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CHECKLIST

COVID-19: Infection Prevention and Control Checklist for Long-Term Care and Retirement Homes

5th Revision: November 2021

When to use this checklist?

This checklist helps guide individuals trained or working with those trained in infection prevention and control (IPAC) in conducting IPAC assessments related to COVID-19 in long-term care and retirement homes. It can be used during in-person or virtual visits to provide advice on preparedness and management of COVID-19. It can also be used by those working in or supporting long-term care or retirement homes for self-assessment and to guide policies, procedures, preparedness and response planning.

This checklist is to be used in addition to—and does not replace—the advice, guidelines, recommendations, directives, or other direction of provincial Ministries and local public health authorities. This checklist is a point-in-time assessment; ongoing re-evaluation is recommended as required. The checklist was informed by the documents listed under Sources.

Please print and sign

Owner/Administrator (or designate) (print name):

Signature:

Date:

Inspector/Assessor/Investigator Signature:

Additional Inspector/Assessor/Investigator Signature(s):

Contents

Glossary

Essential Visitor: Includes a person performing essential support services (e.g., food delivery, inspector, maintenance, or health services [e.g., phlebotomy]) or a person visiting a very ill or palliative resident. Essential visitors also include “essential caregivers” as defined by the Ministry of Long-Term Care and the Ministry for Seniors and Accessibility/Retirement Homes Regulatory Authority policies, as appropriate. Essential visitors are permitted to visit a resident who is on Droplet and Contact Precautions and/or resides in an outbreak area of the home.

General Visitor: Includes all other types of visitors who do not meet the definition of an essential visitor as defined above, including social visitors. General visitors are not permitted to visit a resident who is in isolation on Droplet and Contact Precautions and/or resides in an outbreak area of the home.

1. Entrance and Screening

1	Entrance and Screening	Yes	No
1.1	**Passive screening and signage** • Health care workers (HCWs), other staff, essential visitors, and general visitors STOP at the entrance, maintain physical distancing (2 metres [6 feet]) and perform their passive screening. • There is passive screening signage which includes information on COVID-19 symptoms,[1] potential exposures to COVID-19 and instructions to follow should one fail the passive screening (i.e., if COVID-19 is suspected or confirmed). **Resources:** COVID-19 Screening Tool for Long-Term Care Homes and Retirement Homes[2]	☐	☐
1.2	**Entrance requirements** • There is alcohol based hand rub (ABHR), with 70-90% alcohol concentration, and instructions to clean hands at the entrance. • Medical masks are available and instructions to put on a mask at the entrance. • There is a reminder to follow respiratory etiquette. • Health care workers (HCWs), other staff, essential visitors or general visitors clean hands with ABHR and then don a medical mask to enter the LTCH. **Resources:** • COVID-19 Guidance: Long-Term Care Homes[3] • Guidance for Mask Use in Long- Term Care Homes and Retirement Homes[4] • Coronavirus Disease 2019 (COVID-19): Universal Mask Use in Health Care[5] • Resuming Visits in Long-Term Care Homes[6]	☐	☐
1.3	**Active screening** • Anyone who enters the home (e.g., HCWs, other staff, essential visitors, general visitors and residents returning to the home) with the exception of emergency first responders, are actively screened by a screener for signs and symptoms of and exposure to COVID-19 as they enter the building. • The COVID-19 Screening Tool for Long-Term Care Homes and Retirement Homes[2] is used by the screeners. • Active screening procedure occurs 24 hours a day, seven days a week.	☐	☐

1	Entrance and Screening	Yes	No
1.4	Surveillance Testing (routine testing of asymptomatic HCWs, other staff and visitors who have not been exposed to COVID-19) is performed in accordance to the requirements in the Minister's Directive COVID-19: Long-Term Care Homes Surveillance Testing and Access to Homes[7] or as amended.	☐	☐

1.5	**Screeners**
	• Screener performs a Personal Risk Assessment (PRA) for personal protective equipment (PPE) for each interaction.
	• Screener wears required PPE.
	• With barrier (e.g., plexiglass):
	  • Medical mask
	  • Eye protection as directed by ministry guidance.
	• Without barrier:
	  • Medical mask
	  • Eye protection-eye protection is cleaned or changed when visibly soiled, wet, or damaged
	  • Gloves and gown are worn based on PRA and changed between each interaction if contact with person being screened.
	• Mask is changed when visibly soiled, wet, or damaged.
		☐	☐

