IPAC Checklist for Long-Term Care and Retirement Homes

Public Health Ontario | Santé publique Ontario

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This checklist can be used:

- By those working in or supporting long-term care or retirement homes for the purpose of self-assessment and to guide policies, procedures, preparedness and response planning.
- To assist individuals who are trained in or working with those who are trained in infection prevention and control (IPAC) in conducting IPAC assessments in long-term care and retirement homes.
- As a point-in-time assessment and for ongoing re-evaluation at recommended intervals (e.g., more frequently if results require improvement) is recommended as required.
- In addition to – and does not replace – guidance[1], or other direction from provincial Ministries and local public health authorities:
  - Guidance for the Health Sector[1]
  - Appendix 1: Case Definitions and Disease-Specific Information. Respiratory Infection Outbreaks in Institutions and Public Hospitals[2] (access under "R" of the Infectious Diseases Protocol section)
  - Recommendations for Outbreak Prevention and Control in Institutions and Congregate Living Settings[3] (access under the Reference Documents section)

Contents

Assessor Information

Please complete and sign

Owner / Administrator (or designate)

First name: _____ Last name: _____

Signature: _____ Date (yyyy-mm-dd): _____

Inspector / Assessor / Investigator Signature: _____

Additional Inspector / Assessor / Investigator Signature(s): _____

1 - Entrance and Screening

1.1 Passive Screening

☐ Yes	☐ No	☐ N/A	Passive screening (signage) is performed at the entrance by Health Care Workers (HCWs), staff, essential visitors, and general visitors.
☐ Yes	☐ No	☐ N/A	Signage includes instructions for individuals who present with symptoms of acute respiratory infection (ARI) or gastrointestinal infection (GI) or rashes (e.g., new onset cough, fever, nausea, vomiting, diarrhea or infectious rash).
☐ Yes	☐ No	☐ N/A	HCWs and staff who fail passive screening report their illness to their manager / supervisor.

1.2 Visitors Who Fail Screening

☐ Yes	☐ No	☐ N/A	Visitors who do not pass screening are not permitted entrance into the home and should consider arranging medical follow up.
☐ Yes	☐ No	☐ N/A	Visitors of imminently palliative residents who fail screening are permitted entry. The LTCH or RH ensures they wear a medical mask and maintain physical distance from other residents, HCWs and staff.
☐ Yes	☐ No		Additional personal protective equipment (PPE) is provided as indicated by risk assessment.

1.3 Entrance Requirements

☐ Yes	☐ No	☐ N/A	There is alcohol based hand rub (ABHR), (70-90% alcohol concentration), with instructions to clean hands at the entrance.
☐ Yes	☐ No	☐ N/A	Medical masks and instructions for use are available at the entrance.
☐ Yes	☐ No		There is a reminder to follow respiratory etiquette.

1.4 Active Screening

☐ Yes	☐ No	☐ N/A	Residents returning to the home after an absence are screened at their next daily symptom assessment .
☐ Yes	☐ No	☐ N/A	Residents returning to the home following an absence who fail active screening are permitted entry to the home and placed on additional precautions as indicated by the resident's signs and symptoms.

Additional questions on the next page →

Resources

- Recommendations for Outbreak Prevention and Control in Institutions and Congregate Living Settings[3] (access under the Reference Documents section)

Notes

2 - Visiting

2.1 Visitor Policies and Procedures

☐ Yes ☐ No ☐ N/A All visitors entering the home follow a home's visitor policy, in addition to guidance from ministry and local public health units (PHU).

Resources

- Recommendations for Outbreak Prevention and Control in Institutions and Congregate Living Settings[3] (access under the Reference Documents section)

Notes

3 - Masking

3.1 Masking

During times of high respiratory virus transmission (e.g., respiratory viral surge and/or pandemics), health care settings may choose to implement strategies such as continuous/universal masking. This may be put into place with other IPAC measures that expand routine practices. Organizations can choose to implement continuous/universal masking based on their organizational risk assessment (ORA). Factors to consider when deciding to implement continuous/universal masking may include the vulnerability of the patient population (e.g., severe resident immunocompromised due to illness or treatment) or current facility-wide or unit outbreaks.

☐ Yes ☐ No ☐ N/A Where continuous / universal masking is in place, education and training is provided.

3.2 Other Considerations for Masking include:

☐ Yes ☐ No ☐ N/A HCWs who are on work self-isolation protocols (e.g., COVID-19) wear a medical mask.

☐ Yes ☐ No ☐ N/A Those working on a unit during a respiratory outbreak wear a medical mask.

