

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

Last Update: August 2025

COVID-19 continues to circulate in Ontario, be easily transmissible and poses 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.

Please go to rhra.ca for Infectious Disease 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	
This means you have taken the necessary steps to prepare for a COVID-19 outbreak	This means you have most of the elements of an effective plan, but some action is required.	This means you have not taken the necessary steps to prepared for a COVID-19 outbreak. Urgent action is required.	
If you have any questions regarding the self-assessment tool, please contact RHRA at info@rhra ca or call 1-855-275-7472. This document prints landscape on legal size			

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oaper. Name of Retirement Homes:	Name of Individual Completing the Tool:	Date:



A. WRITTEN POLICIES AND PROCEDURES		ACTIONS HO	ME HAS TAKEN	OUTCOME
Has the operator ensured staff have access to up-to-da recommendations or direction issued by the Chief Med				☐ Prepared☐ Somewhat Prepared
Health Ontario, and local public health unit?				☐ Not Prepared
Has the operator ensured staff have access to up-to-da				☐ Prepared
recommendations or direction issued by the Retiremer	nt Homes Regulatory Authority and			☐ Somewhat Prepared
Ministry of Seniors and Accessibility?				☐ Not Prepared
Has the outbreak management policy and procedures				☐ Prepared
Recommendations for Outbreak Prevention and Control				☐ Somewhat Prepared
<u>Living Settings</u> and <u>Covid-19 Guidance Document for I</u> (including staffing contingency) been updated and teste				☐ Not Prepared
(mordaling stanling containgency) been apaated and test	54:			
Has the operator completed the PHO COVID-19: Self-				☐ Prepared
<u>Term Care Homes and Retirement Homes</u> regarding II	PAC practices?			☐ Somewhat Prepared
				☐ Not Prepared
	Based on your answers to the ques	tions above is your home:		
Prepared □	Somewhat Prep	ared □	Not Pre	epared □
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 in 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 Ontario Health atHome or hospital 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 support is 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 availability 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 Recommendations for Outbreak Prevention and Control in Institutions and Congregate Living Settings		□ Prepared□ Somewhat Prepared□ Not Prepared	
Are there measures in place to enable physical distancing by staff (if required), including break and mealtime?		□ Prepared□ Somewhat Prepared□ Not Prepared	
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)? Has the operator reviewed the effectiveness of these on-call systems to ensure staff always have 24/7 access to management support?		□ Prepared□ Somewhat Prepared□ Not Prepared	
Are staff able to assist with contact tracing if required?		□ Prepared□ Somewhat Prepared□ Not Prepared	
Based on your answers to the questions above is your home:			
Prepared □ Somewhat Prepared	red □	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 this person in charge?		☐ Prepared ☐ Somewhat Prepared ☐ Not Prepared
Does the operator know who to contact for support if their contingency plans prove insufficient? For example, staffing agencies, corporate head office, Ontario Health atHome, Ontario Health or retirement home associations. Home should notify RHRA in the event of a staffing crisis where residents do not receive care.		□ Prepared□ Somewhat Prepared□ Not Prepared
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?		□ Prepared□ Somewhat Prepared□ Not Prepared
Are all managers aware of how to contact their local public health unit, IPAC Hub and RHRA?		□ Prepared□ Somewhat Prepared□ Not Prepared
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?		□ Prepared□ Somewhat Prepared□ Not Prepared
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)?		□ Prepared□ Somewhat Prepared□ Not Prepared