1.6	**Ongoing Monitoring** • All HCWs, other staff, and essential visitors are actively screened at the beginning of their shift or visit. • Staff, caregivers, student placements and volunteers are tested for SARS-CoV-2 as per the Minister's directive, COVID-19: Long-term care home surveillance testing and access to homes. **Resources:** • Coronavirus Disease 2019 (COVID-19): How to Self-Monitor[8] • COVID-19 Directive #3 for Long-Term Care Homes under the Long-Term Care Homes Act, 2007[9]	☐	☐
1.7	**HCWs, Other Staff and Visitors who Fail Screening** HCWs, other staff or visitors who fail active screening are prevented from entering the LTCH and are advised to go home immediately, to self-isolate, and are encouraged to be tested. **Resource:** Minister's directive, COVID-19: Long-term care home surveillance testing and access to homes[9]	☐	☐
1.8	Visitors of imminently palliative residents who fail screening are permitted entry. The LTCH ensures they wear a medical mask and maintain physical distance from other residents, HCWs and other staff.	☐	☐

1	Entrance and Screening	Yes	No
1.9	HCWS, and other staff with post-vaccination related symptoms are exempt from exclusion from work where expressly permitted under and in accordance with the Guidance for Employers Managing Workers with Symptoms within 48 Hours of COVID-19 Immunization guidance.[10] **Resource:** Guidance for Employers Managing Workers with Symptoms within 48 Hours of COVID-19 Immunization[10]	☐	☐
1.10	Residents returning to the LTCH following an absence who fail active screening are permitted entry to the home. Residents who fail active screening are placed on Droplet and Contact Precautions and tested for COVID-19 as per the COVID-19: Provincial Testing Requirements Update.[11]	☐	☐
1.11	There is a process to record contact information and visit details for any visitor who has entered and exited the home (full name, contact information, the resident they are visiting, and the in/out time).	☐	☐
1.12	All essential visitors and general visitors don a mask for the duration of their time inside the home. Essential visitors and general visitors receive donning and doffing mask support and appropriate hand hygiene instructions from staff. Support for other personal protective equipment (PPE) is provided as required.	☐	☐

Notes:

2. Visiting

2	Visiting	Yes	No
2.1	There are written polices and procedures with respect to visits in accordance to the requirements described in COVID-19 Directive #3 for Long-Term Care Homes under the Long-Term Care Homes Act, 2007[9] and the COVID-19 Guidance for Long-term Care Homes in Ontario[3]	☐	☐

Notes:

3. Personal Care Services

3	Personal Care Services	Yes	No
3.1	Personal care services (e.g., hairdressing and barber services) are operating in accordance with all applicable laws including Regulations under the Reopening Ontario (A Flexible Response to COVID-19) Act, 2020.[12]	☐	☐
3.2	Personal care service providers are managed as general visitors.[3]	☐	☐

Notes:

4. Universal Masking

4	Universal Masking	Yes	No
4.1	HCWs, other staff, and essential visitors receive education and training with respect to universal masking.	☐	☐
4.2	HCWs, other staff and visitors (essential and general) are compliant with universal masking and residents (if tolerated) when in common areas and when receiving a guest. **Resources:** • Coronavirus Disease 2019 (COVID-19): Universal Mask Use in Health Care[5] • COVID-19 Directive #3 for Long-Term Care Homes under the Long-Term Care Homes Act, 2007[9] • Universal Mask Use in Health Care Settings and Retirement Homes[13]	☐	☐

Notes:

5. Human Resources

5	Human Resources: HCW and Other Staff	Yes	No
5.1	A contingency plan with respect to human resources has been developed that identifies minimum staffing needs and prioritizes critical and non-essential services based on residents' health status, functional limitations, disabilities, and essential facility operations, and considers staffing needs in outbreak and non-outbreak scenarios, and the expectation of increased staff absenteeism during outbreaks.	☐	☐
5.2	Home is aware of the Ministry of Health's Workforce Matching Portal[14] or other available supports (e.g., Ontario Health-region) that can be accessed if the home would like to request help from available resources.	☐	☐

