

CHECKLIST

August 28, 2020

Infection Prevention and Control Assessment for Independent Health Facilities and Out of Hospital Premises During the COVID-19 Pandemic

Preamble

This checklist has been developed to guide individuals (e.g., assessors) in conducting infection and prevention and control (IPAC) assessments of Independent Health Facilities (IHF) and Out of Hospital Premises (OHP) during this COVID-19 pandemic. It can also be used by those working in IHFs and OHPs for self-assessment and to guide policies, procedures, preparedness and response planning. Prior to restarting or continuing services, IHFs and OHPs should complete an organizational risk assessment (ORA) that assesses the efficacy of control measures that are in place to mitigate the transmission of infections.

This assessment checklist is to be used in addition to—and does not replace—the advice, guidelines, recommendations, directives, or other direction of provincial Ministries and local public health authorities. The checklist was informed by the documents listed under Sources.

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IHF/OHP name:

IHF/OHP address:

Self-Assessment ☐

Assessment ☐

Date:

Time:

Name(s) and designation of Assessor:

Setting contact name(s) and phone number(s):

1. Reception and Waiting Area(s)

1	Reception/Waiting Area	Yes	No	N/A
1.1	<u>Signage</u> is posted at the entrance to the IHF/OHP and at reception areas requiring all patients and any visitors to <u>wear a face covering/non-medical mask</u> (if available and tolerated), <u>perform hand hygiene</u> , maintain respiratory etiquette and then report to reception to self-identify.			
1.2	Signage is accessible and accommodating to patients and visitors (e.g., plain language, pictures, symbols, languages other than English and French).			
1.3	There is access to alcohol based hand rub (ABHR)/hand sanitizer with 70% – 90% alcohol.			
1.4	All health care providers (HCPs), other staff, patients and visitors perform hand hygiene upon entering the IHF/OHP.			
1.5	Face covering is provided when physical distancing is not possible, and if the patient and visitor are not wearing their own face covering.			
1.6	The need for patients to wait in the waiting room is minimized (e.g. spreading out appointments, spacing out chairs in the waiting room having each patient staying outside the IHF/OHP until the examination/procedure room is ready for them and then calling in, by phone preferably).			
1.7	Tissue boxes and lined waste receptacles are available for appropriate disposal; hands-free waste receptacles are preferred.			

Notes:

2. Screening – Staff, Patients and Visitors

2	Screening – Staff, Patients and Visitors	Yes	No	N/A
2.1	All staff are aware of the symptoms of COVID-19 and self-monitor ; they have been instructed to remain at home, or return home from work, if symptoms develop.			
2.2	All staff are screened daily, including temperature checks, at the beginning of the day or shift and recorded in a log.			
2.3	All staff responsible for screening have access to ABHR/hand sanitizer.			
2.4	Active screening of patients prior to appointment: Using the latest COVID-19 Patient Screening Guidance Document on the MOH COVID-19 website , patients are screened over the phone for symptoms of COVID-19 before coming for their appointments . If a patient screens positive over the phone, the appointment should be deferred if possible and the individual referred for testing.			
2.5	Active screening of visitors prior to appointment: If a visitor is to accompany a patient to an appointment, the visitor is also screened prior to the appointment.			
2.6	Staff conducting screening of patients and visitors on site are ideally behind a barrier to protect from contact/droplet spread. <ul style="list-style-type: none"> • If a Plexiglas barrier is not available, staff maintain a 2-metre distance from the patient. • Screeners who do not have a barrier and cannot maintain a 2-metre distance use Droplet and Contact Precautions; this includes the following personal protective equipment (PPE): gloves, isolation gown, a surgical/procedure mask, and eye protection (goggles or face shield). 			
2.7	Active screening of patients and visitors (who are accompanying a patient) on site: <ul style="list-style-type: none"> • Patients and visitors are screened, including temperature check, using the latest COVID-19 Patient Screening Guidance Document on the MOH COVID-19 website. 			

	<ul style="list-style-type: none"> If a patient screens positive, the appointment should be deferred if possible and the patient should be referred for testing. In the event a visitor screens positive, they should be referred for further assessment and testing 			
2.8	There is a process to record/log who has entered and exited the IHF/OHP that includes all staff, patients, visitors accompanying patients and other essential visitors (e.g., courier, laboratory pick-up personnel, delivery personnel, mail delivery, suppliers).			