☐ Yes ☐ No ☐ N/A Residents with a symptomatic respiratory infection, wear a medical mask if tolerated, as part of respiratory etiquette, except when in their in-patient room or bed space.

Additional questions on the next page →

3.3 Where Continuous Universal Masking is Not in Place

☐ Yes ☐ No ☐ N/A HCWs continue to use a Point-of-Care Risk Assessment (PCRA) before interacting with a resident to determine personal protective equipment (PPE), including masking.

☐ Yes ☐ No ☐ N/A Organization continues to be 'mask friendly' and have medical masks available for those who choose to continue masking as a personal decision.

3.4 Additional Notes:

- Note that when IPAC signage is posted for specific resident care (e.g. Droplet/Contact precautions), it must be followed at all times.
- Masking requirements and policies are to be reviewed and adjusted based on the organizational risk assessment (ORA) and follow any legislated direction.

Resources

- Best Practices for the Prevention of Acute Respiratory Infection Transmission in All Health Care Settings[4]

Notes

4 - Human Resources

A contingency plan with respect to human resources has been developed that:

☐ Yes ☐ No Identifies minimum staffing needs and prioritizes critical and non-essential services based on residents' health status, functional limitations, disabilities, and essential facility operations.

☐ Yes ☐ No Considers staffing needs in outbreak and non-outbreak scenarios, and the expectation of increased staff absenteeism during outbreaks.

Resource

- Appendix 1: Case Definitions and Disease-Specific Information. Respiratory Infection Outbreaks in Institutions and Public Hospitals[2] (access under "R" of the Infectious Diseases Protocol section)

Notes

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5 - Immunization

- ☐ Yes ☐ No Home has a immunization policy and process in place that includes a plan to obtain consent.
- ☐ Yes ☐ No Immunization with an annual seasonal influenza vaccine and a complete COVID-19 vaccine series including all eligible boosters is documented and maintained for all residents.
- ☐ Yes ☐ No Immunization with an annual seasonal influenza vaccine and a complete COVID-19 vaccine series including all eligible boosters is documented and maintained for all staff.
- ☐ Yes ☐ No Home has a plan to obtain consent forms for seasonal vaccines.
- ☐ Yes ☐ No Other vaccines listed on Ontario's routine adult immunization schedule such as pneumococcal polysaccharide vaccine and shingles vaccine are also recommended for eligible residents.
- ☐ Yes ☐ No New admissions, who have not received an annual influenza vaccine during respiratory season and those who are not up-to-date with their COVID-19 vaccines, are offered all vaccine doses they are eligible for, as soon as possible.

Resources

- Publicly Funded Immunization Schedules for Ontario[5]
- Ontario's routine immunization schedule[6]
- COVID-19 Vaccine Program[7]

Notes

6 - Personal Protective Equipment (PPE)

6.1 Education and Training

- ☐ Yes ☐ No HCWs, staff, general and essential visitors who provide health care receive education/training on how to perform a PCRA and select appropriate PPE in accordance with Routine Practices and Additional Precautions[8]
  - ☐ upon hire (orientation) ☐ just-in-time for specific cases or outbreaks ☐ annually
- ☐ Yes ☐ No HCWs, staff, general and essential visitors receive education and training on how to safely don and doff (put on and take off) PPE.[9]
- ☐ Yes ☐ No There are posters/visuals to help staff with donning and doffing of PPE.

6.2 PPE Supply

Home has a plan in place for: ☐ Estimating the number of days of supplies (PPE burn rate calculator)[10]

For maintaining an adequate supply of PPE for resident care for both usual care requirements and outbreak scenarios, including:

- ☐ Medical masks ☐ Gloves ☐ N95 respirators (HCWs have been fit-tested for N95 respirators where applicable)
- ☐ Gowns ☐ Eye protection

Additional questions on the next page →

Resources

- Best Practices for the Prevention of Acute Respiratory Infection Transmission in All Health Care Settings[4]

Notes

7 - Hand Hygiene

☐ Yes ☐ No HCWs, other staff and essential visitors receive education and training on how and when to perform hand hygiene.

