

Combined Review of LTC, AL, IL Prevention Assessment

COVID-19 Prevention Assessment (Long-Term Care/Assisted Living/Independent Living) - (Version 8) - July 6- Prevention Steering Committee

Site Name and Type: _____

Assessor Name: _____

Site contact Name and email: _____

Administrator Email: _____

Assessment Type: _____

IPC Contact: _____

Date of Assessment and Time: _____

#	LEVEL	REVISED STANDARDS	REVISED RISK	REVISED TIPS for ASSESSORS	Rating by Assessor and Comments
<p><u>Note:</u> "Site" or "home" used throughout to indicate Long Term Care, Assisted Living, or Independent Living where residents/clients/tenants live. Where a standard is applicable to some but not all of LTC, AL, or IL, this is indicated.</p>					

Signage					
1	H	Signage is posted and easily visible at all entrance points advising staff and visitors of COVID-19 precautions.	High	<p>TIPS:</p> <ul style="list-style-type: none"> - Keep signage minimal, e.g., respiratory etiquette, physical distancing, PPE, do not to enter if symptomatic; - Signage aligns with FH/BCCDC signage AL/IL: Signs to include at entrances are (1) visitor policy, (2) If applicable, "Covid Outbreak in home" and (3) "Do not enter if sick" - Outbreak signage visible during outbreaks 	Rating by Assessor and Comments

Legend for Scoring: Fully Met, Partially Met, Unmet or N/A
 For Elements with Multiple questions in one section (element has (a), (b), (c), etc), please use yes, no or N/A (Link will quantify the Fully Met, Partially Met or Unmet automatically)

				- Enhanced monitoring signage visible during enhanced monitoring.	
2	H	Precaution signage must clearly identify those on precautions and is posted outside the room/suite prior to entry. If no resident/tenant on precautions ensure that all signage is readily available for residents/tenants on precautions.	High	<p>TIPS: Examples of Precaution signage are Droplet Precautions sign, Donning and Doffing sign (Donning and doffing is not an Additional Precautions sign), etc. Review if anyone on droplet precaution, and ensure signage is appropriately posted. For IL, site has a plan for placing Additional Precautions (or the donning and doffing) signs inside suites for any residents who do not want a Droplet Precautions sign outside their door.</p> <p>In AL/IL, if resident/tenant gives consent, post Additional Precaution signage on the outside of the door to resident/tenant's suite. If resident/tenant does not consent to signage outside suite, post the signage inside the resident/tenant suite near the door.</p>	

Legend for Scoring: Fully Met, Partially Met, Unmet or N/A
For Elements with Multiple questions in one section (element has (a), (b), (c), etc), please use yes, no or N/A (Link will quantify the Fully Met, Partially Met or Unmet automatically)

Entrance / Reception / Waiting Area - OBSERVATIONAL

	Rating by Assessor and Comments	
<p>3 H</p> <p>At all access/entrance points, the following is available and accessible:</p> <ul style="list-style-type: none"> • Alcohol-based hand rub • Medical masks and eye protection for staff • Medical masks for visitors. 	<p>High</p> <p>TIPS: to be used by all who enter the home/site. Check expiration dates.</p> <p>Supply should be available to staff, in the event staff member shows up without eyewear.</p> <p><i>* Answer this set of questions with "Yes, no or N/A"</i></p>	
<p>4 H</p> <p>A screening process is in place at all applicable entry points to the site.</p>	<p>High</p> <p>TIPS: Refer to current active screening process for all individuals, following processes in COVID-19 Toolkit, aligning with BCCDC guidelines. There is a controlled access point to home. This controls flow of staff and visitors, and helps with screening processes. Some homes may have more than one stand-alone building, so there will be more than one access point. Homes may also chose to have a separate entrance to control flow of visitors, to keep visitors separate from staff. This is acceptable if approved screening occurs at all these entry points. AL/IL: Assessor to ask if there is someone available to provide active screening. AL: is there active screening available after hours. IL: active screening in EM and Outbreak</p>	

Legend for Scoring: Fully Met, Partially Met, Unmet or N/A
For Elements with Multiple questions in one section (element has (a), (b), (c), etc), please use yes, no or N/A (Link will quantify the Fully Met, Partially Met or Unmet automatically)

Visits - Essential, Family/Social, and External Contractors				Rating by Assessor and Comments
5	M	Essential visitation is in alignment with current Provincial and Public Health guidelines and orders.	Medium	<p>TIPS: Refer to guidelines and orders from Provincial Health Officer, Medical Health Officers, BCCDC and Fraser Health. Resource: Essential visitation protocol and visitation table.</p> <p>The Home has a written plan for essential visits.</p> <p>Outbreak – Compassionate care visits for imminently dying residents by one person at a time are permitted. If one visitor cannot visit without support, two visitors may be permitted. Essential visits for reasons other than end of life might occur but requires MHO approval.</p>
6	M	Social visitation is in alignment with current Provincial and Public Health guidelines and orders.	Medium	<p>TIPS: Refer to guidelines and orders from Provincial Health Officer, Medical Health Officers, BCCDC and Fraser Health. Resource: Visitation table.</p> <p>The home has a written plan for social visits.</p>

Legend for Scoring: Fully Met, Partially Met, Unmet or N/A
For Elements with Multiple questions in one section (element has (a), (b), (c), etc), please use yes, no or N/A (Link will quantify the Fully Met, Partially Met or Unmet automatically)

7	L	Residents/clients/tenants have access to essential clinical services following FH Guidelines. These include services provided by private agencies (e.g., physiotherapist, foot care provider) and Fraser Health (e.g., home support worker, community health nurse, physiotherapists, and occupational therapist). There is a written site-specific plan.	Low	TIPS: Individuals in AL/IL might arrange their own care and AL/IL site does not have access to the written plan. Either the site or service provider can write the plan, but it is site's responsibility to ensure that there is plan in place for all essential clinical services	
---	---	---	-----	--	--

Legend for Scoring: Fully Met, Partially Met, Unmet or N/A
For Elements with Multiple questions in one section (element has (a), (b), (c), etc), please use yes, no or N/A (Link will quantify the Fully Met, Partially Met or Unmet automatically)

