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CHECKLIST

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

April 29, 2020

## When to use this checklist?

This checklist helps guide individuals trained or working under 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. It can also be used by those working in or supporting long-term care or retirement homes for self-assessment and to guide policies, procedures, preparedness and response planning.

This outbreak checklist is to be used in addition to—and does not replace—the advice, guidelines, recommendations, directives, or other direction of provincial Ministries and local public health authorities. The checklist was informed by the documents listed under Sources.

## Contents

# 1. Entrance

| 1 | Entrance | Yes | No |
|---|---|---|---|
| 1.1 | **Passive Screening and Signage:** There is signage at the entrance prompting health care workers (HCWs), other staff, and essential visitors to self-identify if they have signs and symptoms of COVID-19.<br>There are also:<br>• Reminders to perform hand hygiene<br>• Reminders to follow respiratory etiquette<br>• Steps to be taken if COVID-19 is suspected or confirmed<br>• Access to alcohol based hand rub (ABHR) in an alcohol concentration of 70 – 90 %, tissues, no touch waste receptacles and signage for proper mask use | | |
| 1.2 | **Active Screening:** Using the COVID-19 Screening Checklist, there is a screener present at the entrance to actively screen all HCWs, other staff and essential visitors, with the exception of emergency first responders**,** for signs and symptoms (including taking temperatures) as they enter the building.<br><br>Active screening procedure occurs 24 hours a day, seven days a week.<br><br>Screeners ask all HCWs, other staff and essential visitors if they are working or visiting at other facilities or homes.<br>• Those who respond yes to working/visiting in another facility are not to enter the facility and are to contact their immediate manager/supervisor to discuss a work plan. | | |
| 1.3 | **Ongoing Monitoring***:* All HCWs, other staff, and essential visitors are to be screened twice daily, including temperature checks.<br>HCWs and staff screening is done at the beginning and end of the day or shift.<br>Essential visitor screening is done upon entry and exiting the home.<br>See How to Self-Monitor. | | |
| 1.4 | HCWs, other staff and essential visitors who screen positive are:<br>• not allowed in the home<br>• to notify their immediate manager/supervisor and/or Occupational Health and Safety Department.<br>• instructed to contact their health care provider, Telehealth (1-866-797-0000) or their local public health unit. | | |
| 1.5 | • There is a process to record who has entered and exited the home.<br>• There is a process to identify who is an essential visitor (full name, contact information, the resident they are visiting, and the in/out time). | | |
| 1.6 | The screener wears – at a minimum—a mask, eye protection and gloves OR is behind a Plexiglas partition. | | |

| 1 | Entrance | Yes | No |
|---|---|---|---|
| 1.7 | The screener has access to ABHR with 70-90% alcohol concentration. | | |
| 1.8 | All HCWs, other staff and essential visitors perform hand hygiene upon entering the home. | | |
| 1.9 | Masks are available to HCWs and other staff at the entrance for donning upon entry to the home. | | |
| 1.10 | External medical service providers and essential visitors entering the homes provide their own surgical/procedure masks and/or PPE as required, unless existing arrangement with the home.<br><br>Essential visitors are those performing essential support services (e.g. food delivery, phlebotomy testing, maintenance, family or volunteers providing care services and other health care services required to maintain good health) or a person visiting a very ill or palliative resident.<br><br>Persons visiting a palliative resident, or providing care are provided with surgical/procedure masks and other PPE as required. | | |
| 1.11 | All essential visitors don a mask for the duration of their time in the home. Essential visitors receive donning and doffing mask support and appropriate hand hygiene instructions from staff. Support for other personal protective equipment (PPE) is provided as required. | | |

**Notes:**

## 2. Essential workers

| 2 | Essential Workers | Yes | No |
|---|---|---|---|
| 2.1 | Asymptomatic HCWs who have returned from international travel in the last 14 days, and/or have had unprotected exposure to a person with COVID-19, and have been identified as critical to operations in their organization may "work self-isolate".<br>➢ Resources: Coronavirus Disease 2019 (COVID-19) How to self-isolate while working Recommendations for Health Care Workers | | |

