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CHECKLIST

COVID-19 Preparedness and Prevention in Congregate Living Settings

4th Revision: August 2022

Who Should Use This Checklist

This checklist can be used by administrators and staff members in a range of congregate living settings (e.g., shelters, group homes, supportive housing). Although not specific for correctional facilities, some of the items on the checklist may be applicable to these settings. This checklist is not intended for use in long-term care facilities (a specific checklist exists for [long-term care facilities](#)).¹

When to Use This Checklist

This checklist can be used to help plan for and prevent COVID-19 in congregate living settings. It is to be used in addition to – but does not replace – the advice, guidance, recommendations, directives, or other direction of provincial Ministries and local public health units. See the Ministry of Health’s [COVID-19 Guidance: Congregate Living for Vulnerable Populations](#)² and the Ministry of Children, Community and Social Services’ [COVID-19 Guidance for MCCSS-funded and Licensed Congregate Living Settings](#)³ for more information. Additional resources are also available on PHO’s [COVID-19 Resources for Congregate Living Settings](#)⁴ webpage. This checklist was developed using documents listed under [Sources](#).

If there is a case of COVID-19 in your congregate setting or an outbreak may be occurring based on ill clients, staff, and/or visitors, contact your local public health unit and refer to the [Managing COVID-19 Outbreaks in Congregate Living Settings](#) checklist.⁵

How to Use This Checklist

When using the checklist, the status column can be marked as follows to indicate:

C = complete

IP = in progress

NA = not applicable

There is also a column for your notes, comments, or observations.

Although in some congregate living settings the terms client or tenant may be used, throughout this document the term client is used for consistency. It is important to note that the ideas suggested below may not be appropriate in every setting and may need to be adjusted for specific settings.

See Ministry of Health’s COVID-19 Guidance: [Congregate Living for Vulnerable Populations](#)² for the definition of the term staff.

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1. Getting Prepared

1	Getting Prepared	Status C/IP/NA	Notes
1.1	<p>Contact information</p> <p>Appropriate staff know how to contact key people such as:</p> <ul style="list-style-type: none"> • Key individuals within the congregate setting. • Local public health unit. • Health care providers for your congregate setting. • COVID-19 assessment centre. 		
1.2	<p>Resources and guidance documents</p> <p>Appropriate resources and guidance have been reviewed:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Ministry of Health⁶ <input type="checkbox"/> Public Health Ontario⁷ <input type="checkbox"/> Local public health unit⁸ <input type="checkbox"/> Ministry of Children, Community and Social Services³ <input type="checkbox"/> Ontario government COVID-19 guidance⁹ 		
1.3	<p>Response leads and outbreak management team identified</p> <ul style="list-style-type: none"> <input type="checkbox"/> A COVID-19 lead has been identified for case and outbreak planning and response. <input type="checkbox"/> An infection prevention and control (IPAC) lead has been identified. <input type="checkbox"/> Resources are available for the IPAC lead on the PHO Website.¹⁰ <input type="checkbox"/> A planning and preparedness team has been identified that could include: <ul style="list-style-type: none"> • A COVID-19 lead, administrators, managers, the environmental lead, the person responsible for infection prevention and control, health care staff (if applicable), communications and other appropriate staff members. • Should an outbreak occur, this team can become the outbreak management team and should include the local public health unit. 		

1	Getting Prepared	Status C/IP/NA	Notes
1.4	<p>Accessing key services and supports</p> <p>A plan is in place to ensure clients have access to key services and supports if they cannot leave the congregate setting during an outbreak of COVID-19, which include but are not limited to:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Routine medications (e.g., prescription medications, acetaminophen, ibuprofen). <input type="checkbox"/> Mental health supports/counselling. <input type="checkbox"/> Harm reduction supplies. <input type="checkbox"/> Addiction services and supports including for alcohol or drug use (including opioid agent treatment e.g., methadone, suboxone). <input type="checkbox"/> Nicotine replacement. <input type="checkbox"/> Naloxone for emergency response. 		
1.5	<p>Make plans to manage ill clients</p> <p>Plans, based on individual client’s risks and needs, are in place for:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Ensuring up-to-date contact information is available for family/legal guardians of clients. <input type="checkbox"/> A safe area for self-isolation: ideally a single well-ventilated room with a door that closes and access to a private bathroom or in an area away from other clients. (See Section 4.3) <input type="checkbox"/> Transportation to and from a COVID-19 assessment centre or to an alternate location if required. <input type="checkbox"/> Medical care, including Paxlovid or other approved COVID-19 treatments, if eligible. For more information on COVID-19 antivirals, please see the Ontario Government’s COVID-19 antiviral treatment screener.¹¹ <input type="checkbox"/> Identifying high risk close contacts in consultation with the local public health unit. <input type="checkbox"/> Advanced care planning for severe illness. <input type="checkbox"/> Providing services noted in Section 1.4. 		