Furniture & Hallways				Rating by Assessor and Comments
8	L	Furniture is cleaned on a regular scheduled basis.	Low	TIPS: All furniture is cleaned as part of the regular daily clean. There is a cleaning schedule for fabric furniture and a process in place to replace torn furniture. If furniture is visibly soiled or torn, it must be immediately removed until cleaned or replaced. Replacement is not urgent, however site should have an ultimate plan in place for replacement. This standard might not be applicable to IL; discuss with site. Reference: Environmental cleaning guidelines and best practices by FH IPC & BCCDC. PICNET link: https://www.picnet.ca/wp-content/uploads/British-Columbia-Best-Practices-for-Environmental-Cleaning-for-Prevention-and-Control-of-Infections-in-All-Healthcare-Settings-and-Programs.pdf
9	L	Hallways are free of clutter (e.g. personal items, non-care or activity items that can be removed).	Low	TIPS: Personal items cannot be in hallways. In AL/IL, during outbreak, tenants are encouraged to bring personal items inside suites.

Legend for Scoring: Fully Met, Partially Met, Unmet or N/A
For Elements with Multiple questions in one section (element has (a), (b), (c), etc), please use yes, no or N/A (Link will quantify the Fully Met, Partially Met or Unmet automatically)

aff Screening

Rating by Assessor and Comments

10	H	Active Screening is conducted once per shift (at the beginning). In Outbreak and Enhanced Monitoring, staff screening increases to twice daily (at the beginning and again at mid-shift).	High	Tips: Staff screening strictly follows current screening process in the COVID Toolkit.	
11	H	All staff are provided with information on how to self-monitor for COVID symptoms and the correct process to follow if they have COVID symptoms. Staff are aware to not come to work if sick.	High	Tips: Staff who have COVID symptoms during their shift, are aware of correct processes to: report to the supervisor immediately, remove themselves from work, refer to a COVID testing assessment center, and self-isolate pending test results.	
12	M	Staff screening documentation must be retained (for 28 days).	Medium	TIPS: Documentation is accessible for review.	

Legend for Scoring: Fully Met, Partially Met, Unmet or N/A
For Elements with Multiple questions in one section (element has (a), (b), (c), etc), please use yes, no or N/A (Link will quantify the Fully Met, Partially Met or Unmet automatically)

Resident/Client/Tenant Screening & Swabbing				Rating by Assessor and Comments
13	H	There is daily active screening for all residents/clients/tenants, including upon return to site. For IL tenants: active screening while on Outbreak. Screening process and frequency as per the COVID Toolkit and BCCDC guidelines	High	TIPS: Follow COVID Toolkit - active screening once per day, unless symptomatic. Isolation is not required for new admissions and residents returning from outings - symptoms include fever, chills, cough, Shortness of breath, sore throat, loss of sense of smell, nausea/vomiting, diarrhea, fatigue. - AL/IL: staff are not always aware when residents come and go - Assessor to check Home has a process.

Legend for Scoring: Fully Met, Partially Met, Unmet or N/A
For Elements with Multiple questions in one section (element has (a), (b), (c), etc), please use yes, no or N/A (link will quantify the Fully Met, Partially Met or Unmet automatically)

14	H	Staff are aware of public health and IPC measures to follow when residents/clients/tenants become symptomatic.	High	<p>TIPS: Review IPC measures in place for droplet precautions (signage, carts, equipment, supplies) and isolation.</p> <p>- Accessibility of supplies determined at site-level based on any behaviour concerns.</p> <p>If fabric/ reusable isolation gowns in use, staff utilize laundry hampers near rooms for disposal of soiled laundry.</p> <p>If IL Tenant is experiencing COVID symptoms, site staff will advise tenant of options for accessing COVID testing (e.g., Fraser Health Home Health or Community Testing Site, or physician) and if required will assist resident to access COVID testing. Site will provide symptomatic tenant with a medical mask and ABHR, and encourage tenant to isolate.</p>	
15	M	Staff are knowledgeable of process and practices for performing required COVID testing. AL/IL staff and tenants know how to access COVID testing.	Medium	<p>TIPS: LTC/AL - Refer to COVID Toolkit or BCCDC website. See KYI for Transportation of Dangerous Goods. IL - Site is knowledgeable on how to access COVID testing for residents, i.e., location of nearest community testing centre, how to access Home Health services, and will assist to arrange testing.</p>	

Legend for Scoring: Fully Met, Partially Met, Unmet or N/A
For Elements with Multiple questions in one section (element has (a), (b), (c), etc), please use yes, no or N/A (Link will quantify the Fully Met, Partially Met or Unmet automatically)

Resident/Client/Tenant Movement				Rating by Assessor and Comments
16	M	LTC and AL: Site leaders and designated staff can demonstrate or describe the requirements about the current process and requirements for resident/tenant transfers, admissions, readmissions, discharges home from hospital. IL for new move-ins *IN PROGRESS* Further review for IL.	Medium	
Recreation & Outings				
17	M	Site follows FH LTC/AL COVID Toolkit and can describe current Provincial and Public Health guidelines for community outings, gatherings and entertainment including guidelines for visitors and volunteers.	Medium	

Legend for Scoring: Fully Met, Partially Met, Unmet or N/A
For Elements with Multiple questions in one section (element has (a), (b), (c), etc), please use yes, no or N/A (link will quantify the Fully Met, Partially Met or Unmet automatically)

18	L	Recreation programming follow FH LTC/AL COVID Toolkit and current Provincial and Public Health guidelines.	Low	<p>TIPS:</p> <ul style="list-style-type: none"> - implement IPC measures, HH before activities - During outbreak, all group recreation activities must be suspended. Only 1:1 can continue with cohorted staff. - use wipe-able or dedicated items for recreation programming or group activities <p><i>Individualized</i>- something that always goes back to the same resident each group (ex. their personalized art supplies that cannot be sanitized – pencil crayons, colouring sheets)</p> <p><i>Dedicated</i>: used for the duration of a single group and sanitized afterward – or vice versa</p>	
Education					
19	H	All staff have completed Hand Hygiene education (minimum annually).	High	TIPS: Refer to current education/training package and policy for modules and required scores and accountabilities.	
20	H	All staff have completed PPE education within the last 6 months	High	<p>TIPS: PPE education (including donning and doffing) completed on a regular basis</p> <p>New staff: completed Orientation/PPE education</p> <p>Existing staff: refresher/education every 6 months</p>	
					Rating by Assessor and Comments

