**Control Measures Assessment Form**

**for Outbreaks in LTCHs/RHs/CLSs**

(THIS FORM IS TO BE COMPLETED BY THE FACILITY)

This form will help implement infection prevention and control measures to mitigate the outbreak. The questions that are highlighted in pink are critical measures which must be put into place immediately. Please complete the form and email it back to the Public Health Inspector within one hour of receipt. The form is to be used in addition to the advice, guidelines and/or other direction of provincial Ministries and York Region Public Health.

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| **Name of Facility** | Click here to enter text. |
| **Facility Contact(s) Name/Number** | Click here to enter text. Phone Click here to enter text. |
| **Name of Public Health Inspector** | Click here to enter text. |
| **Outbreak Status** | Confirmed  Suspect  Surveillance |
| **Date Outbreak Declared** | Click here to enter a date. |
| **Outbreak/Surveillance Number** | 2270-2023- Click here to enter text. |
| **Type of Outbreak** | Respiratory  Enteric  Other |
| **Date and Time of OMT Meeting** | Click here to enter a date. Time: Click here to enter text. N/A |

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| **1.0** | **Communication** (Complete this section for **Suspect and** **Confirmed Outbreaks** only) | | **YES** | **NO** | **N/A** |
| 1.1 | Outbreak [signage](https://www.york.ca/media/98166) (suspect/confirmed) posted at all entrances of facility and affected unit(s) | |  |  |  |
| 1.2 | Staff are familiar with the facility’s outbreak management, illness exclusion and return to work policies | |  |  |  |
| 1.3 | Visitors and residents are familiar with the facility’s outbreak management and illness exclusion policies | |  |  |  |
| **2.0** | **Entrance/Passive Screening** | | **YES** | **NO** | **N/A** |
| 2.1 | [Signage](https://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/2019_signs_EN_visitors.pdf) posted to indicate respiratory/enteric signs/symptoms and steps to take if staff, visitors, or residents, fails screening | |  |  |  |
| 2.2 | Staff to adhere to facility’s workplace measures for reducing risk of transmission (e.g., masking for source control, distancing from others) after testing positive and/or being symptomatic | |  |  |  |
| 2.3 | Visitors who test positive for an infectious illness or is symptomatic should avoid non-essential visits. If they have COVID-19 and must visit, they must be provided and wear a medical mask and maintain physical distancing. | |  |  |  |
| 2.4 | Promote self-monitoring for all visitors, staff, and volunteers for enteric and respiratory symptoms | |  |  |  |
| 2.5 | Appropriate PPEs are available for staff who need to provide direct care or service within 2 metres of a symptomatic person identified on entering the facility | |  |  |  |
| 2.6 | Alcohol-based hand rub (ABHR) and clean masks are available at entrance. Everyone entering the facility performs hand hygiene using [ABHR](https://www.york.ca/media/94551) and puts on a clean mask | |  |  |  |
| 2.7 | Daily assessments are to be conducted for residents who are symptomatic, COVID-19 cases and a close contact must be assessed daily when in outbreak | |  |  |  |
| **3.0** | **Universal Masking** | | **YES** | **NO** | **N/A** |
| 3.1 | During any respiratory outbreak, including COVID-19, homes may consider implementing universal masking for all staff and visitors for the entire facility | |  |  |  |
| 3.2 | Staff may consider wearing a mask for source control when providing prolonged direct (i.e., <2 metres, for >15 minutes) care outdoors | |  |  |  |
| 3.3 | Designated break areas are provided for staff to remove mask safely and allows staff to remain 2 metres away from others | |  |  |  |
| **4.0** | **Resident Accommodation** | | **YES** | **NO** | **N/A** |
| 4.1 | Residents are cohorted based on their infection status (e.g., positives with positives, recovered with positives, well with well), as much as possible | |  |  |  |
| 4.2 | Staff cohorting has been implemented as much as possible (e.g., same shift, use same break area, one unit or only work with positives/well) | |  |  |  |
| 4.3 | Resident on precautions/symptomatic is placed in a single room and has access to a private washroom | |  |  |  |
| 4.4 | For residents in a shared room, beds are at least 2 metres apart (e.g., place beds head to foot or foot to foot) and/or a barrier/curtain/partition is placed between residents | |  |  |  |
| **5.0** | **Hand Hygiene** | | **YES** | **NO** | **N/A** |
| 5.1 | Staff and visitors educated on proper hand hygiene practices | |  |  |  |
| 5.2 | Staff and visitors clean their hands frequently and follow the correct hand hygiene procedure | |  |  |  |
