**COVID-19 Preparedness Self-Assessment for Retirement Homes**

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**Introduction**

The outbreak of COVID-19 in retirement homes poses a risk to the health and wellbeing of people living and working in these homes, and challenges retirement home operators who are required to provide safe, high-quality care to their residents. As the pandemic progresses, the preparedness of retirement home operators is key to maintaining essential high-quality care for residents.

**Methodology**

The RHRA continues to work collaboratively with the Ministry for Seniors and Accessibility and community partners on provincial planning related to COVID-19 and the retirement home sector. This self-assessment tool is part of these efforts and is designed to help retirement homes assess their readiness to prevent or effectively respond to an outbreak of COVID-19 and to take proactive steps to address any gaps. The Retirement Homes Regulatory Authority (RHRA) strongly recommends that retirement home operators complete the self-assessment checklist and take immediate steps to address any gaps identified to ensure that your retirement home is prepared to prevent an outbreak and able to respond effectively if one occurs. The RHRA and other regulatory agencies are conducting inspections of retirement homes to assess their readiness to prevent or respond to an outbreak. We trust this checklist will assist you in your efforts to protect your residents and will help you to understand what regulatory agencies will expect from you. You are not required to submit this self-assessment checklist to the RHRA.

Please see RHRA’s website at rhra.ca for COVID-19 information and resources available to retirement home operators.

**How to Complete the Self-Assessment**

Answer ‘Yes’ or ‘No’ to the series of questions regarding your home’s preparedness for an outbreak of COVID-19. After answering the questions, you will need to make a judgment on your preparedness. Completion of the self-assessment in an accurate manner can help you identify gaps in your processes and to take steps to prepare moving forward. Therefore, you should think through how each item is currently being achieved and how you plan to address any gaps identified in each area below.

**Judgment Descriptors**

The table below shows the judgment descriptors retirement homes should use to assess their preparedness for a COVID-19 outbreak in the Fall.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Prepared** | **Substantially Prepared** | | **Not Prepared** | | |
| This means the operator has taken the necessary steps to prepare for an outbreak of COVID-19. | This means that the operator has most of the elements of an effective plan, but some action is required. | | This means the operator has not taken the necessary steps to prepare for an outbreak of COVID19. Urgent action is required. | | |
|  |  | |  | | |
| 1. **Written Policies and Procedures** | | | | | |
| Has the operator ensured that staff have access to up-to-date COVID-19 guidance issued by the Chief Medical Officer of Health and Public Health Ontario? | | | | | Yes  No  N/A |
| Has the operator ensured that staff have access to up-to-date COVID-19 guidance issued by the Retirement Homes Regulatory Authority? | | | | | Yes  No  N/A |
| Has the operational/contingency management policy (including staffing contingency) been updated to reflect the risk of infection of COVID-19 to residents and staff working in the home? | | | | | Yes  No  N/A |
| **Based on your answers to the questions above is your home:** | | | | | |
| **Prepared** | | **Substantially Prepared** | | **Not Prepared** | |

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| --- | --- | --- | --- | --- |
| 1. **Staffing** | | | | |
| Is there a human resources plan in place to ensure staffing levels that are appropriate for full-service delivery? This includes plans to ensure continuity of care to residents in the event of a significant shortfall (approximately 66% reduction) of staff attending work due to required self-isolation or an outbreak of COVID-19? e.g. 12-hour shifts, cross training staff, several agencies available, volunteer staff | | | | Yes  No  N/A |
| Are there on-call staffing arrangements for key management positions? | | | | Yes  No  N/A |
| Has the operator reviewed the effectiveness of these on-call systems to ensure staff always have 24/7 access to managerial advice and support related to care services? | | | | Yes  No  N/A |
| Are staff aware of the requirements for reporting and managing confirmed/suspected cases of COVID-19 in any residents or staff and is someone able to do contact tracing if required? | | | | Yes  No  N/A |
| Are there measures in place to: | take staff temperatures at the beginning of each shift? | | | Yes  No  N/A |
| enable physical distancing by staff? | | | Yes  No  N/A |
| declare, if necessary, that staff have had contact with confirmed/suspected cases of COVID-19, and advise staff to self-isolate as per public health guidelines? | | | Yes  No  N/A |
| **Based on your answers to the questions above is your home:** | | | | |
| **Prepared** | | **Substantially Prepared** | **Not Prepared** | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. **Governance and Management** | | | | |
| Does the operator know who to contact to support them if their contingency plans prove insufficient? | | | | Yes  No  N/A |
| Can the operator and staff get COVID-19 testing for residents if needed? | | | | Yes  No  N/A |
| Has the operator established links with other providers in their area for the sharing of information and support? | | | | Yes  No  N/A |
| Does the operator have access to an internal infection prevention and control specialist or a direct contact at a local PHU for advice? | | | | Yes  No  N/A |
| Has the provider sourced adequate resources for use in the event of outbreak in terms of: | | hand hygiene supplies? | | Yes  No  N/A |
| personal protective equipment? | | Yes  No  N/A |
| laundry facilities? | | Yes  No  N/A |
| Has the operator reviewed each unit and floor and identified areas that operate as discrete zones to allow for appropriate isolation or cohorting of suspected and confirmed COVID-19 residents? | | | | Yes  No  N/A |
| Is there a clear policy that outlines who must be notified in the event of an outbreak? For example, all mandatory notifications are reported to the public health unit (PHU) and RHRA. | | | | Yes  No  N/A |
| Are pre-admission assessment and precautions in place? As per MOH directives? | | | | Yes  No  N/A |
| Has the operator identified a staff person to be a family liaison to ensure that families are kept informed and communicated with (in line with residents’ wishes) while visiting is restricted? Also has the operator identified a means of communication to ensure that all families are kept well informed about outbreak status and visitation restrictions? | | | | Yes  No  N/A |
| **Based on your answers to the questions above is your home:** | | | | |
| **Prepared** | **Substantially Prepared** | | **Not Prepared** | |