Legend for Scoring: Fully Met, Partially Met, Unmet or N/A
For Elements with Multiple questions in one section (element has (a), (b), (c), etc), please use yes, no or N/A (Link will quantify the Fully Met, Partially Met or Unmet automatically)

21	H	All staff are wearing PPE appropriately (as per Guidelines).	High	TIPS: Guidelines as per BCCDC, MOH and Fraser Health. Assessor to observe that staff are wearing appropriate PPE e.g. mask and eye protection.	
Nursing Units/ Medication Room / Care Station (can be on multiple floors and all need to be checked) - OBSERVATIONAL					
22	M	a) Area is clean, orderly and free of clutter. b) Area has regular cleaning schedule (once per day, unless on outbreak). c) Area is clear of personal items. d) Medication carts (if applicable) have ABHR and wipes e) Medication carts are cleaned each shift.	Medium	TIPS: Areas include nursing units, medication carts, and applicable care offices. <i>*Answer this set of questions with "Yes, no or N/A"</i>	Rating by Assessor and Comments
23	L	Area is free of food and beverages.	Low	TIPS: No food or drink as masks must be worn. FH Food and Beverage policy: Food shall not to be displayed, served or eaten anywhere in or around the care station, reception desks and clinical patient areas. Beverages may be consumed in care stations, charting rooms, or other clean areas, provided they are in closed or sealed containers) During an outbreak, ensure staff are physically distanced (at least two metres) when consuming their beverage near others".	

Legend for Scoring: Fully Met, Partially Met, Unmet or N/A
For Elements with Multiple questions in one section (element has (a), (b), (c), etc), please use yes, no or N/A (Link will quantify the Fully Met, Partially Met or Unmet automatically)

24	M	Area has a dedicated HH sink, or Alcohol Based Hand Rub (ABHR) (easily accessible).	Medium		
Soiled Utility Room/Housekeeping Room/Laundry Room					Rating by Assessor and Comments
25	M	Site implements strategies to restrict access to the soiled utility room, housekeeping room and laundry room (e.g. keep door to area closed). These rooms are orderly and free of clutter. Clean items cannot be kept in soiled utility room.	Medium	<p>TIPS: Clutter should not detract from function of room. Garbage cans are easily accessible inside the rooms and not overflowing. AL/IL: Residents/tenants common garbage and recycling room has ABHR available.</p> <p>Clean garbage bags cannot be stored in soiled utility rooms.</p>	
26	H	Hand hygiene sinks have paper towels and <i>plain</i> liquid soap dispensers in close proximity. The soap dispenser container is not empty. The hand hygiene sink is completely free from clutter.	High	<p>TIPS: Hands-free sinks are optimal but not mandatory. HH sink - with soap and paper towel or ABHR is available in soiled utility room. If there are no HH sinks, staff can use the utility sink as back up, followed up by the immediate use of ABHR.</p>	

Legend for Scoring: Fully Met, Partially Met, Unmet or N/A
For Elements with Multiple questions in one section (element has (a), (b), (c), etc), please use yes, no or N/A (Link will quantify the Fully Met, Partially Met or Unmet automatically)

27	M	If the site has on-site Laundry, all staff must follow Routine Practices when handling soiled laundry.	Medium	TIPS: Site applies correct principles for use of the laundry area; maintains one-way work flow, cleanliness and safety precautions in the laundry room, especially if site is a campus of care, and laundry area considered a "common area" for buildings that share space between LTC, AL, and or IL. Laundry hampers are available and are not overflowing and are inside the room wherever possible.	
28	M	If the site has a Resident/Tenant/Family Laundry Area, communal laundry rooms must have ABHR and cleaning and disinfection wipes available, and maximum occupancy sign is at entrance.	Medium		
PPE/Clean/Sterile Supply Room Storage					Rating by Assessor and Comments
29	M	a) PPE and other clean supplies must be stored in a designated secured, safe and clean area accessible only to staff	Medium	TIPS: - If PPE is stored in the clean supply room or in resident care areas, it must be removed from the cardboard boxes and placed in PPE carts or wipe-able containers.	

Legend for Scoring: Fully Met, Partially Met, Unmet or N/A
For Elements with Multiple questions in one section (element has (a), (b), (c), etc), please use yes, no or N/A (Link will quantify the Fully Met, Partially Met or Unmet automatically)

<p>b) Clean supply rooms (that include items such as dressing supplies) shall be clean, locked and accessible only to staff.</p>	<p>- PPE supplies in clean supply rooms must be kept at least 18 inches below the ceiling, at least 8 inches above the floor and at least two inches from the outside wall.</p> <p>- PPE that is not stored in either the clean supply room or resident care areas may remain in cardboard boxes and does not need to be stored away from the wall. As per CSA standards, if shipping pallets are used for storage of unopened containers (e.g. shipping boxes); the clearance from the floor may be reduced to 10 cm (4 inches), provided that the pallets are lifted and the floor underneath is cleaned at specified intervals (every 6-12 months).</p> <p>For d) If does not apply to site, select "yes"</p>	
<p>c) There is a cleaning frequency established for cleaning shelves/carts/containers that store clean and sterile supplies (i.e. every 3 months)</p>		
<p>d) Sterile packages are routinely checked for expiry dates and integrity</p>		
<p>* Answer this set of questions with "Yes, no or N/A"</p>		

Legend for Scoring: Fully Met, Partially Met, Unmet or N/A
For Elements with Multiple questions in one section (element has (a), (b), (c), etc), please use yes, no or N/A (Link will quantify the Fully Met, Partially Met or Unmet automatically)