2. Staff and Visitors

2	Staff and Visitors	Status C/IP/NA	Notes
2.1	<p>Essential visitors and general visitors</p> <p>Visitors are classified as essential visitors and general visitors:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Essential visitors provide support to the ongoing operation of a CLS and/or are considered necessary to maintain the health, wellness and safety, or any applicable legal rights, of a congregate living client. <input type="checkbox"/> General visitors are all other visitors who are not considered essential visitors. <input type="checkbox"/> Plans are in place to ensure compliance with any sector-specific and/ or provincial policies for visitors (see Section 2.9 for vaccination policies). <input type="checkbox"/> Congregate settings that are in outbreak are restricted to essential visitors only. <input type="checkbox"/> Essential visitors are permitted to enter the CLS even when clients are in self-isolation and/or the CLS is in an outbreak. <input type="checkbox"/> General visitors are not permitted to visit client(s) who are self-isolating and/or when the CLS is in an outbreak. 		
2.2	<p>Masking</p> <p>See Section 6.1 for masking requirements for staff and visitors.</p>		
2.3	<p>Stay home if ill and/or test positive for COVID</p> <ul style="list-style-type: none"> <input type="checkbox"/> Staff and all visitors know that they should stay home if ill, even if they only have mild symptoms, and follow provincial guidance regarding COVID-19 testing. <input type="checkbox"/> Staff should advise their manager if they have tested positive for COVID-19 or if they have any illness that could be COVID-19. <input type="checkbox"/> All visitors should be advised that if they start to feel unwell while on site, they should immediately notify a designated individual (either staff or a supervisor). 		

2	Staff and Visitors	Status C/IP/NA	Notes
2.4	<p>Work at only one congregate setting</p> <p>To prevent the spread of COVID-19 from another workplace, whenever possible:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Staff and essential visitors should follow any workplace policies regarding working in other work-site locations during an outbreak. <input type="checkbox"/> Consideration should be given to limiting work locations for staff during a COVID-19 outbreak to prevent spread to other settings. 		
2.5	<p>Tell a manager if there has been contact with COVID-19</p> <ul style="list-style-type: none"> <input type="checkbox"/> Prior to arriving at the congregate setting, staff and all visitors are told to inform their supervisor/manager, if they have been at another congregate setting with COVID-19 cases or if they have been exposed to COVID-19. <ul style="list-style-type: none"> • The local public health unit can assist with recommendations for staff or visitors with possible exposures to COVID-19. 		
2.6	<ul style="list-style-type: none"> <input type="checkbox"/> Alternative sources of staffing have been determined in case they are needed during an outbreak. 		
2.7	<ul style="list-style-type: none"> <input type="checkbox"/> Up to date contact information for all staff and visitors is easily available. 		
2.8	<p>Physical distancing is maintained (remaining 2 metres apart)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Staff and all visitors should follow sector specific or local PHU guidance for when physical distancing measures are required as guidance may differ in specific situations. <p>To promote Physical Distancing:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Move furniture and use markings on the floor to help keep seating as far apart as possible (at least 2 metres apart). <input type="checkbox"/> Only have as many chairs in a room that will accommodate physical distancing and post maximum capacity limits for all spaces. 		

2	Staff and Visitors	Status C/IP/NA	Notes
2.9	<p>Vaccine Recommendations</p> <ul style="list-style-type: none"> <input type="checkbox"/> All staff and visitors should be encouraged to get vaccinated against COVID-19, including any recommended booster doses if eligible, as soon as possible if they have not already done so. <input type="checkbox"/> In addition, all eligible staff and visitors are strongly encouraged to receive the annual influenza vaccine. <input type="checkbox"/> To determine if an individual is up to date with their COVID-19 vaccines, congregate settings should refer to Ontario’s guidance document, Staying Up to Date with COVID-19 Vaccines: Recommended Doses¹² 		

3. Screening and Monitoring

3	Screening and Monitoring	Status C/IP/NA	Notes
3.1	<p>Entry into the congregate setting and active screening (asking about symptoms and exposures to COVID-19) of staff, visitors and clients.</p> <ul style="list-style-type: none"> <input type="checkbox"/> All persons seeking entry to the CLS are required to complete active screening regardless of their COVID-19 vaccination status with the exception of emergency first responders in emergency situations. This includes all staff, visitors, and clients returning from an absence. <ul style="list-style-type: none"> • Screen for COVID-19 symptoms and exposure history. CLSs can choose to use or adapt the screening tools that have been developed by the Ministry of Health, such as the COVID-19 Self-Assessment Tool¹³ or the COVID-19 Screening Tool for Long-Term Care Homes and Retirement Homes.¹⁴ • Staff or visitors who do not pass this screening should not enter the congregate setting. In consultation with their local PHU, CLSs may consider permitting entry of an individual who has failed active screening for compassionate and/or palliative reasons. <input type="checkbox"/> Clients who do not pass this screening should be given a medical mask and directed to a safe place to self-isolate, and staff should arrange plans for where the client will be clinically assessed. 		

