

CHECKLIST

COVID-19 Preparedness and Prevention in Congregate Living Settings

05/23/2020

Who Should Use This Checklist

This checklist can be used by administrators and staff members in a range of congregate living settings (e.g., shelters, group homes, supportive housing). Although not specific for correctional facilities, some of the items on the checklist may be applicable to these settings. This checklist is not intended for use in long-term care facilities (a specific checklist exists for [long-term care facilities](#)).

When to Use This Checklist

This checklist can be used to help plan for, prevent and detect COVID-19 in congregate living settings. It is to be used in addition to - but does not replace - the advice, guidance, recommendations, directives or other direction of provincial Ministries and local public health unit. See the [Ministry of Health's COVID-19 Guidance: Congregate Living for Vulnerable Populations](#). Additional resources are also available on [Public Health Ontario's website](#).

If there is a case of COVID-19 in your facility or an outbreak may be occurring based on ill residents and/or staff, contact your local public health unit. If an outbreak may be occurring, or has been declared by the public health unit, refer to the [Managing COVID-19 Outbreaks in Congregate Living Settings checklist](#).

How to Use This Checklist

When using the checklist, the status column can be marked as follows to indicate:

C = complete

IP = in progress

NA = not applicable

There is also a column for your notes, comments or observations. Although in some congregate living settings the terms client or tenant may be used, throughout this document the term resident is used for consistency. It is important to note that the ideas suggested below may not be appropriate in every setting and may need to be adjusted for specific settings.

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Getting Prepared

1	Getting Prepared	Status C/IP/NA	Notes
1.1	Contact information Appropriate staff know how to contact key people such as: <ul style="list-style-type: none"> • Key individuals within the facility • Local public health unit • Health care providers for your facility • COVID-19 assessment centre. 		
1.2	Resources and guidance documents Appropriate resources and guidance have been reviewed: <ul style="list-style-type: none"> • Ministry of Health • Public Health Ontario • Local public health unit 		
1.3	Response leads and outbreak management team identified <ul style="list-style-type: none"> • A COVID-19 lead has been identified for planning and response. • An infection prevention and control lead has been identified. <p>Resources are available for this individual on Public Health Ontario's website.</p> <ul style="list-style-type: none"> • Staff have been identified to be part of an outbreak management team, to support planning and outbreak response. <p>The team should include the local public health unit along with other possible members such as the COVID-19 lead, administrators, managers, the environmental lead, the person responsible for infection prevention and control, health care staff (if applicable), communications and other appropriate staff members.</p>		

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1	Getting Prepared	Status C/IP/NA	Notes
1.4	<p>Accessing key services and supports</p> <p>A plan is in place to ensure residents have access to key services and supports if they cannot leave the facility during an outbreak of COVID-19, such as:</p> <ul style="list-style-type: none"> • Medical care • Routine medications (e.g., prescription medications, acetaminophen, ibuprofen) • Mental health supports/counselling • Harm reduction supplies • Addiction services and supports including for alcohol or drug use (including opioid agent treatment e.g., methadone, suboxone) • Nicotine replacement • Naloxone for emergency response 		
1.5	<p>Make plans to manage ill residents</p> <p>Plans, based on individual resident's risk and needs, are in place for:</p> <ul style="list-style-type: none"> • Ensuring up-to-date contact information is available for family/legal guardians of residents • Medical care should they develop COVID-19 or other illness or if self-isolation is needed • Advanced care planning for severe illness • Needs for services noted in Section 1.4 above. 		

Staff and Essential Visitors

2	Staff and essential visitors	Status C/IP/NA	Notes
2.1	<p>Masking</p> <p>Staff and visitors should wear a non-medical mask at all times during their shift (if tolerated).</p> <ul style="list-style-type: none"> • Except when eating (when they should stay 2 metres from others) or when alone in a private space. <p>See Section 6 for additional information on personal protective equipment for staff members.</p>		
2.2	<p>Only essential visitors are allowed into the facility. (See Ministry of Health guidance.)</p>		

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2	Staff and essential visitors	Status C/IP/NA	Notes
2.3	Stay home if ill Staff and visitors know that they should stay home if ill, even if they only have mild symptoms. <ul style="list-style-type: none"> • Staff should advise their manager of any illness that could be COVID-19. • Essential visitors should advise their supervisor of any illness that could be COVID-19. 		
2.4	Work at only one facility To prevent the spread of COVID-19 from another workplace, whenever possible: <ul style="list-style-type: none"> • Staff should work at only one workplace site. • Visitors should not visit other facilities if possible. 		
2.5	Tell a manager if there has been contact with COVID-19 Staff are told to inform their manager/supervisor, and essential visitors are told to inform their supervisor if they have been at another facility with COVID-19 cases or if they have been exposed to COVID-19. The local public health unit can assist with recommendations for staff or visitors with possible exposures to COVID-19.		
2.6	Alternative sources of staffing have been determined in case they are needed during an outbreak.		
2.7	Up to date contact information for staff is available.		
2.8	Physical distancing is maintained (remaining 2 metres apart) <ul style="list-style-type: none"> • Break times are staggered. • Move furniture and use tape to mark the floor to help keep seating as far apart as possible (at least 2 metres apart). • Discussions between two people take place only while at least 2 metres apart. • Group meetings should not take place. 		