**Notes:**

## 3. Human resources

| 3 | Human Resources: HCW and other staff | Yes | No |
|---|---|---|---|
| 3.1 | A contingency plan with respect to human resources has been developed that identifies the minimum staffing needs and prioritizes critical and non-essential services based on residents' health status, functional limitations, disabilities, and essential facility operations. | | |
| 3.2 | Home is aware of the MOH Health Workforce Matching Portal or other available supports (e.g., Ontario Health-region) that can be accessed if the home would like to request help from available resources. | | |

**Notes:**

# 4. Personal protective equipment (PPE)

| 4 | Personal Protective Equipment (PPE) | Yes | No |
|---|---|---|---|
| 4.1 | HCWs, other staff and essential visitors who provide health care have received education on how to perform a point-of-care risk assessment, Routine Practices, and Additional Precautions. | | |
| 4.2 | HCWs, other staff and essential visitors received education and training on how to safely don and doff PPE. | | |
| 4.3 | HCWs have received education on what is an aerosol generating medical procedure and what is not an aerosol generating medical procedure. | | |
| 4.4 | Home has a plan in place to maintain an adequate supply of PPE for resident care.<br><br>Estimated number of days of supply:<br><br>• Surgical/procedure masks (adequate is based on projected COVID-19 cases and numbers of masks expected to be used for providing care and universal masking).<br>  • PPE Burn Rate Calculator<br>• N95 respirators for aerosol generating procedures only; HCWs have been fit tested for N95 respirators.<br>• Gloves<br>• Gowns<br>• Eye protection | | |

**Notes:**

# 5. Hand hygiene

| 5 | Hand Hygiene | Yes | No |
|---|---|---|---|
| 5.1 | HCWs, other staff and essential visitors have received education and training on how and when to perform hand hygiene. | | |
| 5.2 | ABHR is available at point-of-care and in other resident and common areas. | | |

**Notes:**

# 6. Consumable supplies

| 6 | Consumable supplies | Yes | No |
|---|---|---|---|
| 6.1 | A plan with key contacts (e.g., Ontario Health region) has been put in place to monitor consumable supplies including but not limited to gloves, gowns, masks, eye protection, N95 respirators, thermometer tip covers, ABHR, tissues, and critical medications. | | |

**Notes:**

# 7. Universal masking

| 7 | Universal masking | Yes | No |
|---|---|---|---|
| 7.1 | HCWs, other staff, and essential visitors received education and training with respect to universal masking. | | |
| 7.2 | HCWs, other staff and essential visitor are compliant with universal masking.<br>➢ Resources:<br>• Universal Mask Use in Health Care Settings and Retirement Homes<br>• Coronavirus Disease 2019 (COVID-19) Universal Mask Use in Health Care<br>• COVID-19 Outbreak Guidance for Long-Term Care Homes, April 15, 2020<br>• Directive #3 for Long-Term Care Homes under the Long-Term Care Homes Act, 2007 | | |

**Notes:**

# 8. Physical distancing

| 8 | Physical Distancing | Yes | No |
|---|---|---|---|
| 8.1 | HCWs, other staff, and essential visitors are provided with education and training on physical distancing (maintaining a minimum 2 metre [6 foot] distance apart, as much as possible). | | |
| 8.2 | Breaks and lunches are staggered to help ensure physical distancing of HCWs and staff. | | |
| 8.3 | Physical distancing of residents is supported by:<br>• Educating residents on physical distancing<br>• Moving or removing chairs to ensure there is no cluster seating<br>• Removing or spacing out tables/chairs in dining room(s)<br>• Group activities are suspended, unless groups are small and maintain two (2) metre (six feet) distancing throughout activity in non-outbreak homes.<br>• Monitoring elevator waiting spaces to ensure two (2) metre (six feet) distancing<br>• In a non-outbreak home/unit, plan is developed for dining in shifts or limiting meal sittings. The plan includes spatial distancing (i.e. one person to a table scattered out across the room).<br>• In an outbreak home/unit, all meals are eaten in residents' rooms | | |
| 8.4 | Residents' medication administration schedules are reviewed to minimize the number of times HCWs need to enter residents' rooms. | | |