Notes:

6. Immunization

6	Immunization	Yes	No
6.1	Home has an immunization policy and process in place.	☐	☐
6.2	Immunization rates for COVID-19 vaccines and other vaccines such as influenza are documented and maintained for all residents and staff.	☐	☐
6.3	Support from local Public Health Unit with immunization programs is available.	☐	☐
6.4	All individuals, regardless of COVID-19 vaccine status, continue to practice the recommended public health measures for the prevention and control of COVID-19 infection and transmission. **Reference:** • COVID-19 Directive #3 for Long-Term Care Homes under the Long-Term Care Homes Act, 2007[9] • Minister's Directive: Long-term care home COVID-19 immunization policy[15]	☐	☐

Notes:

7. Personal Protective Equipment (PPE)

7	Personal Protective Equipment (PPE)	Yes	No
7.1	HCWs, other staff and essential visitors who provide health care receive education/training on how to perform a PRA, selecting PPE, Routine Practices and Additional Precautions[16] upon hire (orientation), annually and just-in-time for specific cases or outbreaks.	☐	☐
7.2	HCWs, other staff and essential visitors receive education and training on how to safely don and doff (put on and take off) PPE.[17]	☐	☐
7.3	There are posters/visuals to help staff with donning and doffing of PPE.	☐	☐
7.4	HCWs receive education on what is an aerosol generating medical procedure[18] and what is not an aerosol generating medical procedure.[19]	☐	☐
7.5	Eye protection (e.g., goggles or face shield) is worn by all HCWs, other staff and essential visitors within 2 metres of a resident(s) as directed by Ministries' directives and guidance.[9]	☐	☐
7.6	Home has a plan in place for estimating the number of days of supplies (PPE Burn Rate Calculator)[20] and for maintaining an adequate supply of PPE for resident care for both usual care requirements and outbreak scenarios, including: • Medical masks (adequate is based on projected COVID-19 cases and numbers of masks expected to be used for providing care and universal masking). • N95 respirators for aerosol generating procedures; HCWs have been fit tested for N95 respirators. • Gloves • Gowns • Eye protection **Resource:** • COVID-19 Webinar: Healthcare Worker Personal Protective Equipment (PPE) Use and Cohorting in Long-Term Care and Retirement Homes[21] • COVID-19 Directive #3 for Long-Term Care Homes under the Long-Term Care Homes Act, 2007[9] • COVID-19 guidance document for long-term care homes in Ontario[3]	☐	☐

Notes:

8. Hand Hygiene

8	Hand Hygiene	Yes	No
8.1	HCWs, other staff and essential visitors receive education and training on how and when to perform hand hygiene.	☐	☐
8.2	ABHR (70-90% alcohol concentration) is available at point-of-care and in other resident and common areas.	☐	☐

Notes:

9. Consumable Supplies

9	Consumable Supplies	Yes	No
9.1	A plan with key contacts (e.g., Ontario Health region) has been put in place to monitor consumable supplies including, but not limited to gloves, gowns, masks, eye protection, N95 respirators, thermometer tip covers, ABHR, tissues, and critical medications.	☐	☐

Notes:

10. Physical Distancing

10	Physical distancing	Yes	No
10.1	HCWs, other staff, essential visitors and general visitors receive education and training on physical distancing (maintaining a minimum 2 metre [6 feet] distance apart, as much as possible).	☐	☐