| 5.3 | ABHR contains (70-90% alcohol) and is adequately stocked, not expired, available throughout the facility and at point of care | |  |  |  |
| 5.4 | [Hand hygiene procedure](https://www.york.ca/media/75276/download) signs are posted at hand hygiene stations/sinks | |  |  |  |
| **6.0** | **Routine Practices & Additional Precautions** | | **YES** | **NO** | **N/A** |
| 6.1 | Residents, under Additional Precautions or requires self-isolation, wear a medical mask (where tolerated) for the entire time they are outside of their room, including when accessing a shared bathroom or leaving the facility for external care | |  |  |  |
| 6.2 | Staff and visitors are educated and trained on point of care risk assessment (PCRA) selection and use of PPE | |  |  |  |
| 6.3 | PPE **carts/caddies/sealed bags** are set-up outside of each resident’s room on Additional Precautions, where possible. Supplies are replenished on a regular basis | |  |  |  |
| 6.4 | PPE **supplies**, ABHR and disinfectant wipes available for staff and visitors located at point of care | |  |  |  |
| 6.5 | Staff have access to PPE supplies | |  |  |  |
| 6.6 | Staff and visitors safely don and doff PPE at the appropriate times (e.g., after resident care, before leaving resident room) | |  |  |  |
| 6.7 | Reusable eye protection is cleaned and disinfected once removed or when soiled | |  |  |  |
| 6.8 | Reusable eye protection is stored onsite and is protected from cross contamination | |  |  |  |
| 6.9 | Posters or signs are available as visual reminder throughout the facility where PPE is don and doff, if possible (i.e., precaution sign, donning and doffing PPE,) | |  |  |  |
| 6.10 | Lined, covered garbage cans/laundry bins are provided inside the resident’s room on Additional Precautions to discard PPE | |  |  |  |
| 6.11 | **Suspect/Confirmed Respiratory Outbreak LTCH/RH:** When interacting within 2 metres of residents in an outbreak area, recommended PPE includes:   * a fit-tested, seal-checked N95 respirator (or approved equivalent). Staff who are not yet fit-tested for an N95 respirator should wear a well-fitted surgical/procedure mask or a non-fit-tested N95 respirator (or approved equivalent); and * appropriate eye protection (goggles, face shield, or safety glasses with side protection) * gloves and gown should be added if providing direct care to a resident within an outbreak area, based on a point-of-care risk assessment. Gloves are to be removed after use, and hand hygiene should be performed before and after wearing gloves. Gloves are to be changed between residents   For respiratory outbreaks (regardless of etiology), all staff providing direct care to residents within the outbreak area wear the recommended PPE for suspect and/or confirmed COVID-19.Staff and visitors wear a fit-tested, seal-checked N95 respirator, eye protection, gown, and gloves when providing direct care for residents with suspect or confirmed COVID-19. Alternatively, other appropriate PPE includes a well-fitted surgical/procedure (medical) mask, or non-fit tested N95 respirator, eye protection, gown, and gloves | |  |  |  |
| 6.12 | **CLS:** All staff and essential visitors/caregivers providing direct care or interacting within 2 metres of a client with suspect or confirmed respiratory illness, or in an outbreak area should wear:   * eye protection (goggles, face shield, or safety glasses with side protection), * A well-fitted medical mask or an N95 respirator (or approved equivalent) * Based on a personal risk assessment, gloves and gown may be added | |  |  |  |
| 6.13 | Staff and visitors wear a fit-tested, seal-checked N95 respirators during aerosol-generating medical procedure AGMP | |  |  |  |
| 6.14 | **Enteric Outbreaks:** Staff and visitors wear glove and gown when providing direct resident care. Eye protection should a PCRA indicate splashes or sprays to the face | |  |  |  |
| **7.0** | **Environmental Surfaces & Equipment Cleaning and Disinfection** | | **YES** | **NO** | **N/A** |
| 7.1 | Staff are educated and trained on the correct way to clean and disinfect environmental surfaces and equipment | |  |  |  |
| 7.2 | Manufacturer’s instructions for use (MIFU) are followed on dilution, storage, and use of cleaning and disinfecting products. Verified that products are not expired | |  |  |  |
| 7.3 | Dedicate equipment/items for symptomatic residents (e.g., stethoscope, commode, BP cuff, lift) where possible. Equipment/items are cleaned and disinfected after use | |  |  |  |
| 7.4 | Shared equipment (e.g., board games, cards, books) that is difficult to clean and disinfect is removed from use | |  |  |  |