Has the operator reviewed each unit and floor to identify an		☐ Prepared		
zones for isolation or cohorting suspected and confirmed CC	VID-19 residents?	☐ Somewhat Prepared		
		☐ Not Prepared		
Is there a clear policy outlining who is to be notified in the even		□ Prepared		
 All mandatory notifications reported to the public hea 		☐ Somewhat Prepared		
 Does the policy consider communication to staff, resi 		☐ Not Prepared		
 What information will be shared and the frequency of 	communication?			
Does the home have a vaccination policy, and has the opera	tor provided information to	□ Prepared		
all residents, staff, volunteers, students, and contractors on t		□ Somewhat Prepared		
to date on COVID-19 vaccinations and where vaccine inform		□ Not Prepared		
		- Not repaired		
Has the operator ensured that eligible staff, volunteers, stude	ents, and contractors are	☐ Prepared		
undergoing rapid antigen testing if recommended?		☐ Somewhat Prepared		
		□ Not Prepared		
		·		
Is there an onsite outbreak management team in place?		☐ Prepared		
		☐ Somewhat Prepared		
		□ Not Prepared		
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
 Are there additional plans in place in case of the following: A supply chain breakdown and delayed deliveries for food, medication, or other supplies. Service breakdown – physician services, lab visits, etc. Hospital capacity issues to accept admissions and/or deploy hospital staff to retirement homes. 		☐ Prepared ☐ Somewhat Prepared ☐ Not Prepared
 Consider meal options in case of delayed food delivery: Develop a pandemic menu in advance of meals and snacks that any person can prepare. Purchase pre-made frozen meals at the time of the outbreak. Set up advanced agreements with local caterer/ restaurants/ hotels/ Meals on Wheels. Work with your food service provider to create a pre-made order of ready-made meals in advance of an outbreak. 		☐ Prepared ☐ Somewhat Prepared ☐ Not Prepared
Based on your answers to the ques	tions 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 F	AS TAKEN OUTCOME			
Has the operator assessed the physical and psychological impact of precephysical distancing and isolation on residents?	cautions related to	☐ Prepared ☐ Somewhat Prepared ☐ Not Prepared			
Has the person in charge discussed with each resident or SDM their wish become critically ill, and it is documented in the resident's plan of care?	es should they	□ Prepared□ Somewhat Prepared□ Not Prepared			
Has the person in charge of resident care assessed what alternative strar required to manage resident behaviors that may be impacted by public homeasures, such as physical distancing and isolation? Have these strateg documented in the resident's care plan?	ealth prevention	□ Prepared□ Somewhat Prepared□ Not Prepared			
Are behaviour management strategies needed to maintain public health permeasures such as self-isolation or physical distancing?	prevention	□ Prepared□ Somewhat Prepared□ Not Prepared			
Based on your ar	Based on your answers to the questions above is your home:				
Prepared □	Somewhat Prepared □	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?		□ Prepared□ Somewhat Prepared□ Not Prepared
Are there arrangements in place to facilitate the transfer of residents to acute care services if necessary?		□ Prepared□ Somewhat Prepared□ Not Prepared
Are there arrangements in place for medical advice and review for end-of-life care?		□ Prepared□ Somewhat Prepared□ Not Prepared
Based on your answers to t	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?		☐ Prepared ☐ Somewhat Prepared ☐ Not Prepared			
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?		□ Prepared□ Somewhat Prepared□ Not Prepared			
Can all residents communicate and remain in contact with their families and significant others, even when in isolation?		□ Prepared□ Somewhat Prepared□ Not Prepared			
Are residents informed regularly and in a timely manner about public health measures that affect their daily lives?		□ Prepared□ Somewhat Prepared□ Not Prepared			
Has the operator consulted with residents in the event they may be asked to cohort or isolate in a different suite?		□ Prepared□ Somewhat Prepared□ Not Prepared			
Based on your answers to	Based on your answers to the questions above is your home:				
	hat Prepared □	Not Prepared □			
Notes for improvement (box expands as you type):					



H. COMMUNICATION		ACTIONS HOME HAS T	AKEN	OUTCOME
Are residents/families/SDM kept informed of the public he measures required in the home and the reasons for these				Prepared Somewhat Prepared Not Prepared
Has the operator established partnerships with communit Regional IPAC Hub, Ontario Health atHome, local public primary care, other retirement homes)?				Prepared Somewhat Prepared Not Prepared
Has the operator identified a staff person to communicate residents' wishes) while visiting is restricted?			Prepared Somewhat Prepared Not Prepared	
Residents and SDM have been provided information on how to reduce the spread of infectious diseases, including hand hygiene and reporting infectious illness?				Prepared Somewhat Prepared Not Prepared
Ва	sed on your answers to th	e questions above is your home:		
Prepared □	Somewh	at Prepared □	No	t Prepared □
Notes for improvement (box expands as you type):				