3	Screening and Monitoring	Status C/IP/NA	Notes
	<ul style="list-style-type: none"> <input type="checkbox"/> A formal process should be used to ensure a rigorous active screening process at all times, including after hours. <input type="checkbox"/> Alcohol-based hand rub is available at entrances, and anyone entering the congregate setting is advised to perform hand hygiene using the alcohol-based hand rub. <input type="checkbox"/> A medical mask is provided for all staff, visitors and clients. <input type="checkbox"/> Medical masks are available for anyone with symptoms or isolating as a case/contact. <input type="checkbox"/> Appropriate PPE are available for staff who need to provide direct care or service within 2 metres of an ill person identified on entering the congregate setting (See Section 6.3 for PPE recommendations). 		
3.2	<p>A record of who is entering the congregate setting is kept</p> <ul style="list-style-type: none"> <input type="checkbox"/> For all visitors, record the date and time of their visit, who they are visiting and their contact information. <input type="checkbox"/> For clients, record when they stay in the congregate setting and their room location and bed location if in a room with multiple beds. <p>Ensure that all visitors and clients are notified of the reasons for collecting this information and that this information and information on any illness that develops may be shared with the local public health unit if needed.</p>		
3.3	<p>Passive screening (signage)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Signs are posted (including at the entrance) advising everyone to tell a staff member if they have symptoms of COVID-19¹⁵ You can obtain COVID-19 signage from the Ministry of Health¹⁶ and/or your local public health unit. <input type="checkbox"/> Signage is translated into languages appropriate for clients. 		
3.4	<p>Ongoing monitoring</p> <ul style="list-style-type: none"> <input type="checkbox"/> Checks for illness among clients who are staying in the congregate setting are done at least once daily and may include temperature checks. <input type="checkbox"/> Symptom assessment can be done more frequently during an outbreak to allow for early identification of cases. <input type="checkbox"/> For staff, visitors and other people entering the congregate setting, temperature checks are not required. 		

3	Screening and Monitoring	Status C/IP/NA	Notes
	<input type="checkbox"/> Where able, clients are advised to inform staff if they feel unwell. <input type="checkbox"/> Staff and visitors are asked about symptoms once per day at the beginning of their shift or visit. Staff and all visitors are self-monitoring for signs and symptoms during the day and understand to inform their supervisor/manager if they begin to feel unwell.		
3.5	<input type="checkbox"/> A log is kept of ill clients, staff, or visitors and any test results that are available.		
3.6	<input type="checkbox"/> Staff know to notify the local public health unit and any other appropriate agencies if: <ul style="list-style-type: none"> • Anyone tests positive for COVID-19, or • You are seeing more than the expected number of ill clients, staff or frequent visitors. 		

4. Client Spaces

4	Client Spaces	Status C/IP/NA	Notes
4.1	<p>Off-site locations</p> <input type="checkbox"/> Off-site locations have been identified for clients to stay to help with physical distancing or if clients are ill or there is an outbreak (e.g., hotels/motels, closed facilities, dormitories). <input type="checkbox"/> Appropriate supports and services have been identified for clients who are placed off-site.		

4	Client Spaces	Status C/IP/NA	Notes
4.2	<p>Sleeping arrangement</p> <ul style="list-style-type: none"> <input type="checkbox"/> Ways to support physical distancing in existing spaces (keeping at least 2 metres apart) have been assessed including: <ul style="list-style-type: none"> • Strategies to support separation between clients who cannot be in private rooms include markings on walls/floors or partitions. Note, partitions may hinder airflow/ventilation. • Arrangement of beds alternating head and feet. • Avoiding use of bunk beds. • Use of additional rooms in the congregate setting for sleeping space. 		
4.3	<p>On-site self-isolation</p> <ul style="list-style-type: none"> <input type="checkbox"/> If operationally feasible, clients needing to self-isolate should be placed in a single well-ventilated room(s) with a door that closes and if possible have access to a private bathroom. <input type="checkbox"/> If single room(s) not available, clients should be in an area away from other clients or grouped (cohorted) while remaining physically distanced and use barriers to create separation, if feasible (See Section 4.2 for strategies to support/facilitate separation). 		
4.4	<p>Planning for how to group (cohort) clients should an outbreak be declared</p> <ul style="list-style-type: none"> <input type="checkbox"/> If feasible during an outbreak, clients in the outbreak area should ideally be moved to an isolation congregate setting if there is not appropriate on-site isolation space available. <input type="checkbox"/> If individual isolation is not possible, clients may need to be grouped (cohorted) together according to their situation, following the Cohorting in Outbreaks in Congregate Living Settings¹⁷ guidance and at the direction of the local public health unit as well as the outbreak management team. <ul style="list-style-type: none"> • Within each group/cohort, most clients will need to stay as far apart as possible from each other, ideally in private rooms if these are available. 		