10	Physical distancing	Yes	No
10.2	Breaks and lunches are staggered to help ensure physical distancing of HCWs and staff: • Outdoor spaces are considered for breaks as weather permits. • The number of tables and chairs in staff common areas are limited. • Tables are 2 metres apart. • Chairs are placed at the table such that a 2 metre distance between chairs is maintained between those at the table and adjacent tables. • Meeting spaces are chosen that will allow 2 metre distance between attendees and/or multiple meetings are held with smaller number of attendees.	☐	☐
10.3	Physical distancing of residents is supported by: • Educating residents on physical distancing. • Moving or removing chairs to ensure there is no cluster seating. • Removing or spacing out tables/chairs in dining room(s). • Multiple seating in the dining room(s). • Suspending group activities, unless groups are small and maintain two (2) metre (six feet) distancing throughout activity in non-outbreak homes. • Monitoring elevator waiting spaces to ensure two (2) metre (six feet) distancing. • Consider placing markers on the floor where residents may queue (e.g., at the elevator). • The physical layout of the room allows for sufficient space between resident environments (e.g., bed, furniture, fixtures, shared washroom). • Resident environments are separated by partitions or drawn curtains. • In an outbreak home/unit, all meals are eaten in residents' rooms.	☐	☐
10.4	The following exceptions to physical distancing are permitted: • Brief physical contact with their essential caregiver(s) and/or general visitor(s) (e.g., hugs). • Compassionate/palliative visit. **Resources:** COVID-19 Guidance Document for Long-Term Care Homes in Ontario[3]	☐	☐
10.5	Residents' medication administration schedules are reviewed to minimize the number of times HCWs need to enter residents' rooms.	☐	☐

Notes:

11. Planning and outbreak management

11	Planning and Outbreak Management	Yes	No
11.1	A multidisciplinary planning committee or team has been created to specifically address COVID-19 and respiratory virus season preparedness planning.	☐	☐
11.2	Home has identified a person(s) who is responsible (24 hours per day, seven days per week) for leading a timely COVID-19 response/outbreak management team.	☐	☐
11.3	Home has identified a person(s) responsible (24 hours per day, seven days per week) to liaise with the local Public Health Unit person(s).	☐	☐
11.4	Home has the name(s) and contact information of their local Public Health Unit person(s).	☐	☐
11.5	Home has the name(s) and contact information of other resources that may support/be involved during an outbreak.	☐	☐
11.6	Contact information for family members or guardians of home residents is up-to-date and the power-of-attorney (POA) is clearly identified.	☐	☐
11.7	Resident(s)' care goals/advanced directives are known and updated.	☐	☐
11.8	There are processes in place for communication with HCWs, staff, essential visitors, residents and families and the media (external and internal communications).	☐	☐
11.9	There is 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) and/or the facility's outbreak status prior to transfer.	☐	☐

11	Planning and Outbreak Management	Yes	No
11.10	Test kits/requisitions/specimen collection: • Home has a process in place for ordering tests kits/requisitions/specimen collection • Home has supply of COVID-19 test kits and test kits for other respiratory viruses • Home has a policy/procedure on COVID-19 and other respiratory virus specimen collection • HCWs are educated and trained on COVID-19 and other respiratory virus specimen collection • Home has resources on testing for COVID-19 and other respiratory viruses[22]	☐	☐
11.11	There is a process for transporting COVID-19 and other respiratory viruses specimens to laboratory for testing.	☐	☐

11.12	Alternative accommodation plans have been considered to support resident physical separation for isolation and/or cohorting:
	• Isolation:
	  • Single rooms are identified and set aside for individuals requiring Droplet and Contact Precautions.
	  • Where a single room is not possible, individuals are placed in a room with no more than one (1) other resident who must also be placed on Droplet and Contact Precautions.
	  • For the purposes of isolation, no more than two (2) residents are placed in a room, including 3 or 4 bed ward rooms.
	Resources: COVID-19 Directive #3 for Long-Term Care Homes under the Long-Term Care Homes Act, 2007[9]
		☐	☐

11.13	**General accommodations:** After completing all testing and isolation requirements under Admissions and Transfers as applicable, all new residents are placed in a single or semi-private room.	☐	☐
11.14	**General accommodations:** Where semi-private rooms are used, there is adequate space (minimum 2 metres) between beds.	☐	☐
11.15	**Ward rooms:** Where placement into single or semi-private rooms is not possible, new admissions are placed in a ward room (a room that has 3 or 4 beds) with no more than one (1) other resident.	☐	☐
11.16	**Ward Rooms:** There are no more than two (2) residents in a ward room and every effort is made to ensure there is adequate space (minimum 2 metres) between beds.	☐	☐