Screening and Monitoring

3	Entry into the facility and screening and monitoring of staff, essential visitors and residents	Status C/IP/NA	Notes
3.1	<p>Entry into the facility and active screening (asking about symptoms)</p> <p>There is a single entrance and those entering are asked about symptoms.</p> <ul style="list-style-type: none"> • Screen for symptoms using the list of symptoms from the Ministry of Health • Staff asking these questions are behind a barrier (i.e., Plexiglass). If a barrier is not available, the screener should wear a medical mask and eye protection (e.g., a face shield, goggles) and stay 2 metres from those entering the facility. • Alcohol-based hand rub is available at entrance, and anyone entering the facility is advised to perform hand hygiene using the alcohol-based hand rub. • A non-medical mask is provided for any staff, and visitor who does not have one as well as residents who would like to wear one. • Medical masks are available for anyone with symptoms. • There are medical masks, eye protection, gowns and gloves available for staff who need to provide direct care or service within 2 metres of an ill person identified on entering the facility. • There is a place away from others for those with symptoms to go until next steps are determined. 		
3.2	<p>A record of who is entering the facility is kept</p> <ul style="list-style-type: none"> • For visitors, the date of their visit, who they are visiting and their contact information is recorded. • For residents, record when they stay in the facility and what room they stay in. • Ensure that visitors and residents are notified of the reasons for collecting this information and that this information and information on illness that develops may be shared with public health if needed. 		
3.3	<p>Passive screening (signage)</p> <ul style="list-style-type: none"> • Signs are posted (including at the entrance) advising everyone to tell a staff member if they have symptoms of COVID-19. You can obtain COVID-19 signage from the Ministry of Health and/or your local public health unit. • Ensure signage is translated into languages appropriate for residents. 		

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3	Entry into the facility and screening and monitoring of staff, essential visitors and residents	Status C/IP/NA	Notes
3.4	Ongoing monitoring <ul style="list-style-type: none"> Checks for illness among residents who are staying in the facility are done at least twice daily. Where able, residents are advised to inform staff if they feel unwell. Staff and essential visitors are asked about symptoms at the start and end of their shift or visit. The added value of temperature checks as part of routine monitoring is unclear, and they could increase close contact when performed. If performed, they must be done safely with no-touch thermometers by a person using a surgical/procedure mask and eye protection (no-touch thermometers are preferred; thermometers placed in the mouth should not be used). 		
3.5	A log is kept of ill residents, staff, or essential visitors and any test results that are available.		
3.6	Staff know to notify your local public health unit and any other appropriate agencies if: <ul style="list-style-type: none"> Anyone tests positive for COVID-19, or You are seeing more than the expected number of ill residents, staff or frequent visitors. 		

Resident Spaces

4	Resident spaces	Status C/IP/NA	Notes
4.1	Off-site locations <ul style="list-style-type: none"> Off-site locations have been identified for residents to stay to help with physical distancing or if residents are ill or there is an outbreak (e.g., hotels/motels, closed facilities, dormitories). Appropriate supports and services have been identified for residents who are placed off-site. 		

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4	Resident spaces	Status C/IP/NA	Notes
4.2	<p>Sleeping arrangement</p> <p>Ways to use existing space to help with physical distancing (keeping at least 2 metres apart) have been assessed including:</p> <ul style="list-style-type: none"> • Use of curtains or other partitions • Arrangement of beds alternating head and feet • Avoiding use of bunk beds • Use of additional rooms in the facility for sleeping space. 		
4.3	<p>How to group (cohort) residents in an outbreak has been determined.</p> <ul style="list-style-type: none"> • If feasible during an outbreak, residents may need to be grouped together according to whether they are COVID-19 positive or by their risk of exposure to someone who is COVID-19 positive (cohorting). • Even within each group, most residents will need to stay as far apart as possible from each other, ideally in private room if these are available. • Staff may be assigned to work with only one cohort during a shift. • The following has been discussed with regard to planning for cohorting during an outbreak: <ul style="list-style-type: none"> • The way to group residents in the facility including for bathroom use and meals • The way staff will be assigned to each group of resident • The use of partitions to keep residents separate if not in private rooms. 		
4.4	<p>New admissions in long stay settings (anticipated to stay more than 14 days)</p> <ul style="list-style-type: none"> • New admissions are screened for COVID-19 symptoms over the phone, if possible. • New admissions are tested for COVID-19 prior to admission, if possible. • The facility has determined if results must be available prior to admission. Note: It is important not to delay admission if that will affect resident safety. • New admissions and re-admissions are separated from existing residents for 14 days, if at all possible. 		