30	H	PPE is available, stored appropriately and accessible for all staff and staff have access to required PPE for direct care to residents or tenants.	High	<p>TIPS: Site PPE supplies are adequate (minimum 7-day supply) to ensure that the home is prepared in the event there is an outbreak.</p> <p>Site has proactively sourced and obtained PPE carts, which are readily available and on the unit if an outbreak is declared.</p> <p>AL and IL: It is possible residents/tenants might not have disclosed CPAP/BIPAP/AGP to site. Follow Standard Operating Procedure for AGP.</p> <p>For LTC: This includes N95 respirators for sites who have residents requiring aerosol-generating procedures.</p>	
Dining Areas (e.g. kitchenettes, serveries, eating area)					Rating by Assessor and Comments
31	M	During Outbreak and Enhanced Monitoring, kitchenettes, bistros and dining rooms are not accessible to residents/clients/tenants, and only accessible to designated staff.	Medium	TIPS: Food and beverage service must be monitored. Self-service is allowed with regular monitoring, good hand hygiene and regular cleaning.	
32	M	Site has a documented schedule to ensure cleaning of all surfaces in dining area following every meal/sitting.	Medium	TIPS: Sites must demonstrate they have a schedule for cleaning. Outbreak: dining rooms are closed. Enhanced monitoring: dining room may be closed, PH to provide more specific guidance depending on risk.	
33	H	a) Shared dining is within a unit, floor, or consistent group with assigned seating.	High	During Outbreak: no shared dining. During Enhanced Monitoring: shared dining may	

Legend for Scoring: Fully Met, Partially Met, Unmet or N/A
For Elements with Multiple questions in one section (element has (a), (b), (c), etc), please use yes, no or N/A (link will quantify the Fully Met, Partially Met or Unmet automatically)

		b) Dining area/kitchenette/bistro has hand hygiene sink available and/or ABHR is accessible to staff. c) Site has a process to clean resident hands or prompt tenants to clean their hands, before and after mealtime.		<p>occur, PH to provide more specific guidance depending on risk.</p> <p><i>* Answer this set of questions with "Yes, no or N/A"</i></p>	
Housekeeping					
34	H	Site has a regular daily cleaning place for the entire site.	High	<p>TIPS: AL/IL make attempts to clean individual suites on droplet precautions (with recognition that tenants in AL/IL may refuse housekeeping service).</p> <p>If a resident is on Additional Precautions (Contact or Droplet), their suite is be cleaned last.</p> <p>During an Outbreak/Enhanced Monitoring, enhanced cleaning must be performed (Enhanced cleaning: a regular site clean plus an extra clean (a second clean) of high touch surfaces (6 - 8 hours after initial clean).</p>	Rating by Assessor and Comments

Legend for Scoring: Fully Met, Partially Met, Unmet or N/A
For Elements with Multiple questions in one section (element has (a), (b), (c), etc), please use yes, no or N/A (Link will quantify the Fully Met, Partially Met or Unmet automatically)

35	H	Any cleaning equipment that is shared between rooms/suites is cleaned and disinfected between rooms/suites. Recommend individual toilet brushes unless BSTN.	High	TIP: Replacement of toilet brushes every three months (same as privacy curtains) - unless visibly soiled, broken, etc. If a resident is on Additional Precautions (Contact or Droplet), their suite is be cleaned last.	
36	L	Garbage bins in common areas and staff areas are hands-free. When not hands-free, there are effective strategies in place to ensure staff have ability to perform hand hygiene after touching the dirty garbage can.	Low	TIPS: Home Support workers dispose of PPE immediately after use in single use plastic bag for IL. Garbage cans without lids are acceptable. Garbage cans are easily accessible and not overflowing.	
37	H	Site uses a cleaner/disinfectant that has a Drug Identification Number (DIN) and comes from the Health Canada list of approved disinfectants. The site follows Canada's manufacturer's instructions for use, including wet contact time.	High	TIPS: Sites may not use sprayers or foggers - does not meet cleaning and disinfection process, plus this is a WorkSafe safety risk. No spray is allowed	

Legend for Scoring: Fully Met, Partially Met, Unmet or N/A
For Elements with Multiple questions in one section (element has (a), (b), (c), etc), please use yes, no or N/A (Link will quantify the Fully Met, Partially Met or Unmet automatically)

Staff Break Rooms

		Rating by Assessor and Comments
38	H	
	a) Signage in breakroom includes occupancy limit, breakroom instructions and hand hygiene sign by sinks.	<p>TIPS: Scoring: Fully met = meet all 6 (A-F). Partially met = 5/6. Not met = 4 or less. During routine prevention, individually packaged food can be provided to staff. One individual staff may serve food with proper serving protocols using tongs/utensils. Multiple staff may not touch the serving items.</p> <p><i>* Answer this set of questions with "Yes, no or N/A"</i></p>
	b) Break rooms have appropriate access to PPE, ABHR and wipes to clean and disinfect tables following use.	
	c) Home has a plan for cohorted breakrooms and washrooms when on Outbreak.	
	d) High touch surfaces, including microwave, cabinet and fridge handles	

Legend for Scoring: Fully Met, Partially Met, Unmet or N/A
 For Elements with Multiple questions in one section (element has (a), (b), (c), etc), please use yes, no or N/A (Link will quantify the Fully Met, Partially Met or Unmet automatically)

	are cleaned daily. Interior of fridge and microwave are cleaned monthly or more often as needed. Break rooms need to have a daily clean as part of the site daily clean. During Outbreaks: a regular room clean plus an extra clean of high touch surfaces (6 - 8 hours after initial clean. (see element 34). Remove items touched by multiple staff such as puzzles/magazines/books	<p><i>* Answer this set of questions with "Yes, no or N/A"</i></p>	
	e) Food is not be shared between staff. No serving of food of any kind in the break room during Outbreak.		
	f) Site leader(s) have a plan to ensure compliance, and regularly check for compliance.		