ABHR (70-90% alcohol concentration) is available at:

☐ Point-of-care ☐ In other resident and common areas

Resources

- Best Practices for Hand Hygiene in All Health Care Settings[11]

Notes

8 - Consumable Supplies

A plan with key contacts (e.g., Ontario Health) has been put in place to monitor consumable supplies including, but not limited to:

☐ Gloves ☐ Medical masks ☐ N95 respirators ☐ ABHR

☐ Gowns ☐ Eye protection ☐ Thermometer tip covers ☐ Tissues

Notes

Additional questions on the next page →

9 - Air Quality and Ventilation

While this checklist focuses on indoor air quality management for the purpose of infection prevention and control, the facility indoor air quality strategy needs to consider other goals that may conflict with IPAC goals, e.g., increasing outdoor air ventilation may bring outdoor air pollutants indoors or counteract temperature control.

9.1 Ventilation of indoor spaces

☐ Yes	☐ No	☐ N/A	Indoor air quality has been assessed in the facility and a plan to optimize for the respiratory season has been developed, e.g., adjusting heating, ventilation and air conditioning (HVAC) systems seasonally in consultation with professionals, assessing filters (for both HVAC and portable air cleaners), deployment of portable air cleaners.
☐ Yes	☐ No	☐ N/A	Indoor spaces are as well-ventilated as possible with outdoor air, and may be through a combination of strategies including: natural ventilation (e.g., by regular opening of windows), local exhaust fans (e.g., bathroom exhaust fans) and HVAC system (which may include filtration; e.g., ensure that air supply and exhaust vents are unobstructed); HVAC fan run continuously or for longer periods in consultation with HVAC professional.[12,13]
☐ Yes	☐ No	☐ N/A	Where feasible, windows are open often and for extended periods if this can be done safely (especially if there is no central ventilation system).[12,13]
☐ Yes	☐ No	☐ N/A	Where available in resident rooms, local exhaust fans are used often or longer (especially if there is no central ventilation system).[13]
☐ Yes	☐ No	☐ N/A	Where a mechanical HVAC system is in place, it is maintained and operated as designed. Filter upgrade is considered where feasible (with involvement of HVAC professional).
☐ Yes	☐ No	☐ N/A	Pay special attention to common areas or spaces shared by multiple people, e.g., dining rooms, staff rooms, prioritizing these areas for improvements.
☐ Yes	☐ No	☐ N/A	Portable or local air cleaners are considered to filter indoor air, especially where ventilation options are limited.[14,15]
☐ Yes	☐ No	☐ N/A	All ventilation and filtration systems are maintained according to manufacturer's instructions.[14,15]

9.2 Where portable units (e.g., air cleaners, fans, air conditioners) are used:

☐ Yes	☐ No	☐ N/A	Place in a manner that avoids air currents from one person to another's breathing space.[14]
☐ Yes	☐ No	☐ N/A	Develop a plan to cover manufacturer recommended maintenance including filter replacement (if applicable).[14]
☐ Yes	☐ No	☐ N/A	Select unit appropriate for the size of the room and optimally place (e.g., follow manufacturer's instructions, ensure intake and outflow are not obstructed, not a fall hazard).[14]
☐ Yes	☐ No	☐ N/A	Where available, opening outdoor air dampers on window air conditioning units is considered.

9.3 Outdoor spaces:

☐ Yes	☐ No	☐ N/A	When feasible, to reduce the risk of infectious disease transmission, outdoor activities are encouraged over indoor activities.

Resources

- Best Practices for the Prevention of Acute Respiratory Infection Transmission in All Health Care Settings[4]
- Heating, Ventilation and Air Conditioning (HVAC) Systems in Buildings and COVID-19[12]
- Guidance on Indoor Ventilation During the Pandemic[13]
- Use of Portable Air Cleaners and Transmission of COVID-19[14]
- Using Ventilation and Filtration to Reduce Aerosol Transmission of COVID-19 in Long-Term Care Homes[15]
- How to Protect Yourself and Others from respiratory viruses[16]

Additional questions on the next page →

Notes

10 - Resident Admissions, Re-admissions and Absences

☐ Yes ☐ No There are written policies and procedures with respect to accepting admissions and transfers of residents from other health care facilities back to the home (re-admission) including during an outbreak.

☐ Yes ☐ No There is a written policy and procedure with respect to permitting residents to go on absences.[3]

☐ Yes ☐ No All residents on an absence, regardless of type or duration of the absence, are screened following their return to the home.

