



This checklist is intended to assist long term care (LTC) facilities with assessing their readiness to respond to a COVID-19 outbreak. It should be completed by facility administration or designate in collaboration with local Infection Prevention and Control (IPAC) and Occupational Health and Safety (OHS).

Home Name:		Unit/Wing/House:	
Home Contact:		Contact Number:	
Checklist Completed by:		Date:	

	<i>Don't Wait... ISOLATE!</i>	Status				Comments <i>Provide for "Partial" and "No"</i>
		Yes	Partial	No	N/A	
1.0	Facility Screening & Entry Requirements					
1.1	All staff, contractors and family members/support person(s) must be screened prior to entering the facility Refer to Continuing Care Facility Checkpoint Questions					
1.2	Facility has a clear process for management of individuals (staff & visitors) who fail screening					
1.3	Visitation logs for visitors, staff and contracted staff are collected and retained for contact tracing purposes. This includes full name, contact information, the resident they visited/were in contact with, and the in/out time					
1.4	Alcohol based hand rub (ABHR) and medical masks are readily accessible at all entrances					
1.5	Everyone entering the facility is required to perform hand hygiene and put on a medical mask					
2.0	Personal Protective Equipment & Additional Precautions					
2.1	The contact information for the local supply chain is readily available and should include an after-hours process					
2.2	There is a process in place to increase inventory of PPE when an outbreak is declared					
2.3	There are sufficient supplies (to last approximately 72 hours) of masks, goggles (non-vented or indirectly vented) or face shields, gowns and gloves					
2.4	ABHR is readily available to staff at point-of-care and staff follow proper hand hygiene procedures					
2.5	Disinfectant wipes are readily available at room entry and throughout the facility					
2.6	PPE carts/tables are available where needed within the facility. Additional carts are available through supply chain for timely purchase and delivery, if required					
2.7	Garbage and/or laundry bins are positioned near the exit inside of the resident room to make it easy for staff to discard PPE after removal, and prior to exiting the room					
2.8	Additional precaution signage is printed and available for all rooms where required (Droplet/Contact Plus – Precautions signage, Aerosolize Settle Time poster)					
2.9	Staff are aware of what PPE is required and when to change <ul style="list-style-type: none"> a. Continuous and Extended PPE Use Guidelines b. Putting on (Donning) PPE c. Taking off (Doffing) PPE 					



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2.10	Facility educators or designate have reviewed and observed staff properly donning and doffing PPE, and frontline staff is provided education and training on how to perform a Point of Care Risk Assessment (PCRA)					
2.11	There is documentation of who has been FIT tested and who needs to be					
2.12	There is a process to train family member/support person, contractors and other external personnel in donning and doffing PPE and hand hygiene. Training is documented					
3.0	Clinical Environment & Equipment					
3.1	A full unit walkthrough should be completed to ensure supplies are not over stocked in resident rooms and unit is de-cluttered					
3.2	Surfaces are clutter free to enable easy cleaning and disinfection of surfaces					
3.4	Damaged or broken equipment is promptly repaired or removed/discarded					
3.5	Furniture is in good repair (i.e., no rips or tears, not repaired with tape etc.) and can be easily cleaned and disinfected					
3.6	Clinical Equipment (i.e., BP Cuffs, SpO2 Monitors) is in good repair or is replaced					
3.7	If reusable equipment cannot be dedicated to a single resident, clean and disinfect before use on another resident					
4.0	Surveillance & Specimen Collection and Transport					
4.1	All residents should be actively screened once per shift for signs and symptoms (S&S) of COVID-19, including a temperature check (consider documenting on S&S Monitoring Form - LTC) Refer to Inpatient, Outpatient and Continuing Care Screening Form					
4.2	Staff are aware of the process for swabbing and placing all residents with S&S of COVID-19 or potential exposure to a suspect or confirmed case immediately on Droplet/Contact Plus precautions					
4.3	Staff are trained and proficient in the collection of clinical specimens (e.g., NP swabs) and completing lab requisitions for GeneXpert, COVID PCR, and extended panel					
4.4	Appropriate staff are trained in Transportation of Dangerous Goods for packaging of specimens					
4.5	Staff know where to locate information on specimen collection and laboratory testing					
4.6	Staff are aware of the local process (when to order and where to send) for: <ul style="list-style-type: none"> • GeneXpert • COVID PCR • expanded panel 					
4.7	Supplies necessary for specimen collection and transport (e.g., swabs, requisitions) are available on-site					



