Lakelands Public Health

Fall Preparedness Checklist

PREPARING FOR RESPIRATORY SEASON

Lakelands Public Health | September 2026

Fall Preparedness Checklist for Congregate Living Settings

This checklist is intended to support preparedness planning for the fall respiratory season. It was developed by Lakelands Public Health to assist facilities in reviewing key components related to infection prevention and control, outbreak preparedness, and staff and visitor management.

1	Planning and Preparedness	Y	N	N/A	Comments
1.1	Liaisons with Lakelands Public Health Unit (PHU), IPAC Hub, laboratory, and pharmacy are identified with clear communication plans in place.	☐	☐	☐	
1.2	An outbreak management team (OMT) has been established, and members are included in fall preparedness planning.	☐	☐	☐	
1.3	Policies and procedures are reviewed and updated annually/as needed.	☐	☐	☐	
1.4	Adequate stock of inventory is available, maintained, and has not expired. • Medical masks • N95 respirators • Face shields/goggles • Gloves • Gowns • Alcohol-based hand rub (ABHR) • Cleaners and disinfectants	☐	☐	☐	
2	**Visitors**	**Y**	**N**	**N/A**	**Comments**
2.1	Visitor policies are updated and reflect current provincial guidance (e.g., completion and maintenance of visitor logs).	☐	☐	☐	
2.2	Family and visitor communication plans are established.	☐	☐	☐	
2.3	Passive screening signage is posted at building entrances, advising visitors to stay home if they are sick. • LPH Passive Screening Signage • LPH Respiratory Etiquette Signage	☐	☐	☐	
2.4	Respiratory hygiene supplies (masks, tissues, ABHR etc.) are available at building entrances.	☐	☐	☐	
3	**Staff Management**	**Y**	**N**	**N/A**	**Comments**
3.1	The current staff contact list is kept current and maintained.	☐	☐	☐	
3.2	Staff roles and responsibilities during an outbreak are clearly defined and communicated to such staff.	☐	☐	☐	
3.3	Back-up staff members are identified to support or cover during absences.	☐	☐	☐	
3.4	A healthy workplace policy is in place stating that symptomatic staff are not to report to work and are required to notify their manager if sick.	☐	☐	☐	
4	**Vaccination**	**Y**	**N**	**N/A**	**Comments**
4.1	A vaccination policy is in place regarding immunization of staff/volunteers and residents/clients.	☐	☐	☐	
4.2	Staff responsible for vaccine storage and handling have reviewed Vaccine Storage and Handling Guidelines.	☐	☐	☐	

4.3	Routine fall vaccinations are ordered as soon as vaccines are available. • Online ordering platform: Vaccine Order Form OR fax in the Seasonal Vaccine Order Form	☐	☐	☐	
4.4	Up to date vaccination records for residents/clients and staff/volunteers are maintained.	☐	☐	☐	
5	**Outbreak Management**	**Y**	**N**	**N/A**	**Comments**
5.1	Suspected or confirmed outbreaks are reported promptly to Lakelands Public Health using the outbreak reporting form, by email or by calling the Health Unit. • Outbreak Notification Form • outbreaks@lakelandsph.ca • 1-844-575-4567 Outside of business hours, please call 1-844-575-4567 to receive after hours number.	☐	☐	☐	
5.2	Additional precautions are implemented promptly based on symptoms and clinical assessment. Do not wait for laboratory confirmation. • Additional Precautions Signage	☐	☐	☐	
5.3	Line lists are maintained and updated regularly, following the current process outlined on the Lakelands Public Health website under SharePoint resources. • Long-Term Care, Retirement Home and Elder Care Lodge Resources | Lakelands Public Health	☐	☐	☐	
5.4	A mechanism is in place for contacting staff and families regarding outbreak status.	☐	☐	☐	
5.5	A supply of nasopharyngeal (NP) swabs and enteric kits is available for outbreak testing in the facility. • Pick-up is available at all Health Unit offices during business hours, Monday to Friday, 0830–1630. Your PHU outbreak coordinator will provide a test requisition at the start of each outbreak. Please use this requisition to ensure the information submitted is current and accurate.	☐	☐	☐	
5.6	Recommendations for Outbreak Prevention and Control in Institutions and Congregate Living Settings guidelines are reviewed.	☐	☐	☐	
5.7	Staff and resident cohorting strategies have been identified to support outbreak response, where feasible. • Outbreak Cohorting Guidance for Congregate Living Settings • Home Specific Contingency Planning Tool	☐	☐	☐	
5.8	Admissions, transfers, and group activities are assessed in accordance with public health guidance. • LPH Repatriation Tool	☐	☐	☐	
5.9	Outbreak plans are reviewed with all applicable staff.	☐	☐	☐	

6.0	An outbreak debrief is completed following an outbreak to identify successes, challenges, and opportunities for improvement. • Outbreak Debrief Tool	☐	☐	☐	
6	**Treatment and Prophylaxis**	**Y**	**N**	**N/A**	**Comments**
6.1	An antiviral policy is in place that references the MOHLTC Outbreak Guidelines.	☐	☐	☐	
6.2	Consent and prescriptions for antiviral medication use are obtained in advance.	☐	☐	☐	
6.3	Timely administration of treatment/prophylaxis for COVID-19 or influenza cases/outbreaks only: • **Paxlovid:** as soon as possible, ideally within 5 days of symptom onset • **Tamiflu (treatment):** as soon as possible, ideally within 2 days of symptom onset • **Tamiflu (prophylaxis):** once outbreak is declared	☐	☐	☐	
7	**Surveillance and Monitoring**	**Y**	**N**	**N/A**	**Comments**
7.1	Active and passive surveillance processes are established and maintained in the facility for residents and staff.	☐	☐	☐	
7.2	Symptomatic residents and close contacts are monitored daily for changes in condition, including signs of improvement or worsening symptoms.	☐	☐	☐	
7.3	Staff are educated on the importance of early recognition, prompt reporting of resident symptoms, and implementing additional precautions as needed.	☐	☐	☐	
8	**Infection Prevention and Control**	**Y**	**N**	**N/A**	**Comments**
8.1	Staff are trained in relevant IPAC procedures (e.g., use of PPE, PCRA, hand hygiene, additional precautions).	☐	☐	☐	
8.2	Hand sanitizer is available at all entrances, exits, and point-of-care areas for staff, visitors and residents/clients.	☐	☐	☐	
8.3	Health Canada-approved cleaners and disinfectants with a Drug Identification Number (DIN) are available and are used according to the manufacturer's instructions (e.g., dilution, contact time, and safe use).	☐	☐	☐	
8.4	High-touch surfaces are cleaned and disinfected with appropriate frequency (twice daily during outbreaks).	☐	☐	☐	
8.5	IPAC practices are audited on a regular basis and at an increased frequency during outbreaks.	☐	☐	☐	
8.6	Point-of-Care Risk Assessments (PCRA) are performed before each resident/client interaction.	☐	☐	☐	

If you require additional support, please contact your assigned IPAC Hub Specialist or email ipachub@lakelandsph.ca

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