Notes:

3. Positive Screening: Providing Care

3	Positive Screening: Providing Care	Yes	No	N/A
3.1	A patient who screens positive for symptoms of COVID-19 over the phone is instructed to self-isolate immediately and referred to a local testing location or emergency department; patients with severe symptoms are directed to the emergency department.			
3.2	Symptomatic patients requiring procedures that cannot be postponed are scheduled at end of day, where possible.			
3.3	A patient who screens positive at the IHF/OHP wears a surgical/procedure mask and is advised to perform hand hygiene .			
3.4	Patients who screen positive are immediately placed in a room with the door closed (not cohorted with other patients), where possible, to avoid contact with other patients in common areas of the IHF/OHP (e.g., waiting rooms).			
3.5	Where it is not possible to move a patient who screens positive from the waiting room to an available examination/procedure room, the patient is instructed to return outside (e.g., vehicle or parking lot, if available and appropriate) and informed that they will be contacted when a room becomes available.			

3.6	HCPs offer clinical assessment and examination to patients who screen positive only if HCPs are able to follow Droplet and Contact Precautions and are knowledgeable on how to properly don and doff PPE (i.e., gloves, isolation gown, a surgical/procedure mask, and eye protection (goggles or face shield)).			
3.7	HCPs not able to follow Droplet and Contact Precautions and/or not knowledgeable on how to properly don and doff PPE, divert the care of the patient as appropriate.			

Notes:

4. Personal Protective Equipment (PPE)

4	Personal Protective Equipment (PPE)	Yes	No	N/A
4.1	HCPs conduct a point of care risk assessment (PCRA) before every patient interaction to determine the level of precautions required.			
4.2	PPE, appropriate for the task to be performed, is available and easily accessible; PPE includes gloves, gowns, facial protection (including surgical/procedure masks and N95 respirators), and/or eye protection (including safety glasses, face shields, goggles, or masks with visor attachments).			
4.3	HCPs who are required to wear PPE are trained in the use, care, and limitations of PPE, including the proper sequence of donning and doffing PPE .			
4.4	In IHFs/OHPs where N95 respirators are used, HCPs are fit-tested at least every two years and whenever there is a change in respirator face piece or the user's physical condition, which could affect the respirator fit and seal-check.			
4.5	Surgical/procedure mask is worn for the full duration of the shift for HCPs working in direct patient care areas.			

4.6	<p>Surgical/procedure mask is worn by all staff working outside of direct patient care areas when interacting with other HCPs and staff when physical distancing cannot be maintained.</p> <p>Note: Eye protection (e.g., goggles or a face shield) for the duration of shifts is required</p>			
4.7	<p>HCPs, when interacting with and within 2 metres of patients who screen negative:</p> <ul style="list-style-type: none"> • Wear surgical/procedure mask • Require the use of eye protection (goggles or a face shield) • Perform hand hygiene before and after contact with the patient and the patient environment and after the removal of PPE 			
4.8	<p>HCPs, when interacting with and within 2 metres of patients who screen positive use Droplet and Contact Precautions:</p> <ul style="list-style-type: none"> • Surgical/procedure mask (N95 respirator when aerosol-generating medical procedures [AGMPs] are performed) • Isolation gown • Gloves • Eye protection (goggles or face shield) • Perform hand hygiene before and after contact with the patient and the patient environment and after the removal of PPE 			
4.9	PPE is removed and hand hygiene is performed just at the exit of the examination/procedure room.			

Notes:

5. Hazard Controls

5	Hazard Controls	Yes	No	N/A
5.1	Consultations, assessments and follow-ups are conducted over the phone, video or secure messaging when possible and appropriate.			
5.2	All elective aerosol-generating medical procedures (AGMPs) performed in IHFs and OHPs for patients screening/testing positive for COVID-19 are postponed until the illness is resolved.			