4	Client Spaces	Status C/IP/NA	Notes
	Staff may need to be assigned to work with only one cohort during a shift, and staffing should be ideally organized to consistent assignment of staff to specific client areas to limit interactions of staff in different areas of the home.		
4.5	<p>New admissions (including re-admissions) in long stay settings</p> <ul style="list-style-type: none"> <input type="checkbox"/> New admissions are screened for COVID-19 symptoms¹⁵ over the phone, if possible, and are required to complete active screening upon arrival. <input type="checkbox"/> New admissions to CLSs who are not up to date¹² on their COVID-19 vaccines should be offered all COVID-19 vaccine doses they are eligible for as soon as possible. <input type="checkbox"/> Isolation and testing of new admissions should be performed in consultation with the local public health unit and the Ministry of Health’s COVID-19 Guidance: Congregate Living for Vulnerable Populations² or be amended to reflect any new Ministry of Health issued guidance at that time. <input type="checkbox"/> The congregate setting has determined if test results must be available prior to admission. <p>Note: It is important not to delay admission that will affect client safety</p>		
4.6	<p>Separating those at increased risk</p> <ul style="list-style-type: none"> <input type="checkbox"/> Provision of any private rooms to clients at increased risk of severe COVID-19 (e.g., older adults or those with underlying medical conditions) is considered. <p>If private rooms are not available, consideration is given to separating those at increased risk (e.g., older adults) from other clients, such as those who come and go from the congregate setting more often.</p>		

5. Testing

5	Testing	Status C/IP/NA	Notes
5.1	<p>Testing and care coordination</p> <p>A plan is made for:</p> <ul style="list-style-type: none"> <input type="checkbox"/> How to test clients and staff if needed: <ul style="list-style-type: none"> • Consider on-site testing by health care providers, emergency medical services (EMS), outreach services, or COVID-19 assessment centre staff. If on-site testing is planned, ensure personal protective equipment is available. • Consider off-site testing by health care providers, assessment centre or hospital (see Section 5.1 of the Outbreak checklist⁵ for information on transportation). <input type="checkbox"/> How the congregate setting will obtain test results. <input type="checkbox"/> How clients will be cared for (see Section 1.5). 		

6. Personal Protective Equipment (PPE)

6	Personal protective equipment (PPE)	Status C/IP/NA	Notes
6.1	<p>Masking for staff and visitors</p> <ul style="list-style-type: none"> <input type="checkbox"/> Staff should adhere to any universal masking requirements to wear a medical (surgical/procedure) mask at all times during their shift, whether or not a CLS is in an outbreak, including in indoor and outdoor spaces. <ul style="list-style-type: none"> • Except when eating (when they should stay 2 metres from others) or when alone in a private space. <input type="checkbox"/> Masks should be well-fitting (fits snugly over the nose, mouth and under the chin) with no gaps. <input type="checkbox"/> Essential visitors are strongly encouraged to practice universal masking with a medical mask in the CLS, both indoors and outdoors. <input type="checkbox"/> General visitors are required to wear a medical mask while indoors at all times, unless unable to wear a mask due to a medical condition. 		

6	Personal protective equipment (PPE)	Status C/IP/NA	Notes
	<ul style="list-style-type: none"> <input type="checkbox"/> General visitors should wear a mask outdoors when: <ul style="list-style-type: none"> • There are individuals present who are immunocompromised and/or at a high risk of severe disease from COVID-19. <input type="checkbox"/> Physical distancing should be maintained where possible even when wearing a mask. <input type="checkbox"/> All visitors should follow any additional sector-specific guidance on masking and physical distancing. 		
6.2	<p>Masking for clients</p> <ul style="list-style-type: none"> <input type="checkbox"/> If tolerated and if it can be done safely, all clients should follow masking requirements as per sector specific or local PHU guidance when in any common areas if physical distancing cannot be maintained. <input type="checkbox"/> Medical masks are preferred and should be provided free of charge for clients in congregate settings and/or in settings that serve transient populations. <p>Children younger than 2 years of age should not wear a mask.</p>		
6.3	<p>PPE for direct care or service (within 2 metres of a client)</p> <ul style="list-style-type: none"> <input type="checkbox"/> In PHO’s Interim IPAC recommendations for Use of Personal protective Equipment for care of individuals with Suspect or Confirmed COVID-19,¹⁸ the recommended PPE when providing direct care for patients with suspect or confirmed COVID-19 includes a fit-tested, seal-checked N95 respirator (or equivalent or greater protection), eye protection, gown, and gloves. <p>Other appropriate PPE includes a well-fitted surgical/procedure (medical) mask, or non-fit tested respirator, eye protection, gown and gloves.</p> <p>Direct care or service may include assistance with feeding, dressing, washing, bathing, shaving, toileting, turning, managing wounds, etc.</p>		
6.4	<p>PPE Supplies</p> <p>A plan is in place to ensure an adequate supply of N95 respirators, medical masks, eye protection (e.g., face shield), gowns and gloves.</p>		