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| --- | --- | --- | --- |
| 1. **Individual Assessment and Care Plans** | | | |
| Has the operator assessed the impact of the current precautions related to: social distancing and potential isolation on residents, including the potential impact on their psychological wellbeing? | | | Yes  No  N/A |
| Has the person in charge discussed with residents/POA their wishes should they become critically ill? | | | Yes  No  N/A |
| Has the person in charge ensured that the resident plans of care are current and inclusive of changes that have occurred? | | | Yes  No  N/A |
| Have behaviour management strategies been implemented to address any required changes as a result of an outbreak? | | | Yes  No  N/A |
| **Based on your answers to the questions above is your home:** | | | |
| **Prepared** | **Substantially Prepared** | **Not Prepared** | |

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| --- | --- | --- | --- |
| 1. **Healthcare** | | | |
| Are there arrangements in place for residents to be medically assessed in person or virtually by a physician or nurse practitioner? | | | Yes  No  N/A |
| Are there arrangements in to place to facilitate the transfer of residents to acute services if necessary? | | | Yes  No  N/A |
| Are there arrangements in place for medical advice and review for end-of life care? | | | Yes  No  N/A |
| **Based on your answers to the questions above is your home:** | | | |
| **Prepared** | **Substantially Prepared** | **Not Prepared** | |

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| --- | --- | --- | --- |
| 1. **Residents’ Rights** | | | |
| While observing physical (social) distancing measures, is the operator ensuring that each resident still has opportunity to participate in activities in accordance with their interests and capacities? | | | Yes  No  N/A |
| Can residents communicate and remain in contact with their families and significant others? | | | Yes  No  N/A |
| Are residents informed about the public health measures that affect their daily lives? | | | Yes  No  N/A |
| Has the operator consulted with residents if residents may be required to move from their normal accommodation? For example, in the case of isolation or cohorting? | | | Yes  No  N/A |
| **Based on your answers to the questions above is your home:** | | | |
| **Prepared** | **Substantially Prepared** | **Not Prepared** | |

|  |  |  |  |
| --- | --- | --- | --- |
| 1. **Communication** | | | |
| Are residents kept informed of the public health measures being taken in the home and the reasons for these measures? | | | Yes  No  N/A |
| Are residents educated about hand and respiratory hygiene? | | | Yes  No  N/A |
| Has the operator put measures in place to facilitate residents to maintain their social and family contacts? | | | Yes  No  N/A |
| Has the operator established partnerships with community resources (e.g., Ontario Health, local public health units, hospitals, primary care, other)? | | | Yes  No  N/A |
| **Based on your answers to the questions above does your home:** | | | |
| **Prepared** | **Substantially Prepared** | **Not Prepared** | |

|  |  |  |  |
| --- | --- | --- | --- |
| 1. **Infection Prevention and Control (IPAC)** | | | |
| Is there a dedicated onsite IPAC lead who can oversee, and support proper IPAC responsibilities, protocols, and practices? | | | Yes  No  N/A |
| Are there consistent and verified IPAC protocols (e.g. screening and signage) and practices in place? | | | Yes  No  N/A |
| Are there regular on-site IPAC assessments? | | | Yes  No  N/A |
| Is there access to training on IPAC and personal protective equipment? | | | Yes  No  N/A |
| Is there a process and resources for regular environmental cleaning in the home? | | | Yes  No  N/A |
| Is there equipment available to support appropriate access and application of all isolation protocols including PPE? | | | Yes  No  N/A |
| Are there adequate contingencies for waste management, inclusive of appropriate additional waste bins (lid and foot mechanisms) and segregation of waste and laundry/linen? | | | Yes  No  N/A |
| Are there sufficient hand hygiene supplies for staff and residents to keep all hygiene stations full for a two-week period? | | | Yes  No  N/A |
| Are there adequate stocks of disinfectant products, in line with recommendations for environmental cleaning? | | | Yes  No  N/A |
| Are hand hygiene stations located throughout the building to ensure easy access by all staff during their shift? | | | Yes  No  N/A |
| Do staff and residents have access to an ongoing supply of personal protective equipment? | | | Yes  No  N/A |
| Do staff receive regular surveillance testing? | | | Yes  No  N/A |
| **Based on your answers to the questions above is your home:** | | | |
| **Prepared** | **Substantially Prepared** | **Not Prepared** | |

Now that you have completed the self-assessment, take some time to reflect on any identified gaps and create a plan to close to close any gaps.

If you have any questions regarding the self-assessment tool, please contact RHRA at [info@rhra.ca](mailto:info@rhra.ca) or call 1-855 275-7472.