5.3	AGMPs are performed in an airborne infection isolation room with the door closed, where possible. If such a room is not available, an AGMP is performed in a single room with the door closed.			
5.4	The number of people in the room during procedures is kept to a minimum and only highly experienced staff perform AGMPs.			
5.5	In a room where an AGMP has been performed, and room air changes are unknown, there is a waiting period of ≥ 15 minutes for aerosols to settle before the room is accessed by any staff or patients; if re-entry is necessary prior to settling, Droplet/Contact Precautions are adhered to and an N95 respirator is worn in order to reduce exposure risk.			
5.6	There are written policies and procedures for staff, patient and visitor safety including for infection prevention and control; these are easily accessible to staff.			
5.7	Staff are provided opportunities/resources for education and training (e.g., Routine Practices and AGMPs).			

Notes:

6. Physical Capacity/Environment

6	Physical Capacity/Environment	Yes	No	N/A
6.1	There is sufficient space to follow physical distancing guidelines of maintaining at least 2 meters from other people.			
6.2	Traffic flow for common spaces is minimized (e.g., physical markings in IHF/OHP, signage to limit number of riders is noted in/by elevator).			
6.3	Breaks and lunches are staggered to help ensure physical distancing of staff.			
6.4	ABHR/hand sanitizer is available both outside and inside the examination/procedure rooms.			
6.5	Each examination/procedure room has a tissue box and waste receptacle (hands-free is preferred).			

6.6	ABHR/hand sanitizer is located throughout the IHF/OHP, including at point-of-care.			
6.7	Signage is posted throughout the IHF/OHP reminding staff and patients of the signs and symptoms of COVID-19, and the importance of proper hand hygiene, physical distancing, and respiratory etiquette.			

Notes:

7. Critical Supplies and Equipment

7	Critical Supplies and Equipment	Yes	No	N/A
7.1	A stable supply of PPE and other essential supplies (e.g., ABHR/hand sanitizer, liquid soap, and paper towels) are ensured and the supply in place is reviewed considering local and regional sector inter-dependencies.			
7.2	Employer sources and provides PPE to HCPs in accordance with their responsibilities to ensure workplace safety under the Occupational Health and Safety Act .			

Notes:

8. Human Resources/Occupational Health and Safety

8	Human Resources/Occupational Health and Safety	Yes	No	N/A
8.1	The number of staff working on site in the IHF/OHP is minimized; tasks that can be done from home or outside of regular hours will minimize staff interactions with each other and patients.			
8.2	HCPs who have returned from travel in the last 14 days: <ul style="list-style-type: none"> from outside of Canada OR from a COVID-19 affected area within or outside of Ontario AND/OR have had a confirmed, unprotected exposure to a person with COVID-19 self-monitor for symptoms and continue to work with specific precautions if they are deemed critical to operations.			
8.3	There is a process/policy in place for follow up of any exposures/infections stemming from the workplace that includes notification to the Ministry of Labour, Training and Skills Development for occupational illnesses.			
8.4	Staff, including HCPs, who test positive for COVID-19 report their illness to their manager/supervisor or to Employee Health/Occupational Health and Safety as per usual practice.			
8.5	Employer provides written notice within four days of being advised that a staff has an occupational illness, including an occupationally-acquired infection, or if a claim has been made to the Workplace Safety and Insurance Board (WSIB) by or on behalf of, the worker with respect to an occupational illness or infection, to the: <ul style="list-style-type: none"> Ministry of Labour, Training and Skills Development, Joint Health and Safety Committee (or health and safety representative), and Trade union, if any. 			
8.6	HCPs report to their Employee Health/Occupational Health and Safety department before returning to work.			

Notes:

9. Environmental Cleaning

9	Environmental Cleaning	Yes	No	N/A
9.1	IHF/OHPs comply with IPAC best practices for environmental cleaning.			
9.2	Surfaces, furnishings, equipment, and finishes are smooth, non-porous, seamless (where possible), and cleanable (e.g., no unfinished wood or cloth furnishings).			
9.3	Chemical products used for environmental cleaning are: <ul style="list-style-type: none"> licensed for use in Canada; prepared and used according to manufacturer's instructions for use (MIFU) for dilution, temperature, water hardness, use, shelf life and storage conditions; labelled with expiry date; and stored in a manner that reduces the risk of contamination. 			
9.4	Contact time (surface remains wet for the required amount of time to achieve disinfection), as indicated on the MIFU