**Notes:**

# 9. Planning and outbreak management

| 9 | Planning and Outbreak Management | Yes | No |
|---|---|---|---|
| 9.1 | A multidisciplinary planning committee or team has been created to specifically address COVID-19 preparedness planning. | | |
| 9.2 | Home has identified a person(s) who is responsible for leading the COVID-19 response/outbreak management. | | |
| 9.3 | Home has identified a person(s) to liaise with the local Public Health Unit person(s). | | |
| 9.4 | Home has the name(s) and contact information of their local Public Health Unit person(s). | | |
| 9.5 | Contact information for family members or guardians of home residents is up-to-date. | | |
| 9.6 | Resident(s)' care goals/advanced directives are known. | | |
| 9.7 | 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) prior to transfer. | | |
| 9.8 | Test kits/requisitions/specimen collection:<br>• Home has a process in place for ordering tests kits/requisitions/specimen collection<br>• Home has supply of COVID-19 test kits<br>• Home has a policy/procedure on nasopharyngeal (NP) swab collection<br>• HCWs are educated and trained on NP swab collection | | |
| 9.9 | There is a process for transporting COVID-19 specimens to laboratory for testing. | | |
| 9.10 | Alternative accommodation plans have been considered to support resident physical separation:<br>• Using respite and palliative beds/rooms to provide additional accommodations<br>• Using other rooms to help maintain isolation of affected residents (e.g., community and recreation rooms that have call bells) | | |

**Notes:**

# 10. Surveillance

| 10 | Surveillance | Yes | No |
|---|---|---|---|
| 10.1 | All residents are actively screened twice daily for symptoms and signs of COVID-19 as current and including:<br>• any new fever 37.8°C; OR<br>• any new/worsening symptoms [e.g., cough, shortness of breath (dyspnea), sore throat, runny nose or sneezing, nasal congested, hoarse voice, difficulty swallowing, new olfactory or taste disorder(s), nausea, vomiting, diarrhea, abdominal pain];OR<br>• Clinical evidence of pneumonia<br>➢ Resources: COVID-19 Guidance: Long-Term Care Homes, COVID-19 Outbreak | | |
| 10.2 | Residents with symptoms or signs of COVID-19, travel history or potential exposure to a suspect or confirmed case are immediately placed on Contact/Droplet precautions in a single room, where feasible. | | |
| 10.3 | The symptomatic resident is tested immediately. | | |
| 10.4 | The local Public Health Unit is notified. | | |
| 10.5 | Testing is done in accordance with guidance for testing issued on April 15, 2020 or as amended for residents, HCWs, and other staff.<br>➢ Resources: Ministry of Health COVID-19 Provincial Testing Guidance Update April 15, 2020; Quick Reference Public Health Guidance on Testing and Clearance | | |
| 10.6 | Identification of one resident OR one HCW, other staff member or essential visitor presenting with symptoms compatible with COVID-19 immediately triggers an outbreak assessment by the local Public Health Unit. | | |
| 10.7 | A line-listing of suspected or known cases is kept updated as new cases develop and shared with the local Public Health Unit. | | |
| 10.8 | Contacts of the suspected or known case(s) are identified. | | |
| 10.9 | Residents who were in close contact (i.e., shared room) with the symptomatic resident, HCW, other staff or essential visitor are tested. | | |
| 10.10 | Residents do not leave the home for short-stay absences to visit family and friends. | | |
| 10.11 | Residents who wish to go outside of the home are told to remain on the home's property and maintain safe physical distancing. | | |

| 10 | Surveillance | Yes | No |
|---|---|---|---|
| 10.12 | When there is a suspect or known case in the outbreak area all resident meals are eaten in the residents' rooms. | | |
| 10.13 | When there is a suspect or known case, all group activities have been stopped. | | |

**Notes:**

# 11. Management of COVID-19 cases

| 11 | Management of COVID-19 Cases | Yes | No |
|---|---|---|---|
| 11.1 | PPE (gloves, gowns, masks, eye protection) required for caring for resident is readily accessible. | | |
| 11.2 | All suspected and know COVID-19 cases are cared for on Droplet/Contact precautions:<br>• Hand hygiene is performed and PPE is donned prior to entering the resident's room.<br>• Residents are in a single room, where feasible.<br>• Dedicated resident care equipment is used.<br>• Equipment is cleaned before use on another resident. | | |
| 11.3 | Home has criteria for cohorting or grouping residents:<br>• Ill residents are cohorted or grouped together<br>• Well residents are cohorted together<br>• HCWs are assigned to care for only the ill residents OR only the well residents.<br>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 Droplet/Contact precautions for all residents and while in the affected area. | | |
| 11.4 | 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 Removing PPE. | | |
| 11.5 | 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. | | |

| 11 | Management of COVID-19 Cases | Yes | No |
|---|---|---|---|
| 11.6 | Signage is clear indicating the resident is on Droplet/Contact precautions. | | |
| 11.7 | Droplet/Contact precautions remain in place until there have been two (2) negative specimens taken 24 hours apart OR if testing for clearance is not feasible, Droplet/Contact precautions remain in place for 14 days after the onset of symptoms. | | |