6	Personal protective equipment (PPE)	Status C/IP/NA	Notes
6.5	<p>Training</p> <ul style="list-style-type: none"> <input type="checkbox"/> Staff (including agency, temporary staff and placement students), volunteers, essential visitors and clients are trained on how to properly use medical masks and personal protective equipment as appropriate. <input type="checkbox"/> Ensure that staff are fit-tested for N95 respirators if required, and properly trained on the use of N95 respirators. <p>Key resources include:</p> <ul style="list-style-type: none"> • How to put on19 and take off²⁰ PPE videos. • Putting on and taking off PPE poster.²¹ • Droplet and Contact Precautions in non-acute care facilities.²² 		

7. Infection Prevention and Control (IPAC)

7	Infection Prevention and Control (IPAC)	Status C/IP/NA	Notes
7.1	<p>Education and training is provided and signs are posted about:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Respiratory etiquette – coughing and sneezing into a tissue or into your elbow or sleeve, disposing of the tissue as soon as possible in a lined, non-touch waste basket or garbage bin, followed by cleaning your hands. <input type="checkbox"/> Frequently cleaning your hands. Hands should be cleaned: <ul style="list-style-type: none"> • When entering and before leaving the congregate setting. • Before and after touching surfaces or using common areas or equipment. • Before eating. • Before and after preparing food. • Before putting on and before and after taking off a mask. • When putting on and removing PPE. • Before touching the face (including before smoking). • After using the bathroom. • When dirty. <input type="checkbox"/> Physical distancing. <input type="checkbox"/> COVID-19 symptoms.¹⁵ <input type="checkbox"/> PPE.²¹ 		
7.2	<p>Ensure adequate hand hygiene supplies</p> <ul style="list-style-type: none"> <input type="checkbox"/> There is access to adequate supplies of liquid hand soap, paper towels (or automatic hand dryers) and alcohol-based hand rub (70-90% alcohol). <ul style="list-style-type: none"> • If there are concerns that clients may drink the alcohol-based hand rub, consider alcohol-based foam products, wipes or locked wall-mounted units, staff carrying the alcohol-based hand rub or temporary sinks for hand washing. <input type="checkbox"/> There are tissues and no touch garbage cans available. 		

7	Infection Prevention and Control (IPAC)	Status C/IP/NA	Notes
7.3	<p>Cleaning and disinfection</p> <ul style="list-style-type: none"> <input type="checkbox"/> Frequently touched surfaces are cleaned and disinfected at regular intervals (e.g., once daily, or twice daily during outbreaks and when visibly dirty) using disinfectants that have a Drug Identification Number (DIN). A DIN is an 8-digit number assigned by Health Canada that confirms the product is approved for use in Canada. <input type="checkbox"/> Appropriate cleaning products are used and the products remain on surfaces for the appropriate length of time (contact time). <input type="checkbox"/> Ensure adequate supplies are on hand. <input type="checkbox"/> There is a regular schedule for cleaning all surfaces that is posted. <input type="checkbox"/> Clients’ living spaces should be cleaned and disinfected between clients. <input type="checkbox"/> Shared equipment is cleaned and disinfected after use by each person (for electronic equipment, ensure that cleaning products will not damage the equipment). <input type="checkbox"/> Shared items that are difficult to clean have been removed. <p>A key resource is Cleaning and Disinfection for Public Settings.²³</p>		
7.4	<p>Laundry and bedding</p> <ul style="list-style-type: none"> <input type="checkbox"/> Gloves are worn when handling dirty laundry if likely to touch items contaminated with blood or body fluid. Gowns can be added if likely to contaminate your clothing. Handle laundry gently without shaking. <input type="checkbox"/> Regular laundry soap and hot water (60°C-90°C) are used for laundering. <input type="checkbox"/> Clients should not share personal items such as toothbrushes, towels or bed linens. <input type="checkbox"/> Bedding and towels are washed on a regular schedule for clients who stay in the congregate setting. <ul style="list-style-type: none"> • Change bedding every one to two weeks. <p>Change bath towels after they are used about three times.</p>		

7	Infection Prevention and Control (IPAC)	Status C/IP/NA	Notes
7.5	<p>Remind clients and staff of physical distancing (staying 2 metres apart)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Clients and staff are reminded of the need to maintain physical distancing when practical using verbal reminders and posters. <p>All visitors should follow any additional sector-specific guidance on physical distancing.</p>		

8. Activities and Meals

8	Activities and meals	Status C/IP/NA	Notes
8.1	<p>Common areas and activities</p> <ul style="list-style-type: none"> <input type="checkbox"/> CLSs are strongly encouraged to continue with programs and activities for their clients while ensuring that they align with public health measures outlined in the Ministry of Health’s COVID-19 Guidance: Congregate Living for Vulnerable Populations² in order to reduce the risk of COVID-19 transmission in the setting. <input type="checkbox"/> Follow any additional sector-specific guidance for permitted activities in specific situations. 		
8.2	<p>Maintaining safe indoor activities</p> <ul style="list-style-type: none"> <input type="checkbox"/> Follow sector specific or local PHU guidance for when physical distancing may be necessary. <input type="checkbox"/> Access to phones, computers, internet, television, video games or other activities, if available, is supported in a way that allows physical distancing. <input type="checkbox"/> Clients are encouraged to clean their hands before and after activities and using any shared equipment. <input type="checkbox"/> Shared equipment is cleaned and disinfected after use by each person (using products that are safe for electronic equipment). <input type="checkbox"/> If phones are shared and cannot be appropriately disinfected between use, cover them with a new disposable plastic bag for each use. 		