Resources

- Recommendations for Outbreak Prevention and Control in Institutions and Congregate Living Settings[3] (access under Reference Documents section).
- Best Practices for the Prevention of Acute Respiratory Infection Transmission in All Health Care Settings[4]
- Best Practices for Infection Prevention and Control Programs in Ontario[17]
- Infection Prevention and Control (IPAC) Program Components for Long-term Care Homes (LTCHs)[18]

Notes

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11 - Environmental Cleaning

- ☐ Yes ☐ No Environmental cleaning is performed using a health care grade cleaner/disinfectant that has a drug identification number (DIN).
- ☐ Yes ☐ No Aerosol or trigger spray bottles are not used to apply cleaner / disinfectants.
- ☐ Yes ☐ No Contact time, as indicated in the disinfectant manufacturer's instructions for use, is adhered to.
- ☐ Yes ☐ No High touch surfaces are cleaned at least once per day and when visibly soiled. A list of the high touch surfaces to be cleaned is maintained. A daily record is kept of who is responsible for cleaning the high touch surfaces and when they were cleaned.
- ☐ Yes ☐ No Equipment that cannot be dedicated to a single resident is cleaned and disinfected between residents.
- ☐ Yes ☐ No There are policies and procedures regarding staffing in Environmental Services to allow for surge capacity (e.g., additional staff, supervision, supplies, and equipment).
- ☐ Yes ☐ No There is a policy for cleaning rooms of residents who are on additional precautions (suspect and confirmed cases).

Environmental Services staff receive education and training on:

- ☐ Hand hygiene
- ☐ 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).

Resources

- Environmental Cleaning[19]

Notes

12 - Auditing

There is a process for auditing compliance (both during and outside of outbreaks) to:

- ☐ Hand hygiene
- ☐ Additional Precautions
- ☐ Environmental Cleaning
- ☐ Routine Practices
- ☐ PPE use (e.g., how one dons and doffs)

Resources

- Personal Protective Equipment (PPE) Auditing[20]
- Auditing of Personal Protective Equipment (PPE) Use[21]
- Supporting the Use of Personal Protective Equipment (PPE) Audit[22]
- Supporting the Implementation of Personal Protective Equipment Auditing in Health Care Settings[23]

Additional questions on the next page →

Notes

13 - Occupational Health and Safety

☐ Yes ☐ No Occupational Health and Safety or designate is informed immediately of any staff illnesses including contract or agency staff.

☐ Yes ☐ No Staff with suspect or confirmed diseases of public health significance reportable diseases (per the Ontario Regulation 135/18 and amendments under the *Health Protection and Promotion Act*), are reported to the local Medical Officer of Health.

In accordance with the *Occupational Health and Safety Act* and its regulations, the home provides written notice, within four days of being advised, that a staff member has an occupational illness, including an occupationally-acquired infection, and/or a Workplace Safety and Insurance Board (WSIB) claim is filed by or on behalf of the staff member with respect to an occupational illness, including an occupational infection, to the:

- Health and Ministry of Labour, Immigration, Training and Skills Development (MLITSD).
- Joint Health and Safety Committee (or health and safety representative), and trade union, if any.

Note: Occupationally-acquired infections and illnesses are reportable to the WSIB

Resources

- Viral respiratory illnesses and the *Occupational Health and Safety Act*[24]

Notes

14 - Planning and Outbreak Preparedness

14.1 Planning and Preparedness

☐ Yes ☐ No A multidisciplinary planning committee or team has been created to specifically address respiratory virus season preparedness and outbreak planning.

As part of preparedness planning the multidisciplinary committee reviews the layers of prevention approach using the hierarchy of controls e.g.;

☐ Immunization ☐ Universal Masking ☐ Ventilation

☐ Policies ☐ Education and training

Access to:

☐ ABHR ☐ PPE

Additional questions on the next page →

☐ Yes ☐ No Home has identified a person(s) who is responsible (24 hours per day, seven days per week) for leading a timely response/outbreak management team.

☐ Yes ☐ No Home has a backup for the IPAC lead in the event of absence.

☐ Yes ☐ No 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).

☐ Yes ☐ No Home has the name(s) and contact information of their local Public Health Unit person(s).

☐ Yes ☐ No Home has the name(s) and contact information of other resources that may support/be involved during an outbreak.

☐ Yes ☐ No Contact information for family members, guardians or substitute decision makers of home residents is up-to-date and the power-of-attorney (POA) is clearly identified.

☐ Yes ☐ No Resident(s) care goals/advanced directives are known and updated.

☐ Yes ☐ No There are processes in place for communication with HCWs, staff, essential visitors, residents and families and the media (external and internal communications).

☐ Yes ☐ No 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 infection) and/or the facility's outbreak status prior to transfer.

☐ Yes ☐ No There is a plan for increasing cleaning and disinfection of high touch surfaces to at least two times daily and when visibly soiled.

☐ Yes ☐ No Alternative accommodation plans have been considered to support resident physical separation for isolation and/or cohorting.