Legend for Scoring: Fully Met, Partially Met, Unmet or N/A
For Elements with Multiple questions in one section (element has (a), (b), (c), etc), please use yes, no or N/A (link will quantify the Fully Met, Partially Met or Unmet automatically)

deprocessing -Cleaning instructions				Rating by Assessor and Comments
39	H	Staff are aware of, and adhere to, the process of cleaning and disinfection of equipment before and after use. Signage is posted on all equipment to clean and disinfect the equipment before and after each use.	High	<p>TIPS: LTC: Cleaning instructions are available for all shared equipment, following Manufacturer's Instructions for Use.</p> <p>Most LTC sites do not perform high-level disinfection. However, if they do, there must be an acceptable process for equipment requiring sterilization. AL: This might not apply to AL as individuals have their own equipment and supplies e.g. blood pressure monitor. IL: If IL has a tub/spa that is shared, this Standard would apply.</p>
Audits				
40	L	Hand Hygiene audit results are shared with team members and volunteers.	Low	<p>TIPS: The site needs to have evidence that audit results are shared with staff, such as posted and shared verbally or by email.</p> <p>Audit results should be publically posted in accredited settings according to Accreditation Canada guidelines.</p> <p>All settings need to have evidence that audit results are shared and communicated with staff, and have the audit results available upon request.</p>
				Rating by Assessor and Comments

Legend for Scoring: Fully Met, Partially Met, Unmet or N/A
For Elements with Multiple questions in one section (element has (a), (b), (c), etc), please use yes, no or N/A (Link will quantify the Fully Met, Partially Met or Unmet automatically)

4.1	H	Audits are completed as per Infection Prevention and Control Guidelines:	High	<p>TIPS: Refer to IPC Audit Frequency Table. Hand hygiene audit frequency will increase to three times a week during outbreaks or daily if a complex outbreak)</p> <p>In AL: assessor to observe staff complete hand hygiene or ask about most recent hand hygiene activity</p> <p><i>* Answer this set of questions with "Yes, no or N/A"</i></p>	
		a) Hand Hygiene			
		b) PPE			
		c) Environmental			
		d) Declutter			

Legend for Scoring: Fully Met, Partially Met, Unmet or N/A
For Elements with Multiple questions in one section (element has (a), (b), (c), etc), please use yes, no or N/A (Link will quantify the Fully Met, Partially Met or Unmet automatically)

and Hygiene (HH)				Rating by Assessor and Comments
42	M	<p>A) Four Moments of Hand Hygiene signage in applicable areas</p> <p>B) How to wash your hands (Step-by-step guide)signage are posted in applicable areas</p>	<p>Medium</p> <p>TIPS:</p> <p>TIPS: Examples of applicable areas are - communal washrooms, activity rooms and other areas where hand washing is available.</p> <p>Hand Hygiene (step-by-step) poster should be near sinks.</p> <p>2-3 ABHR posters required per neighbourhood/area.</p> <p>For some sites</p> <ul style="list-style-type: none"> - 4 moments in care areas/ nursing stations. - Quantity based on site layout. - Reusable signs to be wipe-able and wet/soiled signs replaced. <p>- In AL, 4 moments poster is not posted in resident suites, but can be posted in care office and possibly tub room for staff reference.</p> <p>- For IL, use signage that describes how to perform Hand Hygiene, not 4 Moments poster.</p>	

Legend for Scoring: Fully Met, Partially Met, Unmet or N/A
For Elements with Multiple questions in one section (element has (a), (b), (c), etc), please use yes, no or N/A (link will quantify the Fully Met, Partially Met or Unmet automatically)

43	H	Sites have general plans/strategies for residents/tenants/visitors who are non-compliant with prevention measures. Staff are provided with information and training on how to address concerns with residents/tenants who are not following IPC recommendations.	High	TIPS: Individual care plans may be required for resident specific triggers. There should be a risk mitigation plan for residents who wander - in adherence to FHA Guidelines. AL/IL: This standard (including care plan) may not be applicable. Assessor to ask if there are any wandering tenants, tenants who might not comply with isolation requirements, and/or tenants who are waiting for a higher level of care because of cognition concerns.	
44	H	ABHR or Hand Hygiene sink is readily available in required locations.	High	TIPS: Sinks or ABHR are needed at Point of Care locations, elevator entrances, entrances, dining rooms, shared recreation areas, etc. Minimum: Approximately, one wall mount (Wall mount is preferred over portable). ABHR accessible per every grouping of 3 resident rooms in LTC; Personal ABHR is acceptable. Key is to implement HH as per 4 moments of hand hygiene. If using resident room sinks, wash your hands if visibly soiled and then use ABHR after using the sink. For IL: ABHR dispenser or hand hygiene sink needs to be readily accessible in all common areas, doorways and at all elevator entrances.	

Legend for Scoring: Fully Met, Partially Met, Unmet or N/A
For Elements with Multiple questions in one section (element has (a), (b), (c), etc), please use yes, no or N/A (link will quantify the Fully Met, Partially Met or Unmet automatically)

COVID-19: Long-Term Care Audit

Site:	
Audit Date	
Manager/Contact	
Auditor	

Y = yes N = no P = partially in place

Item	Y	N	P	Comments
1.0 Current COVID-19 LTC sign posted at entrance				
1.2 Active screening of visitors with sign-in sheet at entrance				
1.3 Screening/precautions applied to deliveries entering facility				
1.4 Access to other entrances closed				
1.5 Masks and hand sanitizer available at entrance points for visitors				
1.6 Masks and hand sanitizer secured in a manner to prevent loss				

2. PPE/Supplies

Item	Y	N	P	Comments
2.0 PPE including masks, gloves, gowns and facial protection readily available in each department for staff.				
2.1 PPE are available in appropriate sizes at point of care (eg. gloves)				
2.2 PPE secured in a manner to prevent loss				
2.3 Staff fit tested for N95 masks				
2.4 N95 respirator readily available for those who are fit tested				
2.5 Other supplies available at required point-of-use (e.g. disinfection wipes, ABHR, tissues, waste bin)				

