

## CHECKLIST

# COVID-19 Preparedness and Prevention in Congregate Living Settings

06/01/2020

## 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, staff and/or visitors, 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	<b>Contact information</b> Appropriate staff know how to contact key people such as: <ul style="list-style-type: none"> <li><input type="checkbox"/> Key individuals within the facility</li> <li><input type="checkbox"/> <a href="#">Local public health unit</a></li> <li><input type="checkbox"/> Health care providers for your facility</li> <li><input type="checkbox"/> COVID-19 assessment centre.</li> </ul>		
1.2	<b>Resources and guidance documents</b> Appropriate resources and guidance have been reviewed: <ul style="list-style-type: none"> <li><input type="checkbox"/> <a href="#">Ministry of Health</a></li> <li><input type="checkbox"/> <a href="#">Public Health Ontario</a></li> <li><input type="checkbox"/> <a href="#">Local public health unit</a></li> </ul>		
1.3	<b>Response leads and outbreak management team identified</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> A COVID-19 lead has been identified for planning and response.</li> <li><input type="checkbox"/> An infection prevention and control lead has been identified.               <ul style="list-style-type: none"> <li>• Resources are available for this individual on <a href="#">Public Health Ontario's website</a>.</li> </ul> </li> <li>• A planning and preparedness team has been identified that could include:               <ul style="list-style-type: none"> <li>• 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.</li> </ul> </li> <li><input type="checkbox"/> Should an outbreak occur, this team can become the outbreak response team and should include the local public health unit.</li> </ul>		

1	Getting Prepared	Status C/IP/NA	Notes
1.4	<p><b>Accessing key services and supports</b></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"> <li><input type="checkbox"/> Medical care</li> <li><input type="checkbox"/> Routine medications (e.g., prescription medications, acetaminophen, ibuprofen)</li> <li><input type="checkbox"/> Mental health supports/counselling</li> <li><input type="checkbox"/> Harm reduction supplies</li> <li><input type="checkbox"/> Addiction services and supports including for alcohol or drug use (including opioid agent treatment e.g., methadone, suboxone)</li> <li><input type="checkbox"/> Nicotine replacement</li> <li><input type="checkbox"/> Naloxone for emergency response</li> </ul>		
1.5	<p><b>Make plans to manage ill residents</b></p> <p>Plans, based on individual resident's risk and needs, are in place for:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Ensuring up-to-date contact information is available for family/legal guardians of residents</li> <li><input type="checkbox"/> Medical care should they develop COVID-19 or other illness or if self-isolation is needed</li> <li><input type="checkbox"/> Advanced care planning for severe illness</li> <li><input type="checkbox"/> Needs for services noted in <a href="#">Section 1.4</a> above.</li> </ul>		

## Staff and Essential Visitors

2	Staff and essential visitors	Status C/IP/NA	Notes
2.1	<p><b>Masking</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> When not providing direct care or service, staff and visitors should wear a non-medical mask for source control at all times during their shift. <ul style="list-style-type: none"> <li>• Except when eating (when they should stay 2 metres from others) or when alone in a private space.</li> </ul> </li> </ul> <p>See <a href="#">Section 6</a> for additional information on personal protective equipment for staff members when providing direct care or service (e.g., feeding, bathing, washing, turning, changing clothing, toileting, wound care).</p>		

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

## 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><b>Entry into the facility and active screening (asking about symptoms)</b></p> <p>There is a single entrance and those entering are asked about symptoms.</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Screen for symptoms using the list of symptoms from the <a href="#">Ministry of Health</a></li> <li><input type="checkbox"/> 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.</li> <li><input type="checkbox"/> 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.</li> <li><input type="checkbox"/> 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.</li> <li><input type="checkbox"/> Medical masks are available for anyone with symptoms.</li> <li><input type="checkbox"/> 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.</li> <li><input type="checkbox"/> There is a place away from others for those with symptoms to go until next steps are determined.</li> </ul>		
3.2	<p><b>A record of who is entering the facility is kept</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> For visitors, the date of their visit, who they are visiting and their contact information is recorded.</li> <li><input type="checkbox"/> For residents, record when they stay in the facility and what room they stay in.</li> <li><input type="checkbox"/> 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 the local public health unit if needed.</li> </ul>		
3.3	<p><b>Passive screening (signage)</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Signs are posted (including at the entrance) advising everyone to tell a staff member if they have <a href="#">symptoms of COVID-19</a>. You can obtain COVID-19 signage from the <a href="#">Ministry of Health</a> and/or your local public health unit.</li> </ul>		