14.2 Test kits/requisitions/specimen collection:

☐ Home has a process in place for ordering tests kits / requisitions / specimen collection

☐ Home has a policy / procedure for respiratory virus specimen collection

☐ HCWs are educated and trained on respiratory virus specimen collection

☐ Home has resources on testing for respiratory or gastrointestinal illnesses[3]

☐ There is a process for transporting respiratory or gastrointestinal illnesses specimens to laboratory for testing

14.3 Isolation:

☐ Yes ☐ No Single rooms have been identified for use for individuals requiring additional precautions

☐ Yes ☐ No Where a single room is not possible consult with IPAC to manage residents requiring additional precautions.

14.4 General accommodations:

☐ Yes ☐ No 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.

☐ Yes ☐ No Where semi-private rooms are used, there is adequate space (minimum 2 m) between beds.

Additional questions on the next page →

14.5 Ward rooms / Shared accommodations:

☐ Yes	☐ No	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 other resident.
☐ Yes	☐ No	There are no more than two residents in a ward room and every effort is made to ensure there is adequate space (minimum 2 m) between beds.
☐ Yes	☐ No	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).
☐ Yes	☐ No	Plans have been considered in preparing for alternative resident activities should group activities no longer be permitted.
☐ Yes	☐ No	Home has reviewed all Ministry requirements for outbreak/pandemic preparedness.

Resources

- Best Practices for the Prevention of Acute Respiratory Infection Transmission in All Health Care Settings[4]
- Scenarios for Resident Cohorting[25]
- Recommendations for Outbreak Prevention and Control in Institutions and Congregate Living Settings[3]

Notes

15 - Surveillance and Outbreak Management

☐ Yes	☐ No	Residents are assessed for signs and symptoms of infectious illness in accordance to applicable guidance.
☐ Yes	☐ No	Residents with symptoms or signs of infectious illness are immediately placed on additional precautions and accommodated in a single room, where feasible.
☐ Yes	☐ No	Symptomatic residents are tested immediately in accordance with ministry guidance.
☐ Yes	☐ No	The local Public Health Unit is notified of suspected or confirmed outbreaks.
☐ Yes	☐ No	Identification of a resident(s), HCW(s), other staff member(s) or essential visitor(s) presenting with infectious illness symptoms initiates increased surveillance of residents for infectious symptoms (e.g., twice daily monitoring).
☐ Yes	☐ No	A line-listing of suspected or known cases is kept updated as new cases develop and is shared with the local Public Health Unit.
☐ Yes	☐ No	The MLITSD is notified per *Occupational Health and Safety Act* (OHSA) requirements.
☐ Yes	☐ No	Contacts of a suspected or known case(s) of an acute respiratory infection are identified.
☐ Yes	☐ No	Residents who were in close contact (e.g., shared room, dining/activity cohort) with a symptomatic resident, HCW, other staff or essential visitors follow the direction of the local PHU for isolation and testing requirements in accordance with Ministry guidance.

Additional questions on the next page →

☐ Yes	☐ No	Cleaning and disinfection practices are increased (e.g., at least two times a day and when visibly dirty for high touch surfaces).
☐ Yes	☐ No	During an outbreak, public health units are consulted to develop a plan with regard to resident absences.
☐ Yes	☐ No	Alternative activities to support residents' well-being are in place if all group activities must be suspended/ stopped.
☐ Yes	☐ No	Alternative meal delivery and service considerations such as communal dining may be stopped as directed by the local PHU (e.g., in-room tray service).
☐ Yes	☐ No	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.
☐ Yes	☐ No	Those employed by an external agency have received appropriate IPAC training by either the agency or the home with whom they are engaged.
☐ Yes	☐ No	The local public health unit is consulted to direct testing and public health management of all those impacted by an outbreak (staff, residents, and visitors).
☐ Yes	☐ No	In addition to implementing the minimum requirements for outbreak management outlined in Ministry guidance, homes are to consult their local public health unit regarding the need for additional outbreak control measures, including additional isolation requirements, to reduce the risk of infection transmission in the setting.

