

#### RHRA COVID-19 PREPAREDNESS SELF-ASSESSMENT TOOL FOR RETIREMENT HOMES

Last Update: September 2023

COVID-19 continues to circulate in Ontario, be easily transmissible and pose the risk of severe disease for residents of retirement homes. As such, the preparedness of retirement home operators is key to essential high-quality care for residents.

This self-assessment tool was developed by the Retirement Homes Regulatory Authority (RHRA) to help retirement homes assess their readiness to prevent or effectively respond to a COVID-19 outbreak. RHRA **strongly recommends** that operators complete this self-assessment tool and take immediate steps to address identified gaps. The RHRA self-assessment tool is **not mandatory** and is an overview of many measures the home should consider in preparing for and responding to during a COVID-19 outbreak. **You are not required to submit this self-assessment to the RHRA.** 

Homes are reminded that under O. Reg 166/11 of the *Retirement Homes Act*, they are required to have an emergency plan that addresses pandemics and epidemics. This RHRA COVID-19 self-assessment tool could assist homes in creating such plans. The RHRA will take a reasonable compliance approach when assessing a home's actions in preventing or mitigating an outbreak.

The RHRA self-assessment tool is designed to complement, but not replace, the <u>Public Health Ontario (PHO) COVID-19</u>: <u>Self-Assessment Audit Tool for Long-Term Care Homes and Retirement Homes</u>. The PHO tool focuses on assessing your home's Infection Prevention and Control (IPAC) practices. Retirement homes are required to complete the PHO Audit Tool as per recommendations from the Chief Medical Officer of Health.

Please go to rhra.ca for COVID-19 information and resources available to retirement home operators.

## **How to complete this self-assessment:**

Answer each question below using the judgement descriptions when assessing your preparedness for a COVID-19 outbreak. Completion of the self-assessment accurately can help you identify gaps in your processes. Consider if the item is complete and how you plan to address any gaps.

	Prepared	Somewhat prepared	Not prepared
prepare for a COVID-19 outbreak plan, but some action is required. prepared for a COVID-19 outbreak. Orgent a required.	This means you have taken the necessary steps to prepare for a COVID-19 outbreak	to This means you have most of the elements of an effective plan, but some action is required.	prepared for a COVID-19 outbreak. Urgent action is

If you have any questions regarding the self-assessment tool, please contact RHRA at <u>info@rhra.ca</u> or call 1-855-275-7472. This document prints landscape on legal size paper.



Name of Retirement Homes: Name of Individual Completing the Tool:			Date:
A. WRITTEN POLICIES AND PROCEDURES		ACTIONS HOME HAS TAKEN	OUTCOME
Has the operator ensured staff have access to up-to-darecommendations or direction issued by the Chief Med Health Ontario, and local public health unit?			<ul><li>□ Prepared</li><li>□ Somewhat Prepared</li><li>□ Not Prepared</li></ul>
Has the operator ensured staff have access to up-to-darecommendations or direction issued by the Retirement Ministry of Seniors and Accessibility?			<ul><li>□ Prepared</li><li>□ Somewhat Prepared</li><li>□ Not Prepared</li></ul>
Has the outbreak management policy and procedures Seniors and Accessibility COVID-19 Guidance Docume Ontario and COVID-19 Guidance for Public Health Uni Retirement Homes, and Other Congregate Living Setti been updated and tested?	ent for Retirement Homes in ts: Long-Term Care Homes,		<ul><li>□ Prepared</li><li>□ Somewhat Prepared</li><li>□ Not Prepared</li></ul>
Has the operator completed the <u>PHO COVID-19: Self-A</u> <u>Term Care Homes and Retirement Homes</u> regarding IF			<ul><li>□ Prepared</li><li>□ Somewhat Prepared</li><li>□ Not Prepared</li></ul>
Based on your answers to the questions above is your home:			
Prepared □	Somewhat Prepared □	Not F	Prepared □
Notes for improvement: (box expands as you type):			



#### **B. STAFFING**

Is there a human resources plan to ensure staffing levels to deliver necessary services? This includes plans to ensure continuity of care to residents and adequate environmental services in the event of an increase of resident care needs or significant shortfall of staff because of self-isolation or a COVID-19 outbreak.

## Consider the following factors when planning:

- What if HCCSS, hospital, or Ontario Health cannot provide staff?
- What if external agencies contracted by the home cannot provide staff?
- What if home staff refuse to work because they are sick, have family obligations, or are afraid of becoming sick?
- What mental and emotional supports are available to staff prior to and during an outbreak?
- What specific tasks per department must be covered during a staffing shortage? Have you prioritized critical tasks?