| 7.5 | Disinfectant used has a drug identification number (DIN) and a broad-spectrum virucide kill claim against non-enveloped viruses (e.g., norovirus, rotavirus, rhinovirus, calicivirus) | |  |  |  |
| 7.6 | Disinfectant is applied to environmental surfaces and equipment for the specified contact time as per MIFU | |  |  |  |
| 7.7 | Disinfectant is tested daily with an approved test strip (when decanted/mixed) | |  |  |  |
| 7.8 | Name of Disinfectant: Click here to enter text.  Contact Time: Click here to enter text.  DIN: Click here to enter text. | |  |  |  |
| 7.9 | All environmental surfaces and equipment are cleaned first, then disinfected (2 step method is followed), working from clean to dirty area | |  |  |  |
| 7.10 | High touch surfaces (e.g., tabletops, doorknobs, call bells, handrails, elevator buttons, washrooms, food trolleys, med carts) are cleaned and disinfected at least twice per day and when visibly soiled | |  |  |  |
| 7.11 | There is a posted cleaning and disinfecting schedule for all high touch surfaces including who is responsible and when it is to be cleaned | |  |  |  |
| 7.12 | Rooms are cleaned and disinfected at least once per day and when visibly soiled when resident is on Additional Precautions | |  |  |  |
| 7.13 | A fresh cloth(s) is used for cleaning each resident bed space/area. Cloth must be changed when no longer saturated with disinfectant. Do not ‘double-dip’ cloth if a bucket is used | |  |  |  |
| 7.14 | Bucket method or squirt/flip-top nozzle is used to saturate cloth with disinfectant product. Do not use aerosol or trigger spray bottles to apply cleaners and disinfectants Aerosol or trigger spray bottle for cleaning and disinfection is not used. Bucket method or squirt/flip-top nozzle is used instead | |  |  |  |
| 7.15 | Shared washrooms are cleaned and disinfected after use by each resident’s group/ cohort | |  |  |  |
| **8.0** | **Food Safety (only applies to Long-Term Care Homes)** | | **YES** | **NO** | **N/A** |
| 8.1 | **Enteric Outbreak Only**: Food retention policy in place *(Retain and freeze 200 grams of hazardous foods prepared for each meal for 10 days)* | |  |  |  |
| **9.0** | **Additional Measures** | | **YES** | **NO** | **N/A** |
| 9.1 | Group activities, including communal dining have been modified/ discontinued as per York Region outbreak management team (e.g., staggered use of dining room and communal area) | |  |  |  |
| 9.2 | Ensure facility refers to CSA Standard - Infection Control During Construction, Renovation and Maintenance of Health Care Facilities | |  |  |  |
| 9.3 | Staffing levels are sufficient to support the outbreak | |  |  |  |
| 9.4 | Process is in place to support physical distancing of staff, residents, and visitors | |  |  |  |
| 9.5 | Dedicated staff break areas are provided (i.e., physical distancing, ABHR, disinfectant wipes and, clean PPE are available for staff) | |  |  |  |
| 9.6 | **LTCH/RH:** For Long Term Care Homes and Retirement Homes, [PHO's COVID-19: Self-Assessment Audit Tool for Long-term Care Homes and Retirement Homes](https://www.publichealthontario.ca/-/media/documents/ncov/ltcrh/2021/12/covid-self-assessment-audit-tool-ltc.pdf?sc_lang=en%22)  is conducted weekly during an outbreak | |  |  |  |
| 9.7 | **CLS:** Use [PHO’s Managing COVID-19 Outbreaks in Congregate Living Settings (CLS)](https://www.publichealthontario.ca/-/media/documents/ncov/cong/2020/05/managing-covid-19-outbreaks-congregate-living-settings.pdf?la=en) to conduct self-audits during an outbreak | |  |  |  |
| 9.8 | Daily auditing of hand hygiene, use of personal protective equipment (PPE) and the cleaning and disinfection of environmental surfaces. Using the York Region [Environmental Cleaning Audit Program for LTCH & RH](https://www.york.ca/resource/environmental-cleaning-audit-program-congregate-living-settings) and [Hand Hygiene and Personal Equipment Audit Program for Congregate Living Settings](https://www.york.ca/media/83791/download) | |  |  |  |
| 9.9 | Confirmed or symptomatic residents are provided in-room tray service meals. For congregate living settings, in-room tray services are provided for confirmed or symptomatic residents, if safe and operationally feasible | |  |  |  |
| 9.10 | Facility is well ventilated (e.g., by opening windows, using exhaust fans or central HVAC system) | |  |  |  |
| 9.11 | Portable fans are properly positioned, cleaned, and maintained | |  |  |  |
| Reference: [COVID-19 Guidance for Public Health Units: Long-Term Care Homes, Retirement Homes, and Other Congregate Living Settings](https://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/LTCH_RH_guidance_PHU.pdf) | | | | | |
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| **Form Completed by** | | Click here to enter text. | | | | |
| **Form Reviewed by (PHI)** | | Click here to enter text. | | | | |