3	Entry into the facility and screening and monitoring of staff, essential visitors and residents	Status C/IP/NA	Notes
	<input type="checkbox"/> Signage is translated into languages appropriate for residents.		
3.4	<b>Ongoing monitoring</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Checks for illness among residents who are staying in the facility are done at least twice daily.</li> <li><input type="checkbox"/> Where able, residents are advised to inform staff if they feel unwell.</li> <li><input type="checkbox"/> Staff and essential visitors are asked about symptoms at the start and end of their shift or visit.</li> <li><input type="checkbox"/> 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).</li> </ul>		
3.5	<input type="checkbox"/> <b>A log is kept of ill</b> residents, staff, or essential visitors and any test results that are available.		
3.6	<input type="checkbox"/> Staff know to notify your local public health unit and any other appropriate agencies if: <ul style="list-style-type: none"> <li>• Anyone tests positive for COVID-19, or</li> <li>• You are seeing more than the expected number of ill residents, staff or frequent visitors.</li> </ul>		

## Resident Spaces

4	Resident spaces	Status C/IP/NA	Notes
4.1	<b>Off-site locations</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> 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).</li> <li><input type="checkbox"/> Appropriate supports and services have been identified for residents who are placed off-site.</li> </ul>		

4	Resident spaces	Status C/IP/NA	Notes
4.2	<p><b>Sleeping arrangement</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Ways to use existing space to help with physical distancing (keeping at least 2 metres apart) have been assessed including:             <ul style="list-style-type: none"> <li>• Use of curtains or other partitions</li> <li>• Arrangement of beds alternating head and feet</li> <li>• Avoiding use of bunk beds</li> <li>• Use of additional rooms in the facility for sleeping space.</li> </ul> </li> </ul>		
4.3	<p><b>Planning for how to group (cohort) residents should an outbreak be declared</b></p> <ul style="list-style-type: none"> <li>• 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).</li> <li>• 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.</li> <li>• Staff may need to be assigned to work with only one cohort during a shift.</li> <li><input type="checkbox"/> The following has been discussed with regard to planning for cohorting during an outbreak:             <ul style="list-style-type: none"> <li>• The way to group residents in the facility including for bathroom use and meals</li> <li>• The way staff will be assigned to each group of residents</li> <li>• The use of partitions and other approaches to keep residents separate if not in private rooms.</li> </ul> </li> </ul>		
4.4	<p><b>New admissions (including re-admissions) in long stay settings</b> (anticipated to stay more than 14 days)</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> New admissions are screened for <u>COVID-19 symptoms</u> over the phone, if possible.</li> <li><input type="checkbox"/> New admissions are tested for COVID-19 prior to admission, if possible.</li> <li><input type="checkbox"/> The facility has determined if results must be available prior to admission.             <ul style="list-style-type: none"> <li>• <b>Note:</b> It is important not to delay admission if that will affect resident safety.</li> </ul> </li> </ul>		



4	Resident spaces	Status C/IP/NA	Notes
	<ul style="list-style-type: none"> <li><input type="checkbox"/> New admissions are separated (isolated) from existing residents and each other for 14 days, in a private room if possible.</li> <li><input type="checkbox"/> Staff providing direct care to new admissions should wear a surgical/procedure mask, eye protection, gown and gloves.</li> </ul>		
4.5	<p><b>Separating those at increased risk</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 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.</li> <li><input type="checkbox"/> 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.</li> </ul>		

## Testing

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

## 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	<b>Masking for staff and visitors</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> 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"> <li>• Except when eating (when they should stay 2 metres from others) or when alone in a private space.</li> </ul> </li> </ul>		
6.2	<b>Masking for residents</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Residents are offered a non-medical mask for use if tolerated when they cannot maintain a 2 metre distance from others. <ul style="list-style-type: none"> <li>• 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.</li> <li>• Children younger than 2 years of age should not wear a mask.</li> </ul> </li> </ul>		
6.3	<b>Personal protective equipment for direct care or service (within 2 metres of a resident)</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Based on the type of care being provided and the resident's health status, <u>appropriate personal protective equipment</u> (which may include a surgical/procedure mask, eye protection, gown and gloves) are worn when providing direct care or service to a resident <ul style="list-style-type: none"> <li>• Direct care or service may include assistance with feeding, dressing, washing, bathing, shaving, toileting, turning, managing wounds etc.</li> </ul> </li> <li><input type="checkbox"/> N95 respirators are available if <u>aerosol-generating medical procedures</u> are routinely being performed on site (this is unlikely in most congregate living settings).</li> </ul>		
6.4	<b>Personal protective equipment supplies</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> 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.</li> </ul>		

