

## Control Measures Assessment Form for Outbreaks in LTCHs/RHs/CLSs

(THIS FORM IS TO BE COMPLETED BY THE FACILITY)

|                                 |   |
|---------------------------------|---|
| Name of Facility                | Click here to enter text.   |
| Facility Contact Name/Number    | Click here to enter text. Phone Click here to enter text.   |
| Name of Public Health Inspector | Click here to enter text.   |
| Form Completed by               | Click here to enter text.   |
| Outbreak Status                 | <input type="checkbox"/> Confirmed <input type="checkbox"/> Suspect <input type="checkbox"/> Surveillance |
| Date Outbreak Declared          | Click here to enter a date.   |
| Outbreak/Surveillance Number    | 2270-2021- Click here to enter text.  |
| Type of Outbreak                | Respiratory <input type="checkbox"/> Enteric <input type="checkbox"/> Other <input type="checkbox"/>      |
| Date and Time of OMT Meeting    | Click here to enter a date. Time: Click here to enter text.<br>N/A <input type="checkbox"/>               |

| <b>Communication</b> (Complete this section for <b>Confirmed Outbreaks</b> only)  | <b>YES</b>               | <b>NO</b>                | <b>N/A</b>               |
|---|--------------------------|--------------------------|--------------------------|
| Is outbreak signage posted at all entrances of facility and affected unit(s)?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are staff familiar with the facility's outbreak management, illness exclusion and return to work policies?                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Additional Comments: Click here to enter text.  |                          |                          |                          |
| <b>COVID-19 Passive Screening</b>   | <b>YES</b>               | <b>NO</b>                | <b>N/A</b>               |
| Is signage posted to indicate signs/symptoms of COVID-19 and steps to take if a staff person or resident if COVID-19 is suspected or confirmed? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>COVID-19 Active Screening</b>  | <b>YES</b>               | <b>NO</b>                | <b>N/A</b>               |
| Are staff self-monitoring for COVID-19 symptoms prior to shifts and staying home and reporting symptoms as appropriate?                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are all staff, essential visitors and anyone else entering the home actively screened prior to entry?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is the screener wearing appropriate PPE in the absence of maintaining physical distancing or a barrier (e.g., mask, eye protection)?            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Do essential visitors wear a surgical/procedural mask at all times while in the home and any additional PPE as appropriate?                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Anyone who fails screening is not allowed entry to the home and should immediately self-isolate and notify Public Health?                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Active screening of all residents occurs at least 1x per day?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>COVID-19 Masking For Source Control</b>  | <b>YES</b>               | <b>NO</b>                | <b>N/A</b>               |
| Are all staff and essential visitors wearing surgical/procedural masks at all times for the entire duration of shifts or visits?                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| When staff remove mask during breaks they remain 2 metres away from others?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Resident Accommodation</b>   | <b>YES</b>               | <b>NO</b>                | <b>N/A</b>               |
| <b>COVID-19:</b> Have internal processes been modified to increase physical distancing measures for residents and staff?                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>COVID-19:</b> A symptomatic resident is placed in droplet/contact precautions and in a single room, if feasible?                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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|---|--------------------------|--------------------------|--------------------------|
| <b>COVID-19:</b> Has the symptomatic resident been tested immediately for COVID-19?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>COVID-19:</b> Have all residents been cohorted in the outbreak area as much as possible?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>COVID-19:</b> Has staff cohorting been implemented?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Respiratory Only:</b> If a symptomatic resident is sharing a room with another resident, are residents kept 2 metres from each other and the curtain drawn between them? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Respiratory Only:</b> Are any construction and/or renovation activities occurring at the facility?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Respiratory Only:</b> Do additional precautions remain in place until there is no longer a risk of transmission of the microorganism or illness?                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Enteric Only:</b> Do all symptomatic residents remain in their room until 48 hours have passed since the resident has no longer had diarrhea or vomiting?                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Additional Comments: <a href="#">Click here to enter text.</a>  |                          |                          |                          |
| <b><i>Routine Practices &amp; Additional Precautions</i></b>  | <b>YES</b>               | <b>NO</b>                | <b>N/A</b>               |
| Are staff following the <a href="#">four moments for hand hygiene</a> and the correct hand hygiene procedure?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are staff and visitors educated on proper hand hygiene?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is staff hand hygiene compliance monitored and audited during outbreak?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is alcohol-based hand rub adequately stocked, not expired and available throughout the facility and at point of care?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are hand hygiene procedure signs posted at hand hygiene stations/sinks?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are additional precautions signs posted at the entrances to symptomatic resident rooms?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| If a resident is unable to perform hand hygiene independently, are staff assisting them with this task?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are staff and visitors using PPE at the appropriate times?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Do staff and visitors follow correct procedure for donning and doffing PPE?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are adequate PPE supplies available for staff and visitors?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are PPE carts set-up outside of each symptomatic resident's room and are they adequately stocked with appropriate supplies?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Do staff know where PPE is stored and have unrestricted access to the supplies at all times?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Do staff and visitors remove and discard used PPE in waste receptacle inside of symptomatic resident's room or bed space?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Do staff and visitors know not to wear PPE in common areas? <i>(Note: during COVID-19 this may not be applicable)</i>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>COVID-19:</b> Are sufficient swabs available to facilitate prompt testing?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Additional Comments: <a href="#">Click here to enter text.</a>  |                          |                          |                          |
| <b><i>Environmental Surfaces &amp; Equipment Cleaning And Disinfection</i></b>  | <b>YES</b>               | <b>NO</b>                | <b>N/A</b>               |
| Are basic cleaning principles are followed (e.g., working from clean to dirty and from high to low areas)?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are manufacturer's directions followed on how to prepare, store, and use cleaning and disinfecting solutions and is product within expiry date?                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is a disinfectant with a general virucide claim against non-enveloped viruses being used on outbreak affected units, common areas, and equipment on                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