3. Surveillance

Item	Y	N	P	Comments
3.0 There is a procedure/process in place to identify cases of acute respiratory infection				
3.1 Do you know where to obtain information regarding: <ul style="list-style-type: none"> • Testing • Infection control • A high index of suspicion • Patient transfer to acute care 				
3.2 There is a written plan in place to manage COVID positive patient				
3.3 Staff are being provided the most current COVID-19 procedures				
3.4 Staff know where to access most current COVID-19 information				
3.5 Staff do not work at more than one facility				

COVID-19: Long-Term Care Audit

4. Routine Precautions					
Item	Y	N	P	Comments	
4.0 Alcohol-based hand rub (ABHR) located at point-of-care					
Dedicated hand washing sinks (not multi-purpose) provided at key/strategic locations					
Cleaning and disinfection of shared equipment (eg. goggles, stethoscopes) with evidence that this is being done (eg. green-is-clean method)					
Appropriate infection prevention and control signage is located at key locations as needed (e.g., covering coughs, hand hygiene)					
PPE are easily accessible near the point of care					
Hand hygiene is performed before PPE is donned					
PPE is donned in sequence, as per BCCDC policy, where hand hygiene is performed before first step					
PPE is doffed in sequence, as per BCCDC policy, where hand hygiene is performed after each step					
PPE is doffed immediately following the activity for which it was put on					
There is clear separation between the location where clean PPE is donned and soiled PPE is doffed					
A gown is worn, as indicated by the risk assessment following current PPE procedures					
A mask and eye protection (or a face shield) is worn, as indicated by the risk assessment following current PPE procedures					
Gloves are worn, as indicated by the risk assessment following current PPE procedures					
Staff change out of street clothes/shoes upon arrival at facility, and change back on leaving facility, as per current guideline					
4.13					

COVID-19: Long-Term Care Audit

5. Equipment/Cleaning					Item	Y	N	P	Comments
5.0	High touch surfaces are cleaned/disinfected at least 2x daily								
5.1	Clean and soiled equipment and devices are transported and stored separately (eg. trolleys, carts, linen hampers, non-perforated bags, nurse-on-a-tree/stick, BP cuffs, monitoring equipment, food trays, dishware)								
5.2	Shared, reusable non-critical equipment (eg, wheel chairs, transporting equipment, commode chairs) are cleaned and disinfected between clients/patients/residents, with evidence that this is being done (eg. green-is-clean)								
5.3	Operating instructions posted for cleaning/disinfecting machines (eg. bedpan washer)								
5.4	All linen is bagged or otherwise contained at point of care to prevent contamination of other areas								
5.5	Soiled linen is contained in leak-resistant bags that are not overfilled (e.g., closed off when 2/3 full) and tied securely								
5.6	Clean and soiled linen are handled separately, as per current guidelines								
5.7	Clean and soiled linen are stored separately, as per current guidelines								
5.8	Clean and soiled clothing are handled separately, as per current guidelines								
5.9	Clean and soiled clothing are stored separately as per current guidelines								
5.10	Waste containers are sufficient in number and are not overfilled								

6. Disinfectants					Item	Y	N	P	Comments
6.0	Disinfectants are appropriate for intended use								
6.1	Are bottles properly labelled								
6.2	Disinfectant test strips available								
6.3	Test strip results documented								

COVID-19: Long-Term Care Audit

7. Social

Item	Y	N	P	Comments
7.0				Social distancing achieved in dining room
7.1				If a care worker is feeding more than one resident at a time, proper hand hygiene is performed between feeding residents
7.2				Social distancing achieved in activity room
7.3				Exercise/fitness rooms closed
7.4				Personal services suspended

8. Indoor Air Quality

Item	Y	N	P	Comments
8.0				HVAC system is on a routine maintenance program by technical expertise
8.1				HVAC system equipped with higher MERV rating, pending system evaluation for suitability (MERV 10+) Note: system must be able to handle a higher MERV rating filter or damage may occur to system.
8.2				Facility has an IAQ program that includes testing for general parameters (CO ₂ , CO, Relative Humidity, Temperature, Radon) <ul style="list-style-type: none"> High CO₂ can point to dead zones Maintaining Relative Humidity in the upper zone of 40-60% is best for COVID-19 prevention Note: Most HVAC companies can test these parameters
8.3				EHO to obtain further information for IAQ and air flow assessment: <ul style="list-style-type: none"> Flow from clean to not-so-clean Avoid cross-patient flow Boost make-up air to 100% (this may come at an energy cost if not equipped with a heat recovery ventilator (HRV) or energy recovery ventilator (ERV))

Additional Comments:




fraserhealth

Better health.
Best in health care.

COVID-19 UPDATE

COVID-19: Fraser Health Outbreak Response Lead Checklist

Status	Activity	Responsible	Refer to Response Lead Folder on SharePoint
Standard Operating Procedures: Response Lead Activation			
<input type="checkbox"/>	A. RION received. Outbreak Response Lead (ORL) identified and deployed. Outbreak Management Response Leadership sends out activation email.	Outbreak Management Response Leadership ORL	Response Lead Activation Resources
Standard Operating Procedures: Immediate Actions			
<input type="checkbox"/>	1.1 Contact Site Leadership/designate via phone to establish connection. <i>Use initial questions document and daily site check in log to gather/track the information/current situation at the site</i> 1.2 Ask if the site needs help with calling family members to notify of an outbreak. If required, link Site Leadership to FHA PCOO Lead and provide resident lists <ul style="list-style-type: none">Confirm with Site Leadership that the Facility Medical Director (FMD) is notified of the outbreak within 4 hours from the time an outbreak is declaredEnsure facility has set up site Emergency Operations Centre and are aware to attend daily check in by email or phone with ORL. Include any contracted agencies for staffing, housekeeping, food services, laundry in the daily check-inEnsure site has staff lists prepared for swabbing purposes	ORL	 Initial Questions for Outbreak site docx

COVID-19: Long-Term Care Audit

7. Social					
Item	Y	N	P	Comments	
7.0				Social distancing achieved in dining room	
7.1				If a care worker is feeding more than one resident at a time, proper hand hygiene is performed between feeding residents	
7.2				Social distancing achieved in activity room	
7.3				Exercise/fitness rooms closed	
7.4				Personal services suspended	