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4	Resident spaces	Status C/IP/NA	Notes
4.5	Separating those at increased risk <ul style="list-style-type: none"> Provision of any private rooms to residents at increased risk of severe COVID-19 (e.g., older adults or those with underlying medical conditions) is considered. If private rooms are not available, consideration is given to separating those at increased risk (e.g., older adults) from other residents, such as those who come and go from the facility more often. 		

Testing

5	Testing	Status C/IP/NA	Notes
5.1	Testing for new admissions in long stay settings (anticipated to stay more than 14 days) As noted in Section 4.4 , new admissions are tested for COVID-19 prior to admission, if possible.		
5.2	Plan for testing and care coordination A plan is made for: <ul style="list-style-type: none"> How to test residents and staff if needed: <ul style="list-style-type: none"> Consider on-site testing by health care providers, emergency medical services (EMS), outreach services or COVID-19 assessment centre staff. If on-site testing is planned, ensure personal protective equipment is available. Consider off-site testing by health care providers, assessment centre or hospital (see Section 5.1 of the Outbreak checklist for information on transportation). How the facility will obtain test results How residents will be cared for (see Section 1.5) 		

Personal Protective Equipment (PPE) and Source Control

6	Personal protective equipment (PPE) and masking to protect others (source control)	Status C/IP/NA	Notes
6.1	Masking for staff and visitors When not providing direct care or service, all staff and visitors wear a non-medical mask at all times to protect others. <ul style="list-style-type: none"> Except when eating (when they should stay 2 metres from others) or when alone in a private space. 		
6.2	Masking for residents <ul style="list-style-type: none"> Residents are offered a non-medical mask for use if tolerated when they cannot maintain a 2 metre distance from others. Residents who come and go from the facility are encouraged to wear the non-medical mask when they may be near other residents or staff if tolerated. Children younger than 2 years of age should not wear a mask. 		
6.3	Personal protective equipment for direct care or service (within 2 metres of a resident) <ul style="list-style-type: none"> Surgical/procedure masks and other appropriate personal protective equipment are worn when providing direct care or service to a resident (within 2 metres) <ul style="list-style-type: none"> Direct care or service may include assistance with dressing, bathing, toileting, managing wounds, or other close contact within 2 metres Health care workers should wear a surgical/procedure mask and consider eye protection when performing direct patient care (within 2 metres). Eye protection is particularly important if the residents in the facility come and go into the community. 95 respirators are available if aerosol-generating medical procedures are routinely being performed on site (this is unlikely in most congregate living settings). 		
6.4	Personal protective equipment supplies A plan is in place to ensure an adequate supply of surgical/procedure masks and non-medical masks, eye protection (e.g., face shield), gowns and gloves.		

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6	Personal protective equipment (PPE) and masking to protect others (source control)	Status C/IP/NA	Notes
6.5	<p>Training</p> <p>Staff, volunteers, essential visitors and residents are trained on how to properly use non-medical masks and personal protective equipment as appropriate.</p> <p>Key resources include:</p> <ul style="list-style-type: none"> • How to put on and take off PPE videos • Putting on and taking off PPE poster • Mask use for non-health care workers (non-medical masks) • When and how to wear a mask • Droplet and Contact Precautions in non-acute care facilities 		

Infection Prevention and Control (IPAC)

7	Infection Prevention and Control (IPAC)	Status C/IP/NA	Notes
7.1	<p>Education and training is provided and signs are posted about:</p> <ul style="list-style-type: none"> • Respiratory etiquette – coughing and sneezing into a tissue or into your elbow or sleeve, followed by cleaning your hands. • Frequently cleaning your hands. Hands should be cleaned: <ul style="list-style-type: none"> ○ Upon entering the facility ○ Before and after touching surfaces or using common areas or equipment ○ Before eating ○ Before and after preparing food ○ Before putting on a mask, and after putting it on if it has been previously worn without being laundered ○ Before touching the face (including before smoking) ○ After using the bathroom. • Physical distancing • COVID-19 symptoms 		

