparing for alternative meal delivery and services should communal dining need to be stopped (e.g., in-room tray service).
Yes	No	N/A	Plans have been considered in preparing for alternative resident activities should group activities no longer be permitted.
Yes	No	N/A	Home has reviewed all Ministry requirements for COVID-19 outbreak preparedness.

Resources

- [IPAC Recommendations for Use of Personal Protective Equipment for Care of Individuals with Suspect or Confirmed COVID-19](#)⁴
- [COVID-19 Guidance: Long-Term Care Homes, Retirement Homes, and Other Congregate Living Settings for Public Health Units](#)⁸
- [Prevention and Management of COVID-19 in Long-Term Care and Retirement Homes](#)³²
- [Cohorting During an Outbreak of COVID-19 in Long-Term Care Homes](#)³³

Notes

18 - Surveillance and Outbreak Management

Yes	No	N/A	Residents are assessed for signs and symptoms of COVID-19 in accordance to applicable guidance.
Yes	No	N/A	Residents with symptoms or signs of COVID-19 are immediately placed on Additional Precautions ⁴ in a single room, where feasible.
Yes	No	N/A	The symptomatic resident is tested immediately in accordance with ministry guidance.
Yes	No	N/A	The local Public Health Unit is notified.
Yes	No	N/A	Identification of a resident(s), HCW(s), other staff member(s) or essential visitor(s) presenting with symptoms compatible with COVID-19 initiates increased surveillance for respiratory symptoms (e.g., twice daily monitoring of residents).
Yes	No	N/A	A line-listing of suspected or known cases is kept updated as new cases develop and is shared with the local Public Health Unit.
Yes	No	N/A	The Ministry of Labour is notified as per Occupational Health and Safety Act (OHSA) requirements.
Yes	No	N/A	Contacts of the suspected or known case(s) are identified.
Yes	No	N/A	Residents who were in close contact (e.g., shared room, dining/activity cohort) with a symptomatic resident, HCW, other staff or essential visitors follow the direction of the local PHU for isolation and testing requirements in accordance with Ministry guidance.
Yes	No	N/A	Staff who cared for the case without appropriate IPAC measures including appropriate and consistent use of PPE are tested as per ministry guidance.
Yes	No	N/A	There are increased cleaning and disinfection practices (e.g., at least two times a day and when visibly dirty for high touch surfaces).
Yes	No	N/A	During an outbreak, public health units are consulted to develop a plan with regard to resident absences.
Yes	No	N/A	Alternative activities to support residents' well-being are in place if all group activities must be suspended/stopped.
Yes	No	N/A	Alternative meal delivery and service considerations as communal dining may be stopped as directed by the local PHU (e.g., in-room tray service).
Yes	No	N/A	The home has a process to ensure that any external agency, engaged to assist the home, follows the directions of the local public health unit when providing services at the home.
Yes	No	N/A	Those employed by the external agency have received appropriate IPAC training by either the agency or the home with whom they are engaged.
Yes	No	N/A	The local public health unit is consulted to direct testing and public health management of all those impacted by the outbreak (staff, residents, and visitors).
Yes	No	N/A	In addition to implementing the minimum requirements for outbreak management outlined in Ministry guidance, homes are to consult their local public health unit regarding the need for additional outbreak control measures, including additional isolation requirements, to reduce the risk of COVID-19 transmission in the setting.

Resources

- [Management of Cases and Contacts of COVID-19 in Ontario](#)¹
- [COVID-19 Guidance Document for Long-Term Care Homes in Ontario](#)⁷
- [COVID-19 Guidance: Long-Term Care Homes, Retirement Homes, and Other Congregate Living Settings for Public Health Units](#)⁸
- [Control of Respiratory Infection Outbreaks in Long-Term Care Homes, 2018](#)³⁴
- [COVID-19 and the Occupational Health and Safety Act](#)³⁵

Notes

19 - Management of COVID-19 Cases

Yes	No	N/A	PPE (gloves, gowns, medical masks, fit tested N95 respirators, eye protection) required for caring for residents is readily accessible (e.g., store just outside the resident room in a manner that will keep the PPE clean and dry).
Yes	No	N/A	All suspected and known COVID-19 cases are cared for on Additional Precautions ⁴ :
Yes	No	N/A	Hand hygiene ¹⁹ is performed and PPE is donned prior to entering the resident's room.
Yes	No	N/A	Residents are in a single room with own bathroom, where feasible.
Yes	No	N/A	Dedicated resident care equipment is used.
Yes	No	N/A	Equipment is cleaned before use on another resident.
Yes	No	N/A	Home has a plan for cohorting or grouping residents during an outbreak, in consultation with the Outbreak Management Team, following the guidance in Cohorting in Outbreaks in Congregate Living Settings . ³⁶
Yes	No	N/A	HCWs are assigned to care for only a specific cohort of residents
Yes	No	N/A	Staff working with one cohort remain separate from each other and from staff members working with other cohorts. ³⁶
Yes	No	N/A	For small homes – determine the need for the home to be considered a single unit, where all residents are managed as infected/potentially infected and HCWs use Additional Precautions ⁴ for all residents and while in the affected area.
Yes	No	N/A	Wherever possible, PPE is removed and hand hygiene performed, just at the exit of the resident room, following the process described in Recommended Steps: Putting on and Taking Off Personal Protective Equipment (PPE) . ¹⁷
Yes	No	N/A	Garbage and/or laundry bins are positioned near the exit inside of the resident room to make it easy for staff to discard PPE after removal, and prior to exiting the room.
Yes	No	N/A	Signage is clear indicating the resident is on Additional Precautions . ⁴

Yes	No	N/A	There is signage indicating the correct sequence of donning and doffing PPE . ¹⁷
Yes	No	N/A	Additional Precautions for COVID-19 remain in place as indicated in the most current guidance document.

Resources

- [IPAC Recommendations for Use of Personal Protective Equipment for Care of Individuals with Suspect or Confirmed COVID-19](#)⁴

Notes

20 - Declaring the Outbreak Over

Yes	No	N/A	The Medical Officer of Health or designate (from the local PHU) in collaboration with the home's Outbreak Management Team will determine when to declare an outbreak over, taking into consideration the period of communicability and incubation period of COVID-19, as well as the epidemiology of the outbreak. ⁸
Yes	No	N/A	Upon discontinuation of the outbreak, the following is completed: <ul style="list-style-type: none"> • Resident environment is terminally cleaned. • Stakeholders are informed that outbreak is over.
Yes	No	N/A	The outbreak management team reconvenes to debrief and determine gaps and lessons learned.

Resources

- [Management of Cases and Contacts of COVID-19 in Ontario](#)¹
- [COVID-19 Guidance: Long-Term Care Homes, Retirement Homes, and Other Congregate Living Settings for Public Health Units](#)⁸
- [Control of Respiratory Infection Outbreaks in Long-Term Care Homes, 2018](#)³⁴
- [De-escalation of COVID-19 Outbreak Control Measures in Long-Term Care and Retirement Homes](#)³⁷
- [Best Practices for Infection Prevention and Control Programs in All Health Care Settings](#)³⁸

Notes

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