8. Indoor Air Quality					
Item	Y	N	P	Comments	
8.0				HVAC system is on a routine maintenance program by technical expertise	
8.1				HVAC system equipped with higher MERV rating, pending system evaluation for suitability (MERV 10+) Note: system must be able to handle a higher MERV rating filter or damage may occur to system.	
8.2				Facility has an IAQ program that includes testing for general parameters (CO2, CO, Relative Humidity, Temperature, Radon) <ul style="list-style-type: none"> High CO2 can point to dead zones Maintaining Relative Humidity in the upper zone of 40-60% is best for COVID-19 prevention Note: Most HVAC companies can test these parameters	
8.3				EHO to obtain further information for IAQ and air flow assessment: <ul style="list-style-type: none"> Flow from clean to not-so-clean Avoid cross-patient flow Boost make-up air to 100% (this may come at an energy cost if not equipped with a heat recovery ventilator (HRV) or energy recovery ventilator (ERV)) 	




Additional Comments:



fraserhealth

Better health.
Best in health care.

COVID-19 UPDATE

Status	Activity	Responsible	Refer to Response Lead Folder on SharePoint
<input type="checkbox"/>	<p>1.2. Arrange on site initial visit with Infection Prevention & Control (IPC), Clinical Nurse Educator (CNE) as available:</p> <ul style="list-style-type: none">• <u>If activated before 1200</u><ul style="list-style-type: none">- Organize same day site visit. Refer to Section 2, Initial Site Visit, below.• <u>If Activated after 1200</u><ul style="list-style-type: none">- Arrange and chair COVID-19 EOC teleconference with members below (if doing same day site visit, the t-con can occur next day):<ul style="list-style-type: none">- Public Health Case Investigator- Facility Medical Director (FMD- if applicable)- Facility Leadership (DOC or designate)- IPC/CNE <p>*Ensure key priorities identified and have an action plan assigned to appropriate individuals</p> <ul style="list-style-type: none">- ORL, IP and CNE to plan for next day on site visit - Refer to Section 2, Initial Site Visit, below	ORL	 4. Initial EOC Meeting Agenda Template.doc
<input type="checkbox"/>	<p>1.3 Ensure active staff screening is in place. If site needs FH screener support, connect with screener lead with details of request.</p>	ORL	 5. Initial EOC Meeting Talking Points.docx
			 <u>Scheduling Screeners</u>
			<u>Active Screening Process</u>



fraserhealth

Better health.
Best in health care.

COVID-19 UPDATE

Status	Activity	Responsible	Refer to Response Lead Folder on SharePoint
<input type="checkbox"/>	1.4 Identify need for staff and resident cohorting in consultation with Site Leadership, IPC and Public Health	MHO/Public Health/ IPC	<u>COVID Resource Toolkit</u>
Standard Operating Procedures: Initial Site Visit			
<input type="checkbox"/>	2.1 Pre-Site Visit: <ul style="list-style-type: none">Review previous Prevention Assessment resultsReview corrective action plan if applicableSave a copy of most recent Prevention Assessment from Completed Prevention Assessments into Current Outbreak Site folder in Prevention Assessments on Share Point to use as a resource. During initial site visit: <ul style="list-style-type: none">Complete Prevention AssessmentThe goal is to observe practices and environment and develop Integrated Action Plan for areas requiring follow up. Document findings in the Integrated Action Plan (in partnership with CNE/IPC/Facility Leadership)Assess containment strategies as stipulated by IPC / Public Health and/or MHO. Refer to COVID Toolkit for outbreak management resourcesReview key areas: staffing plan, PPE supplies, staff education needsShare Site Duties Template with Site Leadership (optional)	ORL	<u>Prevention Assessment Folder</u> <u>Site Duties Template</u>



fraserhealth

Better health.
Best in health care.

COVID-19 UPDATE

Status	Activity	Responsible	Refer to
	Continue daily check-in with Facility Leadership, IPC, PHN, FMD, and CNE to gather information/updates on key areas (staffing plan, PPE supplies, enhanced cleaning, education needs, screeners, audit results, etc.)		<u>Response Lead Folder on SharePoint</u>
<input type="checkbox"/>	2.2 Post Site Visit: <ul style="list-style-type: none">Upload Prevention Assessment tool on SharePoint in Current Outbreak Site folder and Completed Prevention Assessment folderLiaise with IPC and CNE to further discuss Integrated Action Plan for unmet or partially met indicatorsProvide completed Integrated Action Plan with due dates of action items to Site Leadership	ORL	<u>Prevention Assessment Folder</u> <u>Integrated Action Plan</u> <u>Quick Reference Guide</u>
Standard Operating Procedures: Actions within 6 hours			
<input type="checkbox"/>	3.2 Confirm with Site Leadership that site is maintaining single site restrictions during the outbreak	ORL	
<input type="checkbox"/>	3.4 Ensure site continues to have safe staffing plan. If FH staff is requested, use guiding questions document to ensure facility has exhausted their ability to get required. If FHA staffing support is required: <ul style="list-style-type: none">Site to submit staffing request form after consultation with ORL	ORL	<u>Staffing Request</u> <u>COVID Resource Toolkit</u>
<input type="checkbox"/>	3.5 Complete contact tracing for positive case(s)	Public Health	
<input type="checkbox"/>	3.6 Post signage of outbreak status at access points and throughout the facility. Post reminder about protecting yourself at work from COVID-19 in area visible to all staff (e.g. staff breakroom)	Facility	



fraserhealth

Better health.
Best in health care.

