Coronavirus Disease 2019 (COVID-19) Preparedness Checklist for Long-Term Care Homes and Retirement Homes

The resident community in long-term care homes (LTCH) and retirement homes is likely to be older, frailer, and have complex chronic conditions. Residents may have chronic lung or neurological diseases which impair their ability to clear secretions from their lungs and airways. Respiratory infections can be more easily transmitted in an institutional environment.

LTCH and retirement homes should take steps to assess and improve their preparedness for responding to COVID-19. Each facility will need to adapt this checklist to meet its needs and circumstances based on differences among facilities (e.g., resident characteristics, facility size, scope of services, hospital affiliation). This checklist should be used as one tool in developing a comprehensive COVID-19 response plan.

Information from local, provincial and federal health authorities and emergency management agencies/authorities should be incorporated into the facility's COVID-19 plan. Comprehensive COVID-19 planning can also help facilities plan for other emergency situations.

This checklist identifies key areas that LTCH and retirement homes should consider in their COVID-19 planning. LTCH and retirement homes can use this tool to self-assess the strengths and weaknesses of current preparedness efforts. Additional information is provided via links to websites throughout this document. This checklist does not describe mandatory requirements or standards; rather, it highlights important areas to review to prepare for the possibility of residents or staff with COVID-19.

This checklist was adapted from the Centers for Disease Control and Prevention [Coronavirus Disease 2019 (COVID-19) Preparedness Checklist for Nursing Homes and other Long-Term Care Settings](#).

1. Structure for Planning and Decision Making	Completed	In-Progress	Started
COVID-19 has been incorporated into emergency management planning for the facility.	☐	☐	☐
A multidisciplinary planning committee or team has been created to specifically address COVID-19 preparedness planning. An existing emergency or disaster preparedness team may be assigned this responsibility.	☐	☐	☐
People have been assigned responsibility for coordinating preparedness planning, moving forward these people are referred to as the COVID-19 response coordinator.	☐	☐	☐
Members of the planning committee include the following: (Develop a list of committee members with the name, title, and contact information for each personnel category checked below and attach to this checklist.) • Facility administration • Medical director • Director of Nursing • Infection control • Occupational health and safety • Staff training and orientation • Engineering/maintenance services • Environmental (housekeeping) services • Dietary (food) services • Pharmacy services • Occupational/rehabilitation/physical therapy services • Transportation services • Purchasing agent • Facility staff representative • Other member(s) as appropriate (e.g., community representatives, department heads, resident and family representatives, quality improvement, direct care staff including consultant services)	☐	☐	☐

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1. Structure for Planning and Decision Making (continued)	Completed	In-Progress	Started
The facility's COVID-19 response coordinator has contacted local or regional planning groups to obtain information on coordinating the facility's plan with other COVID-19 plans.	☐	☐	☐

2. Development of a Written COVID-19 Plan	Completed	In-Progress	Started
A copy of the COVID-19 preparedness plan is available at the facility and accessible by staff.	☐	☐	☐
Relevant sections of the local, provincial, and federal plans for COVID-19 or pandemic influenza are reviewed for incorporation into the facility's plan.	☐	☐	☐
The facility plan includes the elements listed in #3 (below).	☐	☐	☐

3. Elements of a COVID-19 plan	Completed	In-Progress	Started
General			
A plan is in place for protecting residents, health care workers, and visitors from respiratory infections, including COVID-19 that addresses the elements that follow.	☐	☐	☐
A person has been assigned responsibility for monitoring public health advisories and updates (local, provincial and federal) and updating the COVID-19 response coordinator and members of the COVID-19 planning committee when COVID-19.	☐	☐	☐
The facility has 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.	☐	☐	☐
The facility has a system to monitor for, and internally review, development of COVID-19 among residents and health care providers in the facility. Information from this monitoring system is used to implement prevention interventions (e.g., isolation, cohorting), see Control of Respiratory Infection Outbreaks in Long-Term Care Homes, 2018.	☐	☐	☐