Resources

- Appendix 1: Case Definitions and Disease-Specific Information. Respiratory Infection Outbreaks in Institutions and Public Hospitals[2] (access under "R" of the Infectious Diseases Protocol section)
- Viral Respiratory Illness and the *Occupational Health and Safety Act*[24]

Notes

16 - Principles of Outbreak Management

☐ Yes	☐ No	PPE (gloves, gowns, medical masks, fit tested N95 respirators, 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).
☐ Yes	☐ No	All suspected and known outbreak cases are cared for on additional precautions and as per Point of care risk assessment (PCRA).
☐ Yes	☐ No	Hand hygiene[12] is performed and PPE is donned prior to entering the resident's room.
☐ Yes	☐ No	Residents are in a single room with own bathroom, where feasible.
☐ Yes	☐ No	Dedicated resident care equipment is used.
☐ Yes	☐ No	Equipment is cleaned before use on another resident.
☐ Yes	☐ No	Home has a plan for cohorting or grouping residents during an outbreak, in consultation with the Outbreak Management Team, following the guidance in Cohorting in Respiratory Virus Outbreaks[26]
☐ Yes	☐ No	HCWs are assigned to care for only a specific cohort of residents, where possible.

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☐ Yes ☐ No Staff working with one cohort remain separate from each other and from staff members working with other cohorts, where possible.[3,4]

☐ Yes ☐ No For small homes – the need for the home to be considered a single unit is determined. Note: All residents are managed as infected/potentially infected and HCWs use additional precautions for all residents and while in the affected area.

☐ Yes ☐ No Wherever possible, PPE is removed and hand hygiene performed, just at the exit of the resident room, following the process described in Recommended Steps: Personal Protective Equipment.[9]

☐ Yes ☐ No 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.

☐ Yes ☐ No Signage is clear indicating the resident is on additional precautions.

☐ Yes ☐ No There is signage indicating the correct sequence of donning and doffing PPE.[9]

☐ Yes ☐ No Additional Precautions in place as indicated in the most current guidance document.

Resources

- Best Practices for the Prevention of Acute Respiratory Infection Transmission in All Health Care Settings[4]
- Appendix 1: Case Definitions and Disease-Specific Information. Respiratory Infection Outbreaks in Institutions and Public Hospitals[2] (access under “R” of the Infectious Diseases Protocol section)

Notes

17 - Declaring the Outbreak Over

☐ Yes ☐ No The Medical Officer of Health or designate (from the local PHU) in collaboration with the home’s Outbreak Management Team will determine when to declare an outbreak over, taking into consideration the period of communicability and incubation period of the infectious agent, as well as the epidemiology of the outbreak.[7]

☐ Yes ☐ No Upon discontinuation of the outbreak, the following is completed:

- Resident environment is terminally cleaned.
- Family/friends are informed that outbreak is over.

☐ Yes ☐ No The outbreak management team reconvenes to debrief and determine gaps and lessons learned.

Resources

- Appendix 1: Case Definitions and Disease-Specific Information. Respiratory Infection Outbreaks in Institutions and Public Hospitals[2] (access under “R” of the Infectious Diseases Protocol section)
- Best Practices for Infection Prevention and Control Programs in All Health Care Settings[4]

Notes

Additional questions on the next page →

References

1. Ontario. Ministry of Health; Ministry of Long-Term Care. COVID-19: guidance for the health sector [Internet]. Toronto, ON: King's Printer for Ontario; 2023 [modified 2024 Oct 1; cited 2024 Oct 29]. Available from: https://www.ontario.ca/page/covid-19-health-sector-guidance

2. Ontario. Ministry of Health. Ontario public health standards: requirements for programs, services, and accountability infectious diseases protocol. Appendix 1: case definitions and disease-specific information. Respiratory infection outbreaks in institutions and public hospitals. [Internet]. Toronto, ON: King's Printer for Ontario; 2024 [cited 2024 Nov 5]. Available from: https://www.ontario.ca/page/ontario-public-health-standards-requirements-programs-services-and-accountability (Access Appendix 1 of *Respiratory infection outbreaks in institutions and public hospitals* under "R" in the Infectious Diseases Protocol section of the Ontario Public Health Standards)

3. Ontario. Ministry of Health. Ontario public health standards: requirements for programs, services, and accountability infectious diseases protocol. Recommendations for outbreak prevention and control in institutions and congregate living settings. [Internet]. Toronto, ON: King's Printer for Ontario; 2024 [cited 2024 Nov 5]. Available from: https://www.ontario.ca/page/ontario-public-health-standards-requirements-programs-services-and-accountability (Access *Recommendations for Outbreak Prevention and Control in Institutions and Congregate Living Settings* under the Reference Documents section of the Ontario Public Health Standards)

4. Ontario Agency for Health Protection and Promotion (Public Health Ontario). Best practices for the prevention of acute respiratory infection transmission in all health care settings [Internet]. Toronto, ON: King's Printer for Ontario; 2024 [cited 2024 Oct 28]. Available from: https://www.publichealthontario.ca/-/media/Documents/A/24/acute-respiratory-infection-transmission.pdf