COVID-19 UPDATE

Status	Activity	Responsible	Refer to Response Lead Folder on SharePoint
<input type="checkbox"/>	3.7 Develop isolation and cohorting plan for suspected ill or confirmed resident cases	MHO/Public Health/IPC	
<input type="checkbox"/>	3.8 Confirm if there are other services located on the same site, e.g. Assisted Living, Long Term Care, REHAB, PATH	Facility	
<input type="checkbox"/>	3.9 Check potential supply shortages and work with vendors if resources limited. If supplies are required, despite exhausting all resources, submit request for supplies.	Facility	
<input type="checkbox"/>	3.10 Confirm adequate number of swabs available.	Facility	<u>Guidelines for Ordering Swabs</u>
<input type="checkbox"/>	3.11 Ensure control measures are in place to conserve the use of Personal Protective Equipment	Facility	<u>PHSA Template Order Form</u>
<input type="checkbox"/>	3.12 Facility to share communication letter templates provided by Public Health with staff/residents/families/tenants	Facility	<u>PPE Weekend Process</u>
<input type="checkbox"/>	Prioritize family notifications based on resident proximity to affected staff/physicians/residents		
<input type="checkbox"/>	3.13 Facility or PCOO staff to make phone calls to resident/families after letters have been distributed notifying of the outbreak	Facility/PCOO Staff	
<input checked="" type="checkbox"/>	3.14 Confirm with FH PCOO Lead/Site Leadership to follow up if communication letters have been distributed and all resident/families have been called and notified of the outbreak.	ORL	

COVID-19 UPDATE

Status	Activity	Responsible	Refer to
<input type="checkbox"/>	3.15 Information Bulletin to Media	FHA EOC/Communications	Response Lead Folder on SharePoint
<input type="checkbox"/>	3.16 Confirm with site that active screening for all staff, visitors and contractors is ongoing.	ORL	
<input type="checkbox"/>	3.17 Check in with site regarding Site Leadership coverage plan to avoid burnout.	ORL	
<input type="checkbox"/>	3.18 Perform audits (PPE / Hand Hygiene / Environmental/ Declutter / Soiled Utility) using FH audit tools as per IPC schedule for the duration of the outbreak.	Facility	<u>Audit Frequency Table</u>
Standard Operating Procedures: Day 1-2			
<input type="checkbox"/>	4.1 Ensure Site Leadership is prepared to initiate Point Prevalence Testing if directed by MHO and PH	ORL	<u>Point Prevalence Testing</u> <u>Cerberus Instructions</u> <u>Testing Tracking Tool</u>
	4.1.1 Ensure site has adequate supply of Testing Kits		
	4.1.2 Ensure that site has adequate number of staff to collect the swabs. If more staff needed, request LPNs for swabbing from FH staffing deployment coordinator.		
	4.1.3 Provide Site Leadership with information about the Excel spreadsheet for Epi to follow test results.		
	4.1.4 Provide information needed to Site Leadership for secure file transfer via Cerberus. *If site requires further support, refer to algorithm		
	4.2 Share Coloured Floor Plan sample (optional)		<u>Colour Coded Floor Plan and Process</u>
Ongoing Actions for the Duration of the Outbreak			



fraserhealth

Better health.
Best in health care.

COVID-19 UPDATE

Status	Activity	Responsible	Refer to
<input type="checkbox"/>	5.1 Reporting: - Complete Daily Check in log on "N" drive after site daily meetings. - Complete Outbreak Management Report on SharePoint by 1200 pm.	ORL	<u>Response Lead Folder on SharePoint</u>
<input type="checkbox"/>	5.2 Attend Outbreak Management Response Daily Situation meeting as scheduled to identify and report issues that require further discussion/escalation	ORL	
<input type="checkbox"/>	5.3 Provide handover to next ORL as required	ORL	<u>Response Lead Handover Process</u>
Standard Operating Procedures: Mid Outbreak			
<input type="checkbox"/>	6.1 Perform mid outbreak Prevention Assessment as indicated by complexity of outbreak (Consult with IPC, CNE as indicated) to ensure facility is maintaining Action Plan <ul style="list-style-type: none">Note: Re-evaluate need for on site presence in partnership with Outbreak Management Response Leadership.	ORL	<u>Prevention Assessment Folder</u> <u>Integrated Action Plan</u> <u>Quick Reference Guide</u>
<input type="checkbox"/>	6.2 Send communication letter as required to the Site Leadership updating the status mid outbreak. Site Leadership can then, share with their residents and families/staff	ORL	<u>Resources-Communication Letter Template</u>

Produced by FHA LTC-AL Outbreak Management Response Team

Sept 02, 2020

Revised March 2021

COVID-19 UPDATE

Status	Activity	Responsible	Refer to Response Lead Folder on SharePoint
	6.3 Complete Readiness Checklist prior to Step Down	Site/ORL	<u>Readiness Checklist</u>
	6.4 Review Step Down Protocol with Site Leadership <ul style="list-style-type: none"> Site to complete and submit any plans required for Step Down Protocol 	ORL	<u>Step Down Protocol</u>
Standard Operating Procedures: Step Down / Outbreak Over			
<input type="checkbox"/>	7.1 Public Health to provide anticipated end date of when Outbreak will be declared over	Public Health	
<input type="checkbox"/>	7.2 Step 1: ORL completes site visit with Site Leadership to ensure Integrated Action Plan items are completed. <ul style="list-style-type: none"> Consult with IPC/CNE when planning visit to complete audit If there are unmet indicators and risks indicated post Prevention Assessment, engage key stakeholders (PH, FMD, IPC, Outbreak Management Response Manager) and joint recommendations made when outbreak is to be declared over 	ORL	<u>Prevention Assessment Folder</u> <u>Integrated Action Plan Quick Reference Guide</u>
<input type="checkbox"/>	7.3 Public Health liaises with MHO	Public Health	
<input type="checkbox"/>	7.4 MHO declares outbreak to be over at the site	MHO	
<input type="checkbox"/>	7.5 Sends RION declaring Outbreak over	Public Health	
<input type="checkbox"/>	7.7 Response Lead completes Debrief with Outbreak Management Response Leadership and all other stakeholders involved in the outbreak (IPC, CNE, Facility leadership).	ORL	<u>Outbreak Debriefs</u>
<input type="checkbox"/>	7.7.1 Save Debrief on SharePoint.	ORL	



fraserhealth

Better health.
Best in health care.

COVID-19 UPDATE

Status	Activity	Responsible	Refer to Response Lead Folder on SharePoint
<input type="checkbox"/>	7.8 Document Lessons learned and share with the LTC/AL/IL Coordination Centre	Outbreak Management Response Leadership	