8	Activities and meals	Status C/IP/NA	Notes
	<input type="checkbox"/> Shared items that cannot be cleaned such as puzzles, cards, and plush toys have been removed. New items should be used by only one client.		
8.3	<p>Bathrooms</p> <input type="checkbox"/> Schedules for using common bathrooms for hygiene (such as washing, bathing, showering, teeth brushing and shaving) are staggered. <input type="checkbox"/> Label personal hygiene equipment (e.g., toothbrushes, razors, combs) with the client’s name and do not leave these items or towels in common areas where they may be accidentally used by others. <input type="checkbox"/> Bathrooms are cleaned and disinfected at least once daily and when dirty.		
8.4	<p>Meals</p> <input type="checkbox"/> Meal times are staggered if possible to support physical distancing. Clean and disinfect surfaces, such as table tops and the arm rests of chairs, between each meal time. <input type="checkbox"/> Use of kitchen for meal preparation is staggered. Kitchen is cleaned and disinfected between use as appropriate and at least twice daily and when dirty. <input type="checkbox"/> Space between people standing in lines is increased by marking floors every 2 metres. <input type="checkbox"/> Tables and chairs are as far apart as possible, at least 2 metres apart, and chairs are set up so that clients are not directly facing each other. Block or remove chairs to maintain 2 metre spacing. <input type="checkbox"/> The floor is marked with the locations where the seats should stay. <input type="checkbox"/> Shared items like salt and pepper shakers, ketchup, mustard and food containers (e.g., water pitchers, coffee and cream dispensers) are cleaned on a regular schedule and when visibly soiled.		

9. Communications

9	Communications	Status C/IP/NA	Notes
9.1	<p>Keep people informed</p> <ul style="list-style-type: none"> <input type="checkbox"/> A plan has been created to keep staff, all visitors and clients and their families informed of steps being taken to prevent the spread of COVID-19 in the congregate setting and they know how you will communicate with them during an outbreak. 		
9.2	<p>An outbreak communication plan has been developed</p> <ul style="list-style-type: none"> <input type="checkbox"/> A communication plan for an outbreak has been developed that includes the following: <ul style="list-style-type: none"> • Identifies a potential media spokesperson • Outlines who should be notified of an outbreak including: <ul style="list-style-type: none"> • Health care providers. • Nearby congregate settings that may share clients. • Who to contact for ill staff members (see Section 9.7 of Outbreak checklist⁵). • Others such as board members, relevant Ministry officials, funders, placing agencies for child welfare, unions, staffing agencies. 		

10. Ventilation

10	Ventilation	Status C/IP/NA	Notes
10.1	<p>Ventilation of indoor spaces</p> <ul style="list-style-type: none"> <input type="checkbox"/> Indoor spaces are as well-ventilated as possible, and may be through a combination of strategies including: <ul style="list-style-type: none"> • Natural ventilation (e.g., by regular opening of windows) <ul style="list-style-type: none"> • Where feasible, windows are open often and for extended periods if this can be done safely (especially if there is no central ventilation system). • Local exhaust fans (e.g., bathroom exhaust fans) <ul style="list-style-type: none"> • Where available, local exhaust fans are used often and for extended periods (especially if there is no central ventilation system). • Central ventilation by a heating, ventilation and air conditioning (HVAC) system (which may include filtration).^{2, 24} <input type="checkbox"/> Where ventilation options are limited, portable air cleaners can be considered to filter indoor air. Where portable units (e.g., air cleaners, fans, air conditioners) are used: <ul style="list-style-type: none"> • 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)²⁵ • Place in a manner that avoids air currents from one person to another’s breathing space • Develop a plan to cover manufacturer recommended maintenance including filter replacement (if applicable)^{2, 26} <input type="checkbox"/> For more information on portable cleaners see PHO’s Use of Portable Air Cleaners and Transmission of COVID-19²⁵ <input type="checkbox"/> All ventilation and filtration systems are maintained according to manufacturer’s instructions²⁷ 		

10	Ventilation	Status C/IP/NA	Notes
	<input type="checkbox"/> For more information on HVAC systems see PHO's Heating, Ventilation and Air Conditioning (HVAC) Systems in Buildings and COVID-19 ²⁷		
10.2	<p>Outdoor activities</p> <p>When feasible, to reduce the risk of COVID-19 transmission, outdoor activities are encouraged over indoor activities.²</p> <p>For more information on ventilation see PHO's Heating, Ventilation and Air Conditioning (HVAC) Systems in Buildings and COVID-19 ²⁷</p>		