**Notes:**

# 12. Resident Admissions and Re-Admissions

| 12 | Resident Admissions and Re-Admissions | Yes | No |
|---|---|---|---|
| 12.1 | There are no new admissions or re-admissions while home is in an outbreak. | | |
| 12.2 | In the exceptional circumstance where a transfer from hospital is required the patient is tested, and results received, prior to transfer. | | |
| 12.3 | All new residents—including re-admissions—are placed in Droplet/Contact precautions upon admission to the home and tested within 14 days of admission. | | |
| 12.4 | If test results are negative, the resident remains on Droplet/Contact precautions for 14 days from arrival. | | |
| 12.5 | If test results are positive, the resident remains on Droplet/Contact precautions and the referring hospital and the local public health unit are notified of the case.<br>➢ Resources: COVID-19 Guidance: Long-Term Care Homes | | |

**Notes:**

## 13. Post-mortem care

| 13 | Post-mortem care | Yes | No |
|---|---|---|---|
| 13.1 | HCWs have received education and training on care of a deceased COVID-19 patient (i.e., Droplet/Contract precautions continue after the person has died). | | |
| 13.2 | A plan has been developed for managing an increased need for post-mortem care and disposition of deceased residents. | | |
| 13.3 | An area in the facility that could be used as a temporary morgue has been identified. | | |
| 13.4 | Local plans for expanding morgue capacity have been discussed with local and regional planning contacts. | | |

**Notes:**

## 14. Declaring the outbreak over

| 14 | Declaring the outbreak over | Yes | No |
|---|---|---|---|
| 14.1 | The outbreak is declared over by the local Medical Officer of Health or designate in collaboration with the Outbreak Management Team when there are no new cases in residents or staff after 14 days from the latest of:<br>• Date of isolation of the last resident case; OR<br>• Date of illness onset of the last resident case; OR<br>• Date of last shift at work for last staff case.<br>➢ Resource: COVID-19 Outbreak Guidance for LongTerm Care Homes (LTCH) | | |

**Notes:**

## 15. Environmental cleaning

| 15 | Environmental Cleaning | Yes | No |
|---|---|---|---|
| 15.1 | Environmental cleaning is performed using a health care grade cleaner/disinfectant with a drug identification number (DIN). | | |
| 15.2 | Contact time, as indicated on the disinfectant's manufacturer's instructions for use, are adhered to. | | |
| 15.3 | High touch surfaces are cleaned at least twice per day. A list of the high touch surfaces, who is cleaning them and when they were clean are recorded daily. | | |
| 15.4 | Equipment that cannot be dedicated to a single resident must be cleaned and disinfected between residents. | | |
| 15.5 | There are policies and procedures regarding staffing in Environmental Services to allow for surge capacity (e.g., additional staff, supervision, supplies, and equipment). | | |
| 15.6 | There is a policy for cleaning rooms of residents who are on droplet/contact precautions (suspect and confirmed cases). | | |
| 15.7 | Environmental Services staff have received education and training on 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). | | |

## Additional Notes:

# Sources


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5. Ontario. Ministry of Health. Quick reference public health guidance on testing and clearance [Internet]. Toronto, ON: Queen's Printer for Ontario; 2020 [updated 2020 Apr 17]. Available from: http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/2019_testing_clearing_cases_guidance.pdf

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8. Centers for Disease Control and Prevention. Coronavirus disease 2019 (COVID-19) preparedness checklist for nursing homes and other long-term care settings [Internet]. Atlanta, GA: Centers for Disease Control and Prevention; 2020. Available from: https://www.cdc.gov/coronavirus/2019-ncov/downloads/novel-coronavirus-2019-Nursing-Homes-Preparedness-Checklist_3_13.pdf

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