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4.8	A process exists for ordering test kits/requisitions/specimen collection materials (incl. ordering after hours)					
5.0 Resident Areas & Precautions						
5.1	Physical distancing of residents in common areas is supported by: <ul style="list-style-type: none"> a. Educating residents on physical distancing b. Moving or removing chairs to ensure there is no cluster seating c. Removing or spacing out tables/chairs in dining room(s) d. Suspending group activities, unless groups are small and can maintain two metres distancing throughout the activity in non-outbreak homes e. Monitoring elevator waiting spaces to ensure two metres distancing f. Consider placing markers on the floor where residents may queue (e.g., at the elevator) g. In a non-outbreak home/unit, plan is developed for dining in shifts or limiting meal sittings to aid in physical distancing h. In an outbreak home/unit, all meals are eaten in residents' rooms i. Ensure a plan is in place to cohort COVID-19 residents, if needed 					
5.2	Physical distancing of residents in rooms is supported by: <ul style="list-style-type: none"> a. In a shared space, ensure the physical layout of the room allows for physical distancing between residents (e.g., bed, furniture, fixtures, shared washroom) b. Residents in a shared space are separated by partitions or drawn curtains 					
5.3	Staff are aware of behavior management approaches that can reduce risks and anxiety					
5.4	There is a plan in place for residents at risk of wandering, responsive behaviors, challenges with continence care or falls in the event of their isolation					
6.0 Staff Areas & Physical Distancing						
6.1	All staff, contractors and family member/support person(s) are aware of physical distancing (e.g., posters)					
6.2	Breaks and lunches are staggered to help ensure physical distancing of staff: <ul style="list-style-type: none"> a. Outdoor spaces are considered for breaks as weather permits b. The number of tables and chairs in staff common areas are limited and a max number of staff per break room at one time is indicated c. Tables are 2 metres apart d. Chairs are placed at the table such that a 2 metre distance between chairs is maintained between those at the table and adjacent tables e. Meeting spaces are chosen that will allow 2 metre distance between attendees f. Only essential meetings are held in person 					



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6.3	Staff common areas: a. Food and drinks in designated areas only (not at nursing stations or in med rooms) b. No sharing of food or drinks c. Are free of clutter d. Ensure regular cleaning of shared electronic equipment (e.g., phones, computers)					
7.0	COVID-19 Outbreak Response Team (C-ORT) & Planning					
A COVID-19 outbreak response team is essential in effectively managing an outbreak.						
7.1	Identify and document* members of the COVID-19 Outbreak Response Team (C-ORT) as per the COVID-19 Outbreak Guidelines *Include: name, title and contact information					
7.2	The C-ORT contact list is stored in an accessible location for staff					
7.3	Staff know where to locate the following documents: a. SHA COVID-19 Outbreak Guidance for LTC b. MHO & IPAC contact information (including on-call schedule) c. Specimen Collection Protocol and supplies d. Line List Forms (resident and staff) e. Outbreak Posters					
7.4	Staff are aware of the communication plan/notification strategy in their facility (includes staff, residents, families, and visitors)					
7.5	Process exists for admissions and inter-facility transfers that includes notifying transport personnel and receiving facilities about resident and/or facilities' outbreak status					
7.6	Plans are in place to reduce complexity and length of medication rounds and to identify any residents on nebulizers who can be switched to an alternative option					
7.7	Resident's care goals/advance directives are known and updated; including identification of residents wishing to be transferred to a higher level of care if needed					
7.8	There is a clear understanding of how medical support will be provided in the event of an outbreak					
7.9	Contingency plan is in place to identify minimum staffing needs and essential facility operations (plan should identify processes that may be reduced or modified in response to insufficient staffing needs)					
7.10	Ensure alternate means of communication between residents and family/friends is in place and in operation (e.g., iPad, FaceTime)					
7.11	If applicable, plans exist for resident pets should an outbreak be declared					