References:

1. Ontario Agency for Health Protection and Promotion (Public Health Ontario). COVID-19: infection prevention and control checklist for long-term care and retirement homes [Internet]. 2nd ed. Toronto, ON: Queen's Printer for Ontario; 2022 [cited 2022 Aug 5]. Available from: <https://www.publichealthontario.ca/-/media/documents/ncov/ipac/covid-19-ipack-checklist-ltcrh.pdf?la=en>
2. Ontario. Ministry of Health. COVID-19 guidance: congregate living for vulnerable populations [Internet]. Version 4. Toronto, ON: Queen's Printer for Ontario; 2021 [modified 2022 Jun 10; cited 2022 Aug 5]. Available from: https://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/2019_congregate_living_guidance.pdf
3. Ontario. Ministry of Children, Community and Social Services. COVID-19 guidance for congregate living settings funded and licensed by the Ministry of Children, Community, and Social Services [Internet]. Toronto, ON: Queen's Printer for Ontario; 2022 [modified 2022 Jul 11; cited 2022 Aug 5]. Available from: <https://www.ontario.ca/page/covid-19-guidance-congregate-living-settings-funded-and-licensed-ministry-children-community>
4. Ontario Agency for Health Protection and Promotion (Public Health Ontario). COVID-19 resources for congregate living settings [Internet]. Toronto, ON: Queen's Printer for Ontario; 2021 [cited 2022 May 4]. Available from: <https://www.publichealthontario.ca/en/diseases-and-conditions/infectious-diseases/respiratory-diseases/novel-coronavirus/congregate-living-settings-resources>
5. Ontario Agency for Health Protection and Promotion (Public Health Ontario). Managing COVID-19 outbreaks in congregate living settings [Internet]. 3rd revision. Toronto, ON: Queen's Printer for Ontario; 2022 [modified 2022 Jun; cited 2022 Aug 5]. Available from: <https://www.publichealthontario.ca/-/media/documents/nCoV/cong/2020/05/managing-covid-19-outbreaks-congregate-living-settings.pdf?la=en>
6. Ontario. Ministry of Health. COVID-19: guidance for the health sector [Internet]. Toronto, ON: Queen's Printer for Ontario; 2022 [modified 2022 Jul 20; cited 2022 Aug 5]. Available from: https://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/2019_guidance.aspx
7. Ontario Agency for Health Protection and Promotion (Public Health Ontario). Coronavirus disease 2019 (COVID-19) [Internet]. Toronto, ON: Queen's Printer for Ontario; 2022 [modified 2022 Jun 12; cited 2022 Aug 5]. Available from: <https://www.publichealthontario.ca/en/diseases-and-conditions/infectious-diseases/respiratory-diseases/novel-coronavirus>
8. Ontario. Ministry of Health. Public health unit locator [Internet]. Toronto, ON: Queen's Printer for Ontario; 2022 [cited 2022 May 4]. Available from: <https://www.phdapps.health.gov.on.ca/phulocator/>
9. Government of Ontario. COVID-19 public health measures and advice [Internet]. Toronto, ON: Queen's Printer for Ontario; 2022 [cited 2022 May 4] Available from: <https://covid-19.ontario.ca/public-health-measures>

10. Ontario Agency for Health Protection and Promotion (Public Health Ontario). Infection prevention and control [Internet]. Toronto, ON: Queen's Printer for Ontario; 2021 [modified 2021 Mar 30; cited 2022 May 4]. Available from: <https://www.publichealthontario.ca/en/health-topics/infection-prevention-control>
11. Government of Ontario. COVID-19 antiviral treatment screener [Internet]. Toronto, ON: Queen's Printer for Ontario; 2022 [modified 2022 May 6; cited 2022 Aug 5]. Available from: <https://covid-19.ontario.ca/covid-treatment-screener/>
12. Ontario. Ministry of Health. Staying up to date with COVID-19 vaccines: recommended doses [Internet]. Version 2.0. Toronto, ON: Queen's Printer for Ontario; 2022 [modified 2022 May 24; cited 2022 Aug 5]. Available from: https://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/vaccine/COVID-19_fully_vaccinated_status_ontario.pdf
13. Government of Ontario. COVID-19 self assessment [Internet]. Toronto, ON: Queen's Printer for Ontario; 2022 [modified 2022 Jul 18; cited 2022 Aug 5]. Available from: Available from: <https://covid-19.ontario.ca/self-assessment/>
14. Ontario. Ministry of Health. COVID-19 screening tool for long-term care homes and retirement homes [Internet]. Version 12. Toronto, ON: Queen's Printer for Ontario; 2022 [modified 2022 Jun 27; cited 2022 Aug 5]. Available from: Available from: https://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/2019_screening_guidance.pdf
15. Ontario. Ministry of Health. Management of cases and contacts of COVID-19 in Ontario [Internet]. Version 14.2. Toronto, ON: Queen's Printer for Ontario; 2022 [modified 2022 Jun 2; cited 2022 Aug 5]. Available from: https://health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/contact_mngmt/management_cases_contacts.pdf
16. Ontario. Ministry of Health. Attention visitors [Internet]. Toronto, ON: Queen's Printer for Ontario; 2022 [cited 2022 May 4]. Available from: https://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/2019_signs_EN_visitors.pdf
17. Ontario Agency for Health Protection and Promotion (Public Health Ontario). Cohorting in outbreaks in congregate living settings [Internet]. 2nd ed. Toronto, ON: Queen's Printer for Ontario; 2022 [cited 2022 Apr 22]. Available from: <https://www.publichealthontario.ca/-/media/documents/ncov/cong/2020/06/focus-on-cohorting-outbreaks-congregate-living-settings.pdf?la=en>
18. Ontario Agency for Health Protection and Promotion (Public Health Ontario). Interim IPAC recommendations for use of personal protective equipment for care of individuals with suspect or confirmed COVID-19 [Internet]. 9th revision. Toronto, ON: Queen's Printer for Ontario; 2022 [modified 2022 Jun; cited 2022 Aug 5]. Available from: <https://www.publichealthontario.ca/-/media/documents/ncov/updated-ipac-measures-covid-19.pdf?la=en>

