RHRA Outbreak Preparedness Self-Assessment Tool

Last Update: September 2026

The infection prevention and control principles outlined in this document should be applied to all gastroenteritis outbreaks (Norovirus and other enteric viruses) as well as respiratory infections that may circulate in the home, including influenza, RSV, COVID-19, adenovirus, parainfluenza virus, and other seasonal respiratory viruses. Proactive outbreak prevention, early detection, and timely response measures are critical to protecting residents and minimizing the impact of illness.
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 COVID-19, respiratory and gastroenteritis outbreaks

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 outbreaks. **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 as well as a plan to support infectious disease outbreaks to support preparedness and effective response. This RHRA 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 IPAC Self-Assessment Audit for Long Term Care and Retirement Homes. 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 an outbreak. Accurate completion of the self-assessment 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 COVID-19, respiratory or gastroenteritis outbreaks	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 prepare your home for COVID-19, respiratory and gastroenteritis outbreaks. Urgent action is required.

If you have any questions regarding the self-assessment tool, please contact RHRA's Licensee Engagement and Support team at info@rhra.ca 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 TAKEN AND NEXT STEPS	OUTCOME
Has the operator ensured staff have access to up-to-date IPAC guidance, recommendations or direction issued by the Chief Medical Officer of Health, Public Health Ontario, and local public health unit?		☐ Prepared ☐ Somewhat Prepared ☐ Not Prepared
Has the operator ensured staff have access to up-to-date IPAC guidance, recommendations or direction issued by the Retirement Homes Regulatory Authority and Ministry for Seniors and Accessibility?		☐ Prepared ☐ Somewhat Prepared ☐ Not Prepared
Has the outbreak management policy and procedures as required in the *Recommendations for Outbreak Prevention and Control in Institutions and Congregate Living Settings* (including staffing contingency) been updated and tested?		☐ Prepared ☐ Somewhat Prepared ☐ Not Prepared
Has the operator completed the IPAC Self-Assessment Audit for Long-Term Care and Retirement Homes regarding IPAC practices?		☐ Prepared ☐ Somewhat Prepared ☐ Not Prepared

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.

Consider the following factors when planning:

- What if Ontario Health atHome cannot increase PSW services to their residents?
- 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.
- 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.
- The licensee must provide external care providers with the home's zero-tolerance for abuse and neglect policy as soon as practical after becoming aware they are providing or will provide care to a resident.

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

Does the operator understand the protocols for return-to-work for staff, students and volunteers who tested positive or have symptoms of respiratory or enteric diseases , 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 a multi-home organization)? 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
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 by calling (1-855-275-7472) or emailing us at info@rhra.ca 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 other respiratory or gastroenteritis infectious diseases and understand 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 PPE supplies should an outbreak occur. Does the home have an account with Supply Ontario to order PPE? Is there a person in charge of PPE inventory and ordering? Is there a back up to the staff to order PPE in the event the primary person for ordering is unavailable		☐ 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
Does the operator have medical directives for each resident to collect nasopharyngeal swabs and registered staff eligible to collect the swab? If not, has the operator made arrangements with an outside source (i.e., pharmacist, agency. another home)?		☐ Prepared ☐ Somewhat Prepared ☐ Not Prepared
Does the operator have medical directives in place for administering prophylaxis such as Tamiflu?		☐ Prepared ☐ Somewhat Prepared ☐ Not Prepared
Has the operator reviewed each unit and floor to identify areas that operate as discrete zones for isolation or cohorting suspected and confirmed affected residents?		☐ Prepared ☐ Somewhat Prepared ☐ Not Prepared

Is there a clear policy outlining who is to be notified in the event of an outbreak? • All mandatory notifications reported to the public health unit and RHRA. • Does the policy consider communication to staff, residents, family, and visitors? • What information will be shared and the frequency of communication?		☐ Prepared ☐ Somewhat Prepared ☐ Not Prepared
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 vaccinations and where vaccine information is available?		☐ Prepared ☐ Somewhat Prepared ☐ Not Prepared
Is there an onsite outbreak management team in place?		☐ Prepared ☐ Somewhat Prepared ☐ Not Prepared

D. SUPPLY CHAIN	ACTIONS HOME HAS TAKEN	OUTCOME
Are there additional plans in place in case of the following: 1. A supply chain breakdown and delayed deliveries for food, medication, or other supplies. 2. Service breakdown – physician services, lab visits, etc. 3. Hospital capacity issues to accept admissions		☐ Prepared ☐ Somewhat Prepared ☐ Not Prepared
Consider meal options in case of delayed food delivery: 1. Develop an outbreak menu in advance of meals and snacks that any person can prepare. 2. Purchase pre-made frozen meals at the time of the outbreak. 3. Set up advanced agreements with local caterer/ restaurants/ hotels/ Meals on Wheels. 4. 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

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?		☐ Prepared ☐ Somewhat Prepared ☐ Not Prepared
Has the person in charge of resident care assessed what alternative strategies may be required to manage resident behaviours 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?		☐ Prepared ☐ Somewhat Prepared ☐ Not Prepared

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

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
Is there a plan in place for the operator to consult with residents in the event they may be asked to cohort or isolate in a different suite?		☐ Prepared ☐ Somewhat Prepared ☐ Not Prepared

H. COMMUNICATION	ACTIONS HOME HAS TAKEN	OUTCOME
Is there a plan in place to ensure residents/families/SDM are kept informed of the public health measures required in the home and the reasons for these measures?		☐ Prepared ☐ Somewhat Prepared ☐ Not Prepared

Has the operator established partnerships with community resources (e.g., Regional IPAC Hub, Ontario Health atHome, local public health units, hospitals, primary care, other retirement homes)?		☐ Prepared ☐ Somewhat Prepared ☐ Not Prepared
Has the operator identified a staff person to communicate with families (in line with 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