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7	Infection Prevention and Control (IPAC)	Status C/IP/NA	Notes
7.2	Ensure adequate hand hygiene supplies <ul style="list-style-type: none"> There is access to adequate supplies of liquid hand soap, paper towels (or automatic hand dryers) and alcohol-based hand rub (60-90% alcohol). <ul style="list-style-type: none"> If there are concerns that residents may drink the alcohol-based hand rub, consider alcohol-based foam products, wipes or locked wall-mounted units, staff carrying the alcohol-based hand rub or temporary sinks for hand washing. There are tissues and no touch garbage cans available. 		
7.3	Cleaning and disinfection <ul style="list-style-type: none"> Frequently touched surfaces are cleaned twice daily. Appropriate cleaning products are used (usual cleaning products are generally appropriate) and the products remain on surfaces for the appropriate length of time (contact time). Ensure adequate supplies are on hand. There is regular schedule for cleaning all surfaces that is posted on the wall. Residents' mattresses and living spaces are cleaned and disinfected between residents. Shared equipment is cleaned and disinfected after use by each person (for electronic equipment, ensure that cleaning products will not damage the equipment). Shared items that are difficult to clean have been removed. A key resource is Cleaning and Disinfection for Public Settings. 		
7.4	Laundry and bedding <ul style="list-style-type: none"> Gloves and a gown are worn when handling dirty laundry. Regular laundry soap and hot water (60°C-90°C) are used for laundering. Residents have their own clean bedding and towels, which are not shared. Bedding and towels are washed on a regular schedule for residents who stay in the facility. <ul style="list-style-type: none"> Change bedding every one to two weeks Change bath towels after used about three times. 		

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7	Infection Prevention and Control (IPAC)	Status C/IP/NA	Notes
7.5	Remind residents and staff of physical distancing (staying 2 metres apart) <ul style="list-style-type: none"> Residents and staff are reminded of the need to maintain physical distancing at all times using verbal reminders and posters. Floors are marked to indicate where chairs and tables should remain and residents should stand to maintain 2 metre spacing. 		

Activities and Meals

8	Activities and meals	Status C/IP/NA	Notes
8.1	Common areas and activities <ul style="list-style-type: none"> All activities that require close contact are discontinued, including group in-person meetings. Schedules for using common areas are staggered. Furniture is moved to support keeping 2 metre distance apart and tape is used on the floor to indicate where furniture should stay. Common areas are cleaned and disinfected at least twice daily. 		
8.2	Support activities that can be done with physical distancing <ul style="list-style-type: none"> Access to phones, computers, internet, television, video games or other activities, if available, is supported in a way that allows physical distancing. Residents are encouraged to clean their hands before and after activities and using any equipment. Shared equipment is cleaned and disinfected after use by each person (using products that are safe for electronic equipment). If phones are shared and cannot be appropriately disinfected between use, cover them with a disposable plastic bag for each use. 		

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8	Activities and meals	Status C/IP/NA	Notes
8.3	Bathrooms <ul style="list-style-type: none"> Schedules for using common bathrooms for hygiene (such as washing, bathing, showering, teeth brushing and shaving) are staggered. Bathrooms are cleaned and disinfected at least twice daily. 		
8.4	Meals <ul style="list-style-type: none"> Meal times are staggered to support physical distancing. Clean and disinfect surfaces between each meal time. Use of kitchen for meal preparation are staggered. Kitchen is cleaned and disinfected between use as appropriate and at least twice daily. Space between people standing in lines is increased by marking floors with tape every 2 metres. Tables and chairs are as far apart as possible, at least 2 metres apart, and chairs are set up so that residents are not directly facing each other. Every other seat is blocked off or removed. The floor is marked with the locations where the seats should stay. Shared items like salt and pepper shakers, ketchup, mustard and food containers (e.g., water pitchers, coffee and cream dispensers) are removed. Single use items are provided. 		

Communications

9	Communications	Status C/IP/NA	Notes
9.1	Keep people informed A plan has been created to keep staff, visitors and residents and their families informed of steps being taken to prevent the spread of COVID-19 in the facility and they know how you will communicate with them during an outbreak.		

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9	Communications	Status C/IP/NA	Notes
9.2	<p>An outbreak communication plan has been developed</p> <p>A communication plan for an outbreak has been developed that includes the following:</p> <ul style="list-style-type: none">• Identifies a potential media spokesperson• Outlines who should be notified of an outbreak including:<ul style="list-style-type: none">• Health care providers• Nearby facilities that may share residents• Who to contact for ill staff members (see Section 9.7 of Outbreak checklist)• Others such as board members, relevant Ministry officials, funders, placing agencies for child welfare, unions, staffing agencies.		

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