19. Ontario Agency for Health Protection and Promotion (Public Health Ontario). Putting on full personal protective equipment [video recording]. Toronto, ON: Queen's Printer for Ontario; 2021 [modified 2021 Jan 11; cited 2022 May 4]. 2 min. Available from: <https://www.publichealthontario.ca/en/videos/ipac-fullppe-on>
20. Ontario Agency for Health Protection and Promotion (Public Health Ontario). Taking off full personal protective equipment [video recording]. Toronto, ON: Queen's Printer for Ontario; 2021 [modified 2021 Jan 11; cited 2022 May 4]. 1 min. Available from: <https://www.publichealthontario.ca/en/videos/ipac-fullppe-off>
21. Ontario Agency for Health Protection and Promotion (Public Health Ontario). Recommended steps: putting on personal protective equipment (PPE) / taking off personal protective equipment (PPE) [Internet]. Toronto, ON: Queen's Printer for Ontario; 2020 [cited 2022 May 4]. Available from: <https://www.publichealthontario.ca/-/media/documents/ncov/ipac/ppe-recommended-steps.pdf?la=en>
22. Ontario Agency for Health Protection and Promotion (Public Health Ontario), Provincial Infectious Disease Advisory Committee. Routine practices and additional precautions in all health care settings. [Internet]. 3rd ed. Toronto, ON: Queen's Printer for Ontario; 2012 [cited 2022 April 21]. Available from: https://www.publichealthontario.ca/-/media/Documents/B/2012/bp-rpap-healthcare-settings.pdf?sc_lang=en
23. Ontario Agency for Health Protection and Promotion (Public Health Ontario). Coronavirus disease 2019 (COVID-19): cleaning and disinfection for public settings [Internet]. Toronto, ON: Queen's Printer for Ontario; 2022 [modified 2022 Apr 14; cited 2022 May 4]. Available from: <https://www.publichealthontario.ca/-/media/documents/ncov/factsheet-covid-19-environmental-cleaning.pdf?la=en>
24. Public Health Agency of Canada. COVID-19: guidance on indoor ventilation during the pandemic [Internet]. Ottawa, ON: Her Majesty the Queen in Right of Canada; 2021 [modified 2022 Jul 5; cited 2022 Aug 5]. Available from: <https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/guidance-documents/guide-indoor-ventilation-covid-19-pandemic.html>
25. Ontario Agency for Health Protection and Promotion (Public Health Ontario). Use of portable air cleaners and transmission of COVID-19 [Internet]. 1st revision. Toronto, ON: Queen's Printer for Ontario; 2022 [modified 2022 Jul ; cited 2022 Aug 5]. Available from: <https://www.publichealthontario.ca/-/media/documents/ncov/ipac/2021/01/faq-covid-19-portable-air-cleaners.pdf?la=en>
26. Public Health Agency of Canada. Using ventilation and filtration to reduce aerosol transmission of COVID-19 in long-term care homes [Internet]. Ottawa, ON: Her Majesty the Queen in Right of Canada; 2021 [modified 2021 Apr 12; cited 2022 May 4]. Available from: <https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/guidance-documents/guide-ltch-ventilation-covid-19-pandemic.html#a2>
27. Ontario Agency for Health Protection and Promotion (Public Health Ontario). Heating, ventilation, and air conditioning (HVAC) systems in buildings and COVID-19 [Internet]. Toronto, ON: Queen's Printer for Ontario; 2021 [cited 2022 May 4]. Available from: <https://www.publichealthontario.ca/-/media/documents/ncov/ipac/2020/09/covid-19-hvac-systems-in-buildings.pdf?la=en>

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