

# IPAC Checklist for Long-Term Care and Retirement Homes

1<sup>st</sup> Revision: September 2024

## 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—the advice, guidelines, recommendations, or other direction from provincial Ministries and local public health authorities:
  - [Guidance for the Health Sector](#)<sup>1</sup>
  - [Guidance Document for Long-Term Care Homes in Ontario](#)<sup>2</sup>

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## 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 (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.

**Resources**

- [How to Self-Monitor](#)<sup>3</sup>
- [Universal Mask Use in Health Care](#)<sup>4</sup>
- [How to self-isolate](#)<sup>5</sup>

**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).
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**Notes**

**3 - Masking**

**3.1 Masking**

Routine universal masking may be an approach used in some health care settings when indications arise. Organizations can choose to implement universal masking based on their organizational risk assessment (ORA). Factors to consider when deciding to implement 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 universal masking is in place, education and training is provided.
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**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 mask.
Yes	No	N/A	Those working on a unit during a respiratory outbreak wear a mask.
Yes	No	N/A	Residents with a symptomatic respiratory infection, wear a mask if tolerated, as part of respiratory etiquette, except when in their in-patient room or bed space.

### 3.3 Where 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 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 should continue to be reviewed and adjusted based on the organizational risk assessment (ORA) and follow any legislated direction.

### Resources

- [Technical Brief: Interim Infection Prevention and Control Measures Based on Respiratory Virus Transmission Risk in Health Care Settings<sup>6</sup>](#)
- [Universal Mask Use in Health Care<sup>4</sup>](#)
- [Universal Mask Use in Health Care Settings and Retirement Homes<sup>7</sup>](#)

### 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.
Yes	No	Home is aware of the Ministry of Health's <a href="#">Workforce Matching Portal<sup>8</sup></a> or other available supports (e.g., Ontario Health-region) that can be accessed if the home would like to request help from available resources.

### Resources

- [Ontario public health standards: requirements for programs, services, and accountability. Appendix 1: case definitions and disease-specific information. Disease: coronavirus disease 2019 \(COVID-19\)<sup>9</sup>](#)

### Notes

## 5 - Vaccination

Yes	No	Home has a vaccination policy and process in place.
Yes	No	Vaccination with an annual seasonal influenza vaccine and a complete COVID-19 vaccine series including all eligible boosters is documented and maintained for all residents and staff.
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, should be offered all vaccine doses they are eligible for, as soon as possible.

### Resources

- [Ontario's routine immunization schedule](#)<sup>10</sup>
- [COVID-19 Vaccine Program](#)<sup>11</sup>

### 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 <a href="#">Routine Practices and Additional Precautions</a> <sup>12</sup>
		upon hire (orientation)
		annually
		just-in-time for specific cases or outbreaks
Yes	No	HCWs, staff, general and essential visitors receive education and training on how to safely <a href="#">don and doff (put on and take off) PPE</a> . <sup>13</sup>
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 \(Personal Protective Equipment Use Tracking Tools: PPE burn rate calculator\)](#)<sup>14</sup>

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	

**Resources**

- [IPAC Recommendations for Use of PPE for Care of Individuals with Suspect or Confirmed COVID-19](#)<sup>15</sup>

**Notes**

**7 - Hand Hygiene**

Yes	No	HCWs, other staff and essential visitors receive education and training on how and when to perform hand hygiene.
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ABHR (70-90% alcohol concentration) is available at:

Point-of-care	In other resident and common areas
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**Resources**

- [Best practices for hand hygiene in all health care settings](#)<sup>16</sup>

**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	Masks	N95 respirators	ABHR
Gowns	Eye protection	Thermometer tip covers	Tissues

**Notes**

## 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 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). <sup>17,18</sup>
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). <sup>17,18</sup>
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). <sup>18</sup>
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 air cleaners are considered to filter indoor air, especially where ventilation options are limited. <sup>18,19</sup>
Yes	No	N/A	All ventilation and filtration systems are maintained according to manufacturer's instructions. <sup>18,19</sup>

### 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. <sup>20</sup>
Yes	No	N/A	Develop a plan to cover manufacturer recommended maintenance including filter replacement (if applicable). <sup>19</sup>
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). <sup>17</sup>
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.
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### Resources

- [Heating, Ventilation and Air Conditioning \(HVAC\) Systems in Buildings and COVID-19](#)<sup>17</sup>
- [Guidance on Indoor Ventilation During the Pandemic](#)<sup>18</sup>
- [Use of Portable Air Cleaners and Transmission of COVID-19](#)<sup>19</sup>
- [Using Ventilation and Filtration to Reduce Aerosol Transmission of COVID-19 in Long-Term Care Homes](#)<sup>20</sup>
- [How to Protect Yourself and Others from respiratory viruses](#)<sup>21</sup>

**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. <sup>6</sup>
Yes	No	All residents on an absence, regardless of type or duration of the absence, are screened following their return to the home.

**Resources**

- [Best Practices for Infection Prevention and Control Programs in Ontario](#)<sup>22</sup>
- [Infection Prevention and Control \(IPAC\) Program Components for Long-term Care Homes \(LTCHs\)](#)<sup>23</sup>

**Notes**

**11 - Post-mortem Care**

Yes	No	HCWs receive education and training on care of a deceased resident including continuation of Additional Precautions post mortem.
Yes	No	The LTCH follows directives from the <a href="#">Bereavement Authority of Ontario</a> <sup>24</sup> and the Chief Coroner for Ontario regarding the management of deceased residents.
Yes	No	When a resident is diagnosed with a disease of public health significance, this is reported to the local public health unit.