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

## Infection Prevention and Control (IPAC)

7	Infection Prevention and Control (IPAC)	Status C/IP/NA	Notes
7.1	<p><b>Education and training is provided and signs</b> are posted about:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> <a href="#">Respiratory etiquette</a> – coughing and sneezing into a tissue or into your elbow or sleeve, followed by cleaning your hands.</li> <li><input type="checkbox"/> Frequently <a href="#">cleaning your hands</a>. Hands should be cleaned: <ul style="list-style-type: none"> <li>• Upon entering the facility</li> <li>• Before and after touching surfaces or using common areas or equipment</li> <li>• Before eating</li> <li>• Before and after preparing food</li> <li>• Before putting on and before and after taking off a mask</li> <li>• Before touching the face (including before smoking)</li> <li>• After using the bathroom</li> <li>• When dirty.</li> </ul> </li> <li><input type="checkbox"/> <a href="#">Physical distancing</a></li> <li><input type="checkbox"/> <a href="#">COVID-19 symptoms</a></li> </ul>		

7	Infection Prevention and Control (IPAC)	Status C/IP/NA	Notes
7.2	<p><b>Ensure adequate hand hygiene supplies</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 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"> <li>• 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.</li> </ul> </li> <li><input type="checkbox"/> There are tissues and no touch garbage cans available.</li> </ul>		
7.3	<p><b>Cleaning and disinfection</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Frequently touched surfaces are cleaned and disinfected twice daily.</li> <li><input type="checkbox"/> 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).</li> <li><input type="checkbox"/> Ensure adequate supplies are on hand.</li> <li><input type="checkbox"/> There is regular schedule for cleaning all surfaces that is posted on the wall.</li> <li><input type="checkbox"/> Residents' mattresses and living spaces are cleaned and disinfected between residents.</li> <li><input type="checkbox"/> Shared equipment is cleaned and disinfected after use by each person (for electronic equipment, ensure that cleaning products will not damage the equipment).</li> <li><input type="checkbox"/> Shared items that are difficult to clean have been removed.</li> </ul> <p>A key resource is <a href="#">Cleaning and Disinfection for Public Settings</a>.</p>		
7.4	<p><b>Laundry and bedding</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Gloves are worn when handling dirty laundry if likely to touch items contaminated with blood or body fluid. Gowns can be added if likely to contaminate your clothing. Handle laundry gently without shaking.</li> <li><input type="checkbox"/> Regular laundry soap and hot water (60°C-90°C) are used for laundering.</li> <li><input type="checkbox"/> Residents have their own clean bedding and towels, which are not shared.</li> <li><input type="checkbox"/> Bedding and towels are washed on a regular schedule for residents who stay in the facility.</li> </ul>		

7	Infection Prevention and Control (IPAC)	Status C/IP/NA	Notes
	<ul style="list-style-type: none"> <li>• Change bedding every one to two weeks</li> <li>• Change bath towels after used about three times.</li> </ul>		
7.5	<b>Remind residents and staff of physical distancing (staying 2 metres apart)</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Residents and staff are reminded of the need to maintain physical distancing at all times using verbal reminders and posters.</li> <li><input type="checkbox"/> Floors are marked to indicate where chairs and tables should remain and residents should stand to maintain 2 metre spacing.</li> </ul>		

## Activities and Meals

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

8	Activities and meals	Status C/IP/NA	Notes
8.3	<b>Bathrooms</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Schedules for using common bathrooms for hygiene (such as washing, bathing, showering, teeth brushing and shaving) are staggered.</li> <li><input type="checkbox"/> Label personal hygiene equipment (e.g., toothbrushes, razors, combs) with the resident's name and do not leave these items or towels in common areas where they may be accidentally used by others.</li> <li><input type="checkbox"/> Bathrooms are cleaned and disinfected at least twice daily and when dirty.</li> </ul>		
8.4	<b>Meals</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Meal times are staggered to support physical distancing. Clean and disinfect surfaces, such as table tops and the arm rests of chairs, between each meal time.</li> <li><input type="checkbox"/> Use of kitchen for meal preparation are staggered. Kitchen is cleaned and disinfected between use as appropriate and at least twice daily and when dirty.</li> <li><input type="checkbox"/> Space between people standing in lines is increased by marking floors with tape every 2 metres.</li> <li><input type="checkbox"/> 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.</li> <li><input type="checkbox"/> The floor is marked with the locations where the seats should stay.</li> <li><input type="checkbox"/> 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.</li> </ul>		

## Communications

9	Communications	Status C/IP/NA	Notes
9.1	<b>Keep people informed</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> 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.</li> </ul>		

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

## Summary of Revisions

New material in this revision is highlighted in the table below.

Section	Revision	Implementation Date
1.3	Clarified composition of the planning team.	May 30, 2020
4.4	Added the personal protective equipment required for caring for residents in isolation.	May 30, 2020
6.3	Clarified the personal protective equipment required for direct care to residents.	May 30, 2020
7.4	Amended the recommendations for personal protective equipment for laundry when there are no cases of COVID-19 in the facility.	May 30, 2020
8.2	Additional suggestions added.	May 30, 2020
8.3	Additional suggestions added.	May 30, 2020

## Publication History

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