5. Ontario. Ministry of Health. Publicly funded immunization schedules for Ontario [Internet]. Toronto, ON: King's Printer for Ontario; 2024 [cited 2024 Nov 1]. Available from: https://www.ontario.ca/files/2024-01/moh-publicly-funded-immunization-schedule-en-2024-01-23.pdf

6. Ontario. Ministry of Health. Ontario's routine immunization schedule [Internet]. Toronto, ON: King's Printer for Ontario; 2024 [cited 2024 Nov 1]. Available from: https://www.ontario.ca/page/ontarios-routine-immunization-schedule

7. Ontario. Ministry of Health; Ministry of Long-Term Care. COVID-19 vaccine program [Internet]. Toronto, ON: King's Printer for Ontario; 2023 [updated 2024 Nov 7; cited 2024 Nov 13]. Available from: https://www.ontario.ca/page/covid-19-vaccine-program

8. Ontario Agency for Health Protection and Promotion (Public Health Ontario), Provincial Infectious Diseases Advisory Committee. Routine practices and additional precautions in all health care settings. 3rd ed. Toronto, ON: Queen's Printer for Ontario; 2012. Available from: https://www.publichealthontario.ca/-/media/documents/B/2012/bp-rpap-healthcare-settings.pdf

9. Ontario Agency for Health Protection and Promotion (Public Health Ontario). Recommended steps: personal protective equipment [Internet]. Toronto, ON: King's Printer for Ontario [cited 2024 Dec 4]. How to: put on personal protective equipment (PPE) (see slide 3 and 4). Available from: https://www.publichealthontario.ca/-/media/Documents/nCoV/ipac/ppe-recommended-steps.pdf

10. Centers for Disease Control and Prevention (CDC). Personal protective equipment use tracking tools: PPE burn rate calculator [Internet]. Atlanta, GA: CDC; 2023 [modified 2023 May 8; cited 2024 Nov 6]. Available from: https://www.cdc.gov/niosh/healthcare/hcp/pandemic/ppe-burn-rate-calculator.html?CDC_AAref_Val=https://www.cdc.gov/niosh/topics/pandemic/ppe.html

11. Ontario Agency for Health Protection and Promotion (Public Health Ontario), Provincial Infectious Diseases Advisory Committee. Best practices for hand hygiene in all health care settings. 4th ed. Toronto, ON: Queen's Printer for Ontario; 2014. Available from: https://www.publichealthontario.ca/-/media/documents/B/2014/bp-hand-hygiene.pdf

12. Ontario Agency for Health Protection and Promotion (Public Health Ontario). Heating, ventilation and air conditioning (HVAC) systems in buildings and COVID-19 [Internet]. 2nd revision. Toronto, ON: Queen's Printer for Ontario; 2022 [modified 2022 Sep; cited 2024 Nov 1]. Available from: https://www.publichealthontario.ca/-/media/documents/ncov/ipac/2020/09/covid-19-hvac-systems-in-buildings.pdf

13. Public Health Agency of Canada. COVID-19: guidance on indoor ventilation during the pandemic [Internet]. Ottawa, ON: Government of Canada; 2022 [modified 2022 Jul 5; cited 2024 Nov 1]. Available from: https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/guidance-documents/guide-indoor-ventilation-covid-19-pandemic.html

14. Ontario Agency for Health Protection and Promotion (Public Health Ontario). Use of portable air cleaners and transmission of COVID-19 [Internet]. 1st revision. Toronto, ON: Queen's Printer for Ontario; 2022 [modified 2022 Jul; cited 2024 Nov 1]. Available from: https://www.publichealthontario.ca/-/media/documents/ncov/ipac/2021/01/faq-covid-19-portable-air-cleaners.pdf

15. Public Health Agency of Canada. Using ventilation and filtration to reduce aerosol transmission of COVID-19 in long-term care homes [Internet]. Ottawa, ON: Government of Canada; 2021 [modified 2021 Apr 12; cited 2024 Nov 1]. Recommendations for long-term care homes. Available from: https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/guidance-documents/guide-ltch-ventilation-covid-19-pandemic.html#a2

16. Ontario Agency for Health Protection and Promotion (Public Health Ontario). How to protect yourself and others from respiratory viruses [Internet]. Toronto, ON: Queen's Printer for Ontario; 2024 [cited 2024 Nov 1]. Available from: https://www.publichealthontario.ca/-/media/documents/ncov/factsheet/2021/06/lp/fact-sheet-covid-19-preventive-layers.pdf