3. Elements of a COVID-19 Plan (continued)	Completed	In-Progress	Started
General (continued)			
Clients with suspected or confirmed COVID-19 require Contact and Droplet Precautions for routine care including nasopharyngeal and oropharyngeal swabs. In addition to Contact and Droplet Precautions, Airborne Precautions should be used when aerosol generating medical procedures (AGMPs) are planned or anticipated to be performed on patients with suspected or confirmed COVID-19. For more information see Updated IPAC Recommendations for Use of Personal Protective Equipment for Care of Individuals with Suspect or Confirmed COVID-19.	☐	☐	☐
The facility periodically reviews specific IPAC guidance for healthcare facilities caring for residents with suspected or confirmed COVID-19 (available here: https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html)	☐	☐	☐
Facility Communications			
Key public health points of contact during a COVID-19 outbreak have been identified. A person has been assigned responsibility for communications with public health authorities during a COVID-19 outbreak.	☐	☐	☐
A person has been assigned responsibility for communications with staff, residents, and their families regarding the status and impact of COVID-19 in the facility. (Having one voice that speaks for the facility during an outbreak will help ensure the delivery of timely and accurate information.)	☐	☐	☐
Contact information for family members or guardians of facility residents is up to date.	☐	☐	☐
Communication plans include how methods of communication will be used to inform staff, family members, visitors, and other persons coming into the facility (e.g., consultants, sales and delivery people) about the status of COVID-19 in the facility.	☐	☐	☐
A list has been created of other healthcare entities and their points of contact (e.g., other long-term care and residential facilities, local hospitals and hospital emergency medical services, relevant community organizations) with whom it will be necessary to maintain communication during an outbreak. Attach a copy of contact list.	☐	☐	☐

3. Elements of a COVID-19 Plan (continued)	Completed	In-Progress	Started
Facility Communications (continued)			
A facility representative(s) has been involved in the discussion of local plans for inter-facility communication during an outbreak.	☐	☐	☐
Supplies and Resources The facility provides supplies necessary to adhere to recommended IPAC practices including:			
Alcohol-based hand rub for hand hygiene is available in every resident room (ideally both inside and outside of the room) and other resident care and common areas (e.g., outside dining hall, in therapy gym).	☐	☐	☐
Hand Washing sinks are well-stocked with liquid soap and paper towels (if applicable).	☐	☐	☐
If resident is on Additional Precautions, appropriate signage is posted at the entrance to the residents room/bed space indicating IPAC precautions and required personal protective equipment (PPE).	☐	☐	☐
Facility provides alcohol based hand rub (ABHR) tissues, and masks at or near the entrances and in common areas with instructions for proper use with no-touch receptacles for disposal.	☐	☐	☐
Necessary PPE is available immediately outside of the resident room and in other areas where resident care is provided.	☐	☐	☐
Facilities should have supplies of masks, gowns, gloves and eye protection. If facility performs aerosol generating medical procedures the facility should have a supply of N95 respirators for staff who have been fit-tested.	☐	☐	☐
Trash disposal bins should be positioned near the exit inside of the resident room to make it easy for staff to discard PPE after removal, prior to exiting the room, or before providing care for another resident in the same room.	☐	☐	☐

3. Elements of a COVID-19 Plan (continued)	Completed	In-Progress	Started
Supplies and Resources (continued) The facility provides supplies necessary to adhere to recommended IPAC practices including:			
The facility has a process to monitor supply levels.	☐	☐	☐
The facility has a contingency plan for when they experience (or anticipate experiencing) supply shortages.	☐	☐	☐
Identification and Management of Ill residents			
The facility has a process to identify and manage residents with symptoms of respiratory infection (e.g., cough, fever, sore throat) upon admission and daily during their stay in the facility, which include implementation of appropriate precautions.	☐	☐	☐
The facility has criteria and a protocol for active surveillance for respiratory infection among residents and staff.	☐	☐	☐
Plans developed on how to immediately notify the local public health unit for clusters of respiratory infections, severe respiratory infections, or suspected COVID-19.	☐	☐	☐
The facility has criteria and a protocol for: limiting symptomatic and exposed residents to their room, halting group activities and communal dining, and closing units or the entire facility to new admissions.	☐	☐	☐
If possible, the facility has criteria and a process for cohorting residents with symptoms of respiratory infection, including dedicating health care providers to work only on affected units.	☐	☐	☐
Screening			
Ministry of Health COVID-19 Signage is posted at all entrances of the facility.	☐	☐	☐
Review the Ministry of Health COVID-19 Guidance: Long-Term Care Homes for screening instructions.			
Utilize the Ministry of Health COVID-19 Screening Checklist for active screening.			