|  |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|
| outbreak unit(s)?  |                          |                          |                          |
| Name of Disinfectant: <a href="#">Click here to enter text.</a>  |                          |                          |                          |
| Is a 2-step process being implemented for all environmental surfaces, equipment, and instruments: clean then disinfect?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is the disinfectant being applied to environmental surfaces and equipment for the specified contact time as per manufacturer's directions?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Has enhanced cleaning and disinfection of 'high-touch' environmental surfaces (e.g., table tops, door knobs, call bells, handrails, elevator buttons, washrooms) been initiated on outbreak units and common areas?              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are symptomatic resident rooms cleaned and disinfected at least daily and additionally as required?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>COVID-19:</b> Are frequently touched items that move around the home included in increased frequency of cleaning (e.g., food trolleys, med carts)?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is a fresh cloth(s) being used for cleaning each resident bed space? Cloth must be changed when no longer saturated with disinfectant and after cleaning heavily soiled areas. Do not 'double-dip' cloth(s) if a bucket is used. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is every effort made to have dedicated equipment for symptomatic residents (e.g., stethoscope, commode, BP cuff)?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is equipment that cannot be dedicated cleaned and disinfected after each use using a higher level disinfectant with a general virucide claim against non-enveloped viruses?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Name of Disinfectant: <a href="#">Click here to enter text.</a>  |                          |                          |                          |
| Is a resident's environment terminally cleaned when s/he is taken off precautions?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Enteric Outbreak Only:</b> Are shared washrooms cleaned and disinfected after each use?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Enteric Outbreak Only:</b> Are enhanced cleaning and disinfection practices put in place for private washrooms?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Food Safety (only applies to LTCHs)</b>   | <b>YES</b>               | <b>NO</b>                | <b>N/A</b>               |
| <b>Enteric Outbreak Only:</b> Is a food retention policy in place?<br><i>(Retain and freeze 200 grams of hazardous foods prepared for each meal for 10 days.)</i>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>COVID-19 Additional Measures</b>  | <b>YES</b>               | <b>NO</b>                | <b>N/A</b>               |
| Have communication channels been established to keep staff, residents and families updated regularly on COVID-19?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Staff PPE training is provided and/or arranged for as needed?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| An N95 respirator is used for aerosol generating medical procedures?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Have all non-essential activities have been discontinued?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are deliveries dropped off in an identified area and delivery person screened prior to entering the home?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

YORK-#7339283-v4-Control\_Measures\_Assessment\_Form\_for\_LTCH\_RH\_Outbreaks