#### At a minimum, the licensee's staffing contingency plan should consider:

- Changing the scheduling of work or shifts and collecting information about availabilities of staff for alternative shifts, for example 12-hour shifts rather than 8-hour shifts.
- Identifying staffing priorities and developing, modifying, and implementing redeployment plans (e.g., changing assignment of work based on skills, experience, availabilities, and training).
- Conducting skills and experience inventories of staff to identify viable alternative roles. Cross training staff to work in multiple departments.
- Training managers and appropriate staff in advance for medication administration and other care services (i.e., serve/make meals, dressing, continence care, etc.).
- Employing extra part-time or temporary staff or contractors to meet current and increased care needs of residents and maintain continuity of operations (such as through standing arrangements with staffing agencies).
- Assigning staff to resident cohorts.
- Using volunteers to perform work.
- Using family caregivers or substitute decision makers, as appropriate, to support their resident's emotional or physical needs.
- Maintaining a list of volunteers including contact information and services they offer.
- Identifying family members and substitute decision makers of residents who may consider volunteering or working as temporary staff.
- Making agreements with volunteer agencies.
- Identifying local companies that may do screening, high touch surface disinfecting, or redirecting residents during an active outbreak.
- Identifying local college/university students that can provide support.
- Providing appropriate training or education as needed to staff and volunteers.



#### **Volunteers**

Volunteers are not part of staff in the home, do not receive payment for the services in the home, and cannot give medications. When homes are in crisis the RHRA supports the use of volunteers and takes a flexible approach to compliance.

Volunteers must receive training in:

- 1. emergency plan
- 2. infection prevention and control program
- 3. policy to promote zero tolerance of abuse and neglect of residents

Occasional volunteers that do not provide direct care to residents, must be provided with information on what to do in the event of an emergency, the policy to promote zero tolerance of abuse and neglect, and IPAC and PPE practices. Training may be required depending on the scope of the tasks the volunteer will perform. The work of occasional volunteers is to be monitored and supervised in accordance with the home's volunteer policy.

Depending on the level of crisis in a home, the ability for homes to provide comprehensive training will vary. The RHRA will take a flexible approach to compliance and will consider the tasks that the volunteer is doing and conditions at the home.

Volunteers must present a satisfactory police record check and vulnerable sector check conducted within 6 months of volunteering in the home. During a crisis, it is still the obligation for licensees to ensure that residents are protected from abuse by anyone. Therefore, volunteers within the home must provide some assurance to their suitability through an offence declaration and homes must have adequate oversight of the volunteer.

# Examples of tasks that volunteers can do:

- Screening
- Redirecting residents, including memory care areas
- Well-being calls (phone or virtual) to residents
- Resident activities: 1:1 by phone, online games, set up virtual connections with family, set up takeaway activity kits for residents
- Answer phones
- Conduct high touch disinfecting in common areas
- Serve tea/coffee/beverages/snacks to well residents and deliver meals/beverages to floors



STAFFING	ACTIONS HOME HAS TAKEN	OUTCOME	
Does the operator understand the protocols for return-to-work for staff, students and volunteers who tested positive for COVID-19 or had symptoms, including workplace measures for reducing risk of transmission?  • Guidance on return-to-work protocol is available in the Ministry of Health's Appendix on Diseases caused by a novel coronavirus, including Coronavirus Disease 2018 (COVID-19), Severe Acute Respiratory Syndrome (SARS) and Middle East		<ul><li>□ Prepared</li><li>□ Somewhat Prepared</li><li>□ Not Prepared</li></ul>	
Respiratory Syndrome (MERS).  Are there measures in place to enable physical distancing by staff (if required), including break and mealtime?		□ Prepared	
		<ul><li>☐ Somewhat Prepared</li><li>☐ Not Prepared</li></ul>	
Are there on-call staffing arrangements for key management positions? If a key management role is unable to attend the home, is there a designated back up?  Are there regional resources (if chain home)?		<ul><li>☐ Prepared</li><li>☐ Somewhat Prepared</li><li>☐ Not Prepared</li></ul>	
Has the operator reviewed the effectiveness of these on-call systems to ensure staff always have 24/7 access to management support?			
Are staff able to assist with contact tracing if required?		<ul><li>□ Prepared</li><li>□ Somewhat Prepared</li><li>□ Not Prepared</li></ul>	
Based on your answers to the questions above is your home:			
Prepared □ Somewhat Prepa	ared 🗆	Not Prepared □	
Notes for improvement (box expands as you type):			