**Resources**

- [Infectious Diseases Protocol, 2023](#)<sup>25</sup>

**Notes**



## 12 - 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 <a href="#">Additional Precautions</a> <sup>17</sup> (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](#)<sup>26</sup>

### Notes

## 13 - 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](#)<sup>27</sup>
- [Auditing of Personal Protective Equipment \(PPE\) Use](#)<sup>28</sup>
- [Supporting the Use of Personal Protective Equipment \(PPE\) Audit](#)<sup>29</sup>
- [Supporting the Implementation of Personal Protective Equipment Auditing in Health Care Settings](#)<sup>30</sup>

**Notes**

**14 - 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 <i>Health Protection and Promotion Act</i> ), 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](#)<sup>31</sup>

**Notes**

**15 - Planning and Outbreak Preparedness**

**15.1 Planning and Preparedness**

Yes	No	A multidisciplinary planning committee or team has been created to specifically address respiratory virus season preparedness and outbreak planning.
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As part of preparedness planning the multidisciplinary committee reviews the layers of prevention approach using the hierarchy of controls e.g.;

Vaccination	Universal Masking	Ventilation
Policies	Education and training	

Access to:

ABHR	PPE
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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 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.

**15.2 Test kits/requisitions/specimen collection:**

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

Home has resources on testing for respiratory viruses<sup>30</sup>

Home has a policy / procedure for respiratory virus specimen collection

There is a process for transporting respiratory virus specimens to laboratory for testing

HCWs are educated and trained on respiratory virus specimen collection

**15.3 Isolation:**

Yes	No	Single rooms have been identified for use for individuals requiring <a href="#">Additional Precautions</a> <sup>15</sup> <ul style="list-style-type: none"> <li>• Where a single room is not possible, individuals are placed in a room with no more than one other resident who must also be placed on <a href="#">Additional Precautions</a><sup>15</sup></li> </ul>
Yes	No	For the purposes of isolation, no more than two residents should be placed in a room, including 3 or 4 bed ward rooms.

**15.4 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.

**15.5 Ward rooms:**

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**

- [IPAC Recommendations for Use of Personal Protective Equipment for Care of Individuals with Suspect or Confirmed COVID-19<sup>15</sup>](#)
- [Scenarios for Resident Cohorting<sup>32</sup>](#)
- [Recommendations for Outbreak Prevention and Control in Institutions and Congregate Living Settings<sup>33</sup>](#)

**Notes****16 - 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 <a href="#">Additional Precautions<sup>15</sup></a> based on a PCRA <sup>5</sup> 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 <i>Occupational Health and Safety Act</i> (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.
Yes	No	Staff who cared for a case without appropriate IPAC measures including appropriate and consistent use of PPE are tested as per local PHU guidance.

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

- [Ontario Public Health Standards: Requirements for programs, services, and accountability. Appendix 1: case definitions and disease-specific information. Disease: coronavirus disease 2019 \(COVID-19\)<sup>9</sup>](#)
- [Viral Respiratory Illness and the Occupational Health and Safety Act<sup>31</sup>](#)

### Notes

## 17 - 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 <a href="#">Additional Precautions<sup>15</sup></a> and as per PCRA
Yes	No	<a href="#">Hand hygiene<sup>16</sup></a> 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 <a href="#">Cohorting in Respiratory Virus Outbreaks<sup>34</sup></a>
Yes	No	HCWs are assigned to care for only a specific cohort of residents, where possible.

Yes	No	Staff working with one cohort remain separate from each other and from staff members working with other cohorts, where possible. <sup>33</sup>
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 <a href="#">Additional Precautions</a> <sup>15</sup> 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 <a href="#">Recommended Steps: Putting on and Taking Off Personal Protective Equipment (PPE)</a> . <sup>13</sup>
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 <a href="#">Additional Precautions</a> . <sup>15</sup>
Yes	No	There is signage indicating the correct sequence of <a href="#">donning and doffing PPE</a> . <sup>13</sup>
Yes	No	Additional Precautions in place as indicated in the most current guidance document.

**Resources**

- [IPAC Recommendations for Use of Personal Protective Equipment for Care of Individuals with Suspect or Confirmed COVID-19](#)<sup>15</sup>
- [Ontario Public Health Standards: Requirements for programs, services, and accountability. Appendix 1: case definitions and disease-specific information. Disease: coronavirus disease 2019 \(COVID-19\)](#)<sup>9</sup>

**Notes**

**18 - 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. <sup>7</sup>
Yes	No	Upon discontinuation of the outbreak, the following is completed: <ul style="list-style-type: none"> <li>• Resident environment is terminally cleaned.</li> <li>• Family/friends are informed that outbreak is over.</li> </ul>
Yes	No	The outbreak management team reconvenes to debrief and determine gaps and lessons learned.

**Resources**

- [Ontario Public Health Standards: Requirements for programs, services, and accountability. Appendix 1: case definitions and disease-specific information. Disease: coronavirus disease 2019 \(COVID-19\)](#)<sup>9</sup>
- [De-escalation of COVID-19 Outbreak Control Measures in Long-Term Care and Retirement Homes](#)<sup>35</sup>
- [Best Practices for Infection Prevention and Control Programs in All Health Care Settings](#)<sup>22</sup>

**Notes**

## Resources

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 May 22; cited 2024 Aug 1]. Available from: <https://www.ontario.ca/page/covid-19-health-sector-guidance>
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