11	Planning and Outbreak Management	Yes	No
11.17	**Ward Rooms:** Beds in a ward rooms are left vacant if a resident who occupied a bed in the ward room is discharged from the LTCH and there are two or more residents who continue to occupy a bed in the ward room.	☐	☐
11.18	Plans have been considered in preparing for alternative meal delivery and services should communal dining need to be stopped (e.g., in-room tray service).	☐	☐
11.19	Plans have been considered in preparing for alternative resident activities should small cohort activities no longer be permitted.	☐	☐

Notes:

12. Surveillance and Outbreak Management

12	Surveillance and Outbreak Management	Yes	No
12.1	Residents are assessed for signs and symptoms of COVID-19 in accordance to Directive #3. **Resources:** • COVID-19 Reference Document for Symptoms[1] • COVID-19 Guidance: Long-Term Care Homes[3]	☐	☐
12.2	Residents with symptoms or signs of COVID-19 or potential exposure to a suspect or confirmed case are immediately placed on Droplet/Contact Precautions[24] in a single room, where feasible.	☐	☐
12.3	The symptomatic resident is tested immediately in accordance with ministry guidance for testing for residents, HCWs, and other staff. **Resources**: COVID-19 Provincial Testing Guidance Update[11]	☐	☐
12.4	The local Public Health Unit is notified.	☐	☐
12.5	Identification of a resident(s), HCW(s), other staff member(s) or essential visitor(s) presenting with symptoms compatible with COVID-19 immediately triggers an outbreak assessment by the local Public Health Unit.	☐	☐

12	Surveillance and Outbreak Management	Yes	No
12.6	A line-listing of suspected or known cases is kept updated as new cases develop and is shared with the local Public Health Unit. **Resource:** Control of Respiratory Infection Outbreaks in Long-Term Care Homes[25]	☐	☐
12.7	Contacts of the suspected or known case(s) are identified.	☐	☐
12.8	Residents who were in close contact (i.e., shared room) with a symptomatic resident, HCW, other staff or essential visitor are tested.	☐	☐
12.9	During an outbreak, residents do not leave the home for short-stay absences to visit family and friends.	☐	☐
12.10	During an outbreak, residents who wish to go outside of the home are told to remain on the home's property and maintain safe physical distancing.	☐	☐
12.11	When there is a suspect or known case, in-room tray service is provided to avoid communal dining, to those residing in the affected area.	☐	☐
12.12	When there is a suspect or known case, all group activities are stopped.	☐	☐
12.13	Alternative activities to support residents' well-being are in place.	☐	☐
12.14	The home has a process to ensure that any external agency, engaged to assist the home, follows the directions of the local public health unit when providing services at the home.	☐	☐
12.15	Those employed by the external agency have received appropriate IPAC training by either the agency or the home with whom they are engaged.	☐	☐

Notes:

13. Management of COVID-19 Cases

13	Management of COVID-19 Cases	Yes	No
13.1	PPE (gloves, gowns, medical masks, eye protection) required for caring for residents is readily accessible (e.g., store just outside the resident room in a manner that will keep the PPE clean and dry).	☐	☐
13.2	All suspected and known COVID-19 cases are cared for on Droplet/Contact Precautions[24]: • Hand hygiene[26] is performed and PPE is donned prior to entering the resident's room. • Residents are in a single room with own bathroom, where feasible. • Dedicated resident care equipment is used. • Equipment is cleaned before use on another resident.	☐	☐
13.3	Home has a plan for cohorting or grouping residents, in consultation with the Outbreak Management Team, following the guidance in COVID-19: Cohorting in Outbreaks in Congregate Living Settings.[23] • HCWs are assigned to care for only a specific cohort of residents • Staff working with one cohort remain separate from each other and from staff members working with other cohorts.[23] For small homes – determine the need for the home to be considered a single unit, where all residents are managed as infected/potentially infected and HCWs use Droplet/Contact Precautions[24] for all residents and while in the affected area.	☐	☐
13.4	Wherever possible, PPE is removed and hand hygiene performed, just at the exit of the resident room, following the process described in Recommended Steps: Putting on and Taking Off Personal Protective Equipment (PPE).[17]	☐	☐
13.5	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.	☐	☐
13.6	Signage is clear indicating the resident is on Droplet/Contact Precautions.[24]	☐	☐
13.7	There is signage indicating the correct sequence of donning and doffing PPE.[17]	☐	☐
13.8	Droplet/Contact Precautions[24] remain in place as indicated in the most current guidance document. **Resource:** COVID-19 Quick Reference Public Health Guidance on Testing and Clearance[27]	☐	☐