17. Ontario Agency for Health Protection and Promotion (Public Health Ontario), Provincial Infectious Diseases Advisory Committee. Best practices for infection prevention and control programs in all health care settings. 3rd ed. Toronto, ON: Queen's Printer for Ontario; 2012. https://www.publichealthontario.ca/-/media/Documents/B/2012/bp-ipac-hc-settings.pdf

18. IPAC Canada. Position statement: infection prevention and control (IPAC) program components for long term care homes (LTCHs) [Internet]. 2021 July. Available from: https://ipac-canada.org/position-statements-practice-recommendations

19. Ontario Agency for Health Protection and Promotion (Public Health Ontario). Environmental cleaning [Internet]. Toronto, ON: King's Printer for Ontario; 2019 [cited 2024 Nov 6]. Available from: https://www.publichealthontario.ca/en/Health-Topics/Infection-Prevention-Control/Environmental-Cleaning

20. Ontario Agency for Health Protection and Promotion (Public Health Ontario). Personal protective equipment (PPE) auditing [Internet]. Toronto, ON: King's Printer for Ontario; 2023 [cited 2024 Nov 1]. Available from: https://www.publichealthontario.ca/en/health-topics/infection-prevention-control/ppe-auditing

21. Ontario Agency for Health Protection and Promotion (Public Health Ontario). Auditing of personal protective equipment (PPE) use [Internet]. Toronto, ON: Queen's Printer for Ontario; 2021 [cited 2024 Nov 1]. Available from: https://www.publichealthontario.ca/-/media/Documents/A/2021/auditing-ppe-use-health-care-form.pdf

22. Ontario Agency for Health Protection and Promotion (Public Health Ontario). Supporting the use of personal protective equipment (PPE) audit [Internet]. Toronto, ON: Queen's Printer for Ontario; 2021 [cited 2024 Nov 1]. Available from: https://www.publichealthontario.ca/-/media/Documents/S/2021/supporting-use-ppe-audit-health-care-form.pdf

23. Ontario Agency for Health Protection and Promotion (Public Health Ontario). Supporting the implementation of personal protective equipment auditing in health care settings [Webinar]. Toronto, ON: Queen's Printer for Ontario; 2021 [presented 2021 Oct 22; cited 2024 Nov 1]. Available from: https://www.publichealthontario.ca/-/media/Documents/S/2021/supporting-implementation-ppe-audit-health-care.pdf

24. Ontario. Ministry of Labour, Training and Skills Development. Viral respiratory illnesses and the Occupational Health and Safety Act [Internet]. Toronto, ON: King's Printer for Ontario; 2023 [modified 2023 Feb 3; cited 2024 Nov 1]. Available from: https://www.ontario.ca/page/covid-19-occupational-health-safety-act

25. Ontario Agency for Health Protection and Promotion (Public Health Ontario). Scenarios for resident cohorting [Internet]. Toronto, ON: King's Printer for Ontario; 2024 [cited 2024 Nov 8]. Available from: https://www.publichealthontario.ca/-/media/Documents/S/24/scenarios-for-resident-cohorting.pdf

26. Ontario Agency for Health Protection and Promotion (Public Health Ontario). Cohorting in respiratory virus outbreaks [Internet]. Toronto, ON: King's Printer for Ontario; 2024 [cited 2024 Nov 8]. Available from: https://www.publichealthontario.ca/-/media/Documents/C/24/cohorting-respiratory-virus-outbreaks.pdf

27. Ontario Agency for Health Protection and Promotion (Public Health Ontario). (Archived) De-escalation of COVID-19 outbreak control measures in long-term care and retirement homes [Internet]. 1st revision. Toronto, ON: Queen's Printer for Ontario; 2021 [modified 2021 May 4; cited 2024 Nov 1]. Available from: https://www.publichealthontario.ca/-/media/documents/ncov/ltcrh/2020/06/covid-19-outbreak-de-escalation-ltch.pdf

28. Ontario. Ministry of Health. Ontario public health standards: requirements for programs, services, and accountability infectious diseases protocol. Infectious diseases protocol, 2023. [Internet]. Toronto, ON: King's Printer for Ontario; 2023 [cited 2024 Nov 1]. Available from: https://www.ontario.ca/page/ontario-public-health-standards-requirements-programs-services-and-accountability (Access Infectious Diseases Protocol under the Protocol section of the Ontario Public Health Standards)

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