3. Elements of a COVID-19 Plan (continued)	Completed	In-Progress	Started
Considerations About Visitors			
The facility has criteria and protocol for when visitors will be limited or restricted from the facility. Only essential visitors should be permitted to enter and must continue to be actively screened into these settings. Those who fail screening should not be permitted to enter. Essential visitors are those who have a resident who is very ill or requiring end-of-life care.	☐	☐	☐
The facility has a process to allow for remote communication between the resident and visitor (e.g., video-call applications on cell phones or tablets).	☐	☐	☐
Occupational Health			
The facility has sick leave policies that are non-punitive, flexible, and consistent with public health policies that allow ill staff to stay home.	☐	☐	☐
LTCHs should instruct all health care workers (HCWs), other staff, students and volunteers to self-monitor for COVID-19 at home as well as potential exposure risks that require self-monitoring or self-isolation. All persons should be made aware of early signs and symptoms of acute respiratory infection (such as fever, cough, shortness of breath, sore throat, runny nose, muscle aches).	☐	☐	☐
All HCWs, other staff, students and volunteers who are required to self-isolate must not come to work. Anyone with symptoms of an acute respiratory infection must not come to work and must report their symptoms to the LTCH.	☐	☐	☐
All HCWs, other staff, students and volunteers who have been advised to self-monitor for 14 days from an exposure should discuss with their supervisor whether to come to work.	☐	☐	☐
The facility has a process to actively screen HCWs, other staff, students and volunteers for fever and other respiratory symptoms when they report to work.	☐	☐	☐
The facility has a process to identify and manage HCWs, students and volunteers with fever and symptoms of respiratory infection.	☐	☐	☐

3. Elements of a COVID-19 Plan (continued)	Completed	In-Progress	Started
Occupational Health (continued)			
The facility has a plan for monitoring and assigning work restrictions for ill and exposed HCWs, other staff, students and volunteers. Follow the most recent recommendations from the Chief Medical Officer of Health.	☐	☐	☐
The facility has a respiratory protection plan that includes medical evaluation, training, and fit testing of employees.	☐	☐	☐
Education and Training			
The facility has plans to provide education and training to HCWs, other staff, volunteers, residents, and family members of residents to help them understand the implications of, and basic prevention and control measures for COVID-19.	☐	☐	☐
A person has been designated with responsibility for coordinating education and training on COVID-19 (e.g., identifies and facilitates access to available programs, maintains a record of personnel attendance).	☐	☐	☐
Language and reading-level appropriate materials have been identified to supplement and support education and training programs to HCWs, other staff, volunteers, residents, and family members of residents (e.g., available through local, provincial, and federal public health agencies).	☐	☐	☐

3. Elements of a COVID-19 Plan (continued)	Completed	In-Progress	Started
Education and Training (continued)			
Plans and material developed for education and job-specific training of HCWs which includes information on recommended infection control measures to prevent the spread of COVID-19, including: • Signs and symptoms of respiratory illness, including COVID-19. • How to monitor residents for signs and symptoms of respiratory illness. • How to keep residents, visitors, and HCWs safe by using correct IPAC practices including proper hand hygiene and selection and use of PPE. Training should include return demonstrations to document competency. • Staying home when ill. • Staff sick leave policies and recommended actions for unprotected exposures (e.g., not using recommended PPE, an unrecognized infectious patient contact).	☐	☐	☐
The facility has a plan for expediting the credentialing and training of non-facility HCW brought in from other locations to provide resident care if/when the facility reaches a staffing crisis.	☐	☐	☐
Informational materials (e.g., brochures, posters) on COVID-19 and relevant policies (e.g., suspension of visitation, where to obtain facility or family member information) have been developed or identified for residents and their families. These materials are language and reading-level appropriate, and a plan is in place to disseminate these materials.	☐	☐	☐

3. Elements of a COVID-19 Plan (continued)	Completed	In-Progress	Started
Surge Capacity:			
Staffing			
A contingency staffing plan 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.	☐	☐	☐
A person has been assigned responsibility for conducting a daily assessment of staffing status and needs during a COVID-19 outbreak.	☐	☐	☐
The staffing plan includes strategies for collaborating with local and provincial planning and response groups to address widespread healthcare staffing shortages during a crisis.	☐	☐	☐
Consumables and Durable Medical Equipment and Supplies			
Estimates have been made of the quantities of essential resident care materials and equipment (e.g., intravenous pumps, ventilators, pharmaceuticals), personal protective equipment (e.g., masks, N95 respirators, gowns, gloves, eye protection) and hand hygiene products for an outbreak. The Centers for Disease Control and Prevention recommends the estimates be based on an eight-week outbreak.	☐	☐	☐
Estimates have been shared with planning groups to better plan stockpiling agreements.	☐	☐	☐
A plan has been developed to address likely supply shortages (e.g., personal protective equipment), including strategies for using normal and alternative channels for procuring needed resources.	☐	☐	☐
A strategy has been developed for how priorities would be made in the event there is a need to allocate limited resident care equipment, pharmaceuticals, and other resources.	☐	☐	☐
A process is in place to track and report available quantities of consumable medical supplies including PPE.	☐	☐	☐
4. Residents Health	Completed	In-Progress	Started
Follow up with residents regarding their Advanced Directives.	☐	☐	☐

4. Residents Health (continued)	Completed	In-Progress	Started
Ensure residents are up-to-date on their vaccinations (e.g., influenza vaccine, pneumococcal vaccine)	☐	☐	☐