Notes:

14. Resident Admissions, Re-admissions and Absences

14	Resident Admissions, Re-admissions and Absences	Yes	No
14.1	There are written polices and procedures with respect to accepting new admissions, as well as transfers of residents from other health care facilities back to the home (re-admission), in accordance to the requirements described in COVID-19 Directive #3 for Long-Term Care Homes under the Long-Term Care Homes Act, 2007[9] and COVID-19 Guidance for Long-term Care Homes in Ontario.[3]	☐	☐
14.2	There are no new admissions or re-admissions while home is in an outbreak unless otherwise directed or permitted by the public health unit.	☐	☐
14.3	There is a written policy and procedure with respect to permitting residents to go on absences in accordance with the requirements described in COVID-19 Directive #3 for Long-Term Care Homes under the Long-Term Care Homes Act, 2007.[9]	☐	☐
14.4	Residents are provided a medical mask (worn as tolerated) and residents are reminded follow public health measures, such as physical distancing and hand hygiene, while they are away from the home.[3]	☐	☐
14.5	All residents on an absence, regardless of type or duration of the absence, are actively screened upon their return to the home. **Resource:** • COVID-19 Guidance for Long-term Care Homes in Ontario[3] • COVID-19 Directive #3 for Long-Term Care Homes under the Long-Term Care Homes Act, 2007[9]	☐	☐

Notes:

15. Post-mortem Care

15	Post-mortem Care	Yes	No
15.1	HCWs receive education and training on care of a deceased COVID-19 patient (i.e., Droplet/Contract Precautions[24] continue after the person has died).	☐	☐
15.2	The LTCH follows directives from the Bereavement Authority of Ontario[28] and the Chief Coroner for Ontario regarding the management of deceased residents.	☐	☐
15.3	The home contacts the local public health unit immediately following the death of any person from confirmed or suspected COVID-19. **Resource:** COVID-19 guidance document for long-term care homes in Ontario[3]	☐	☐

Notes:

16. Declaring the Outbreak Over

16	Declaring the Outbreak Over	Yes	No
16.1	The outbreak is declared over by the local Medical Officer of Health or designate in collaboration with the Outbreak Management Team when there are no new cases in residents or staff after 14 days from the latest of: • Date of isolation of the last resident case; OR • Date of illness onset of the last resident case; OR • Date of last shift at work for last staff case. **Resources:** • De-escalation of COVID-19 Outbreak Control Measures in Long-Term Care and Retirement Homes[29]	☐	☐

Notes:

17. Environmental Cleaning

17	Environmental Cleaning	Yes	No
17.1	Environmental cleaning is performed using a health care grade cleaner/disinfectant with a drug identification number (DIN).	☐	☐
17.2	Aerosol or trigger spray bottles are not used to apply cleaner/disinfectants.	☐	☐
17.3	Contact time, as indicated in the disinfectant manufacturer's instructions for use, is adhered to.	☐	☐
17.4	High touch surfaces are cleaned at least once per day. A list of the high touch surfaces to be cleaned is maintained. Who is responsible for cleaning the high touch surfaces and when they were cleaned is recorded daily.	☐	☐
17.5	Equipment that cannot be dedicated to a single resident is cleaned and disinfected between residents.	☐	☐
17.6	There are policies and procedures regarding staffing in Environmental Services to allow for surge capacity (e.g., additional staff, supervision, supplies, and equipment).	☐	☐
17.7	There is a policy for cleaning rooms of residents who are on Droplet/Contact Precautions[24] (suspect and confirmed cases).	☐	☐
17.8	Environmental Services staff receive education and training on hand hygiene and the correct way to clean (e.g., use the correct dilution, correct contact time, clean from clean to contaminated and from top to bottom, do not double dip).	☐	☐

Notes:

18. Auditing

18	Auditing	Yes	No
18.1	There is a process for auditing compliance to hand hygiene, Routine Practices, Additional Precautions, PPE use (e.g., how one dons and doffs), and Environmental Cleaning.	☐	☐

Notes:

Additional Notes:

Sources

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9. Williams DC, Ontario. Ministry of Health; Ministry of Long-Term Care. COVID-19 directive #3 for long-term care homes under the *Long-Term Care Homes Act*, *2007*. Issued under section 77.7 of the Health Protection and Promotion Act (HPPA), R.S.O. 1990, c. H.7 [Internet]. Toronto, ON: Queen's Printer for Ontario; 2020 [modified 2020 Sep 09; cited 2020 Sep 15]. Available from: http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/directives/LTCH_HPPA.pdf

10. Ontario. Ministry of Health. Guidance for employers managing workers with symptoms within 48 hours of COVID-19 immunization [Internet]. Toronto, ON: Queen's Printer for Ontario; 2021 [cited 2021 Jul 06]. Available from: https://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/guidance_for_screening_vaccinated_individuals.pdf

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Summary of Revisions

Changes made in this revision are highlighted in the table below.

Section	Revision	Implementation Date
Overarching	Added new sections on visiting, personal care services and vaccination.	July 2, 2021
1.3	Added the need to actively screen residents returning to the home. Removed "including temperatures" and the statement on work at multiple homes/facilities.	July 2, 2021
1.4	Changed to "Surveillance Testing (routine testing of asymptomatic HCWs, other staff and visitors who have not been exposed to COVID-19) is performed in accordance to the requirements in the Minister's Directive COVID-19: Long-Term Care Homes Surveillance Testing and Access to Homes or as amended."	July 2, 2021
1.5	Added "and eye protection as per Ministry direction."	July 2, 2021
1.6	Removed "twice daily, including temperature checks at the beginning of their shift or visit."	July 2, 2021
1.6	Added "Staff, caregivers, student placements and volunteers are tested for SARS-CoV-2 as per the Minister's directive, COVID-19: Long-term care home surveillance testing and access to homes."	July 2, 2021
1.9	Added language with respect to the management of HCW and other staff with post vaccination symptoms.	July 5, 2021
1.10	Added line on the management of residents, who on return from a visit outside of the home, test positive for SARS-CoV-2.	July 5, 2021
7.5	Added a statement on the use of eye protection.	July 5, 2021
10.3	Removed sentence pertaining to dining room seating when not in an outbreak.	November 2021
10.4 – 10.6	Wording was added with respect to exceptions to physical distancing.	July 5, 2021
10.5 and 10.6	Sections removed.	September 2021
11.10	Language with respect to testing was changed from NP testing to "COVID testing."	July 5, 2021

Section	Revision	Implementation Date
11.12 – 1.18	Changed language to provide more specific information with respect to accommodation (i.e., no more than 2 people per general or ward room).	July 5, 2021
11.14	Added statement around the need for preparing alternative resident activities should small cohort activities no longer be permitted.	July 5, 2021
12.14 –12.15	Added a statement with respect to the home ensuring external agencies engaged to assist the home are provided education on and follow the directions of the local public health unit when providing service to the home.	July 5, 2021
14.1	Added language around the need for homes to have written policies and procedures with respect to admission, transfers and re-admissions to the home.	July 5, 2021
14.3	Added statement with respect to laboratory based PCR testing for admissions and transfers into the LTCH except for those who have recently recovered from COVID-19.	July 5, 2021
14.3	Removed section and readjusted numbering.	November 2021
14.4	Added a statement with respect to written policy and procedure permiting residents to go on absences from the LTCH.	July 5, 2021
14.5	Added statement with respect to providing residents with medical mask and reminging residents to follow public health measures when absent from the home.	July 5, 2021
14.6	Added statement with respect to actively screening residents returning from an absence, regardless of type or duration of the absence.	July 5, 2021
15.3	Added language with respect to reporting the death of any person from confirmed or suspected COVID-19 to the PHU.	July 5, 2021
17.4	Changed the frequency of cleaning high touch surfaces from at least twice per day to at least once per day.	July 8, 2021

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