C. GOVERANCE AND MANAGEMENT	ACTIONS HOME HAS TAKEN	OUTCOME
In the absence of key outbreak management team members, does someone in the home have the experience and training to effectively implement all public health directions and maintain oversight of the operations during an outbreak? Is there a plan to put thisz person in charge?		<ul><li>□ Prepared</li><li>□ Somewhat Prepared</li><li>□ Not Prepared</li></ul>
Does the operator know who to contact for support if their contingency plans prove insufficient? For example, staffing agencies, corporate head office, HCCSS, Ontario Health, or retirement home associations.  Home should notify RHRA in the event of a staffing crisis where residents do not receive care.		<ul><li>□ Prepared</li><li>□ Somewhat Prepared</li><li>□ Not Prepared</li></ul>
Has the operator spoken with staff to alleviate fears of COVID-19 and understands which staff may not be available if the home goes into outbreak?		<ul><li>□ Prepared</li><li>□ Somewhat Prepared</li><li>□ Not Prepared</li></ul>
Are all managers aware of how to contact their local public health unit, IPAC Hub and RHRA?		<ul><li>□ Prepared</li><li>□ Somewhat Prepared</li><li>□ Not Prepared</li></ul>
Does the operator maintain an adequate supply of rapid antigen point of care and PCR test kits, if required?  Is there a person in charge of PPE inventory and ordering?		<ul><li>□ Prepared</li><li>□ Somewhat Prepared</li><li>□ Not Prepared</li></ul>
Does the operator have staff qualified to perform PCR testing, if required? If not, has the operator made agreements with an outside source (i.e., pharmacist, agency, another home)?		<ul><li>□ Prepared</li><li>□ Somewhat Prepared</li><li>□ Not Prepared</li></ul>



Has the operator reviewed each unit and floor to identify areas that operate as discrete zones for isolation or cohorting suspected and confirmed COVID-19 residents?			<ul><li>□ Prepared</li><li>□ Somewhat Prepared</li><li>□ Not Prepared</li></ul>
Is there a clear policy outlining who is to be notified in the  All mandatory notifications reported to the public l  Does the policy consider communication to staff,  What information will be shared and the frequence	nealth unit and RHRA. residents, family, and visitors?		<ul><li>□ Prepared</li><li>□ Somewhat Prepared</li><li>□ Not Prepared</li></ul>
Does the home have a vaccination policy, and has the operator provided information to all residents, staff, volunteers, students, and contractors on the advantages of being up to date on COVID-19 vaccinations and where vaccine information is available?			<ul><li>□ Prepared</li><li>□ Somewhat Prepared</li><li>□ Not Prepared</li></ul>
Has the operator ensured that eligible staff, volunteers, stundergoing rapid antigen testing if recommended?	rudents, and contractors are		<ul><li>□ Prepared</li><li>□ Somewhat Prepared</li><li>□ Not Prepared</li></ul>
Is there an onsite outbreak management team in place?			<ul><li>□ Prepared</li><li>□ Somewhat Prepared</li><li>□ Not Prepared</li></ul>
Based on your answers to the questions above is your home:			
Prepared □	Somewhat Prepared		Not Prepared □
Notes for improvement (box expands as you type):			



D. SUPPLY CHAIN	ACTIONS HOME HAS TAKEN	OUTCOME	
<ol> <li>Are there additional plans in place in case of the following:</li> <li>a supply chain breakdown and delayed deliveries for food, medication, or other supplies</li> <li>service breakdown – physician services, lab visits, etc.</li> <li>hospital capacity issues to accept admissions and/or deploy hospital staff to retirement homes</li> </ol>		☐ Prepared ☐ Somewhat Prepared ☐ Not Prepared	
<ol> <li>Consider meal options in case of delayed food delivery:</li> <li>develop a pandemic menu in advance of meals and snacks that any person can prepare</li> <li>purchase pre-made frozen meals at the time of the outbreak</li> <li>set up advanced agreements with local caterer/ restaurants/ hotels/ Meals on Wheels</li> <li>work with your food service provider to create a pre-made order of ready-made meals in advance of an outbreak</li> </ol>		☐ Prepared ☐ Somewhat Prepared ☐ Not Prepared	
Based on your answers to the questions above is your home:			
Prepared □ Somewhat Prepa	ared 🗆	Not Prepared □	
Notes for improvement (box expands as you type):			



E. RESIDENT ASSESSMENTS AND PLANS OF CARE	ACTIONS HOME HAS TAKEN	OUTCOME	
Has the operator assessed the physical and psychological impact of precautions related to physical distancing and isolation on residents?		☐ Prepared ☐ Somewhat Prepared ☐ Not Prepared	
Has the person in charge discussed with each resident or SDM their wishes should they become critically ill, and it is documented in the resident's plan of care?		<ul><li>□ Prepared</li><li>□ Somewhat Prepared</li><li>□ Not Prepared</li></ul>	
Has the person in charge of resident care assessed what alternative strategies may be required to manage resident behaviors that may be impacted by public health prevention measures, such as physical distancing and isolation? Have these strategies been documented in the resident's care plan?		<ul><li>□ Prepared</li><li>□ Somewhat Prepared</li><li>□ Not Prepared</li></ul>	
Are behaviour management strategies needed to maintain public health prevention measures such as self-isolation or physical distancing?		☐ Prepared ☐ Somewhat Prepared ☐ Not Prepared	
Based on your answers to the questions above is your home:			
Prepared □ Somewhat Prepa	red □	Not Prepared □	
Notes for improvement (box expands as you type):			



F. HEALTHCARE	ACTIONS HOME HAS TAKEN	OUTCOMES
Are there arrangements in place for residents to be medically or mentally assessed in person or virtually by a physician or nurse practitioner?		<ul><li>□ Prepared</li><li>□ Somewhat Prepared</li><li>□ Not Prepared</li></ul>
Are there arrangements in place to facilitate the transfer of residents to acute care services if necessary?		<ul><li>□ Prepared</li><li>□ Somewhat Prepared</li><li>□ Not Prepared</li></ul>
Are there arrangements in place for medical advice and review for end-of-life care?		<ul><li>□ Prepared</li><li>□ Somewhat Prepared</li><li>□ Not Prepared</li></ul>
Based on your answers to	the questions above is your home:	
Prepared □	Somewhat Prepared □	Not Prepared □
Notes for improvement (box expands as you type):		



G. RESIDENT RIGHTS	ACTIONS HOME HAS TAKEN	OUTCOME
Has the operator ensured that restrictions imposed by the home do not exceed public health direction?		<ul><li>☐ Prepared</li><li>☐ Somewhat Prepared</li><li>☐ Not Prepared</li></ul>
While implementing public health measures, is the operator ensuring that each resident still has opportunity to participate in activities in accordance with their interests and capacities?		<ul><li>□ Prepared</li><li>□ Somewhat Prepared</li><li>□ Not Prepared</li></ul>
Can all residents communicate and remain in contact with their families and significant others, even when in isolation?		<ul><li>□ Prepared</li><li>□ Somewhat Prepared</li><li>□ Not Prepared</li></ul>
Are residents informed regularly and in a timely manner about public health measures that affect their daily lives?		<ul><li>□ Prepared</li><li>□ Somewhat Prepared</li><li>□ Not Prepared</li></ul>
Has the operator consulted with residents in the event they may be asked to cohort or isolate in a different suite?		<ul><li>□ Prepared</li><li>□ Somewhat Prepared</li><li>□ Not Prepared</li></ul>
Based on your answers to t	he questions above is your home:	
	hat Prepared	Not Prepared □
Notes for improvement (box expands as you type):		



H. COMMUNICATION		ACTIONS HOME HAS TAKEN	OUTCOME
Are residents/families/SDM kept informed of the public he measures required in the home and the reasons for these			<ul><li>□ Prepared</li><li>□ Somewhat Prepared</li><li>□ Not Prepared</li></ul>
Has the operator established partnerships with community Regional IPAC Hub, Ontario Health, local public health ur care, other retirement homes)?			<ul><li>□ Prepared</li><li>□ Somewhat Prepared</li><li>□ Not Prepared</li></ul>
Has the operator identified a staff person to communicate residents' wishes) while visiting is restricted?	with families (in line with		<ul><li>□ Prepared</li><li>□ Somewhat Prepared</li><li>□ Not Prepared</li></ul>
Residents and SDM have been provided information on ho of infectious diseases, including hand hygiene and reporting			<ul><li>☐ Prepared</li><li>☐ Somewhat Prepared</li><li>☐ Not Prepared</li></ul>
Based on your answers to the questions above is your home:			
Prepared □	Somewha	t Prepared □	Not Prepared □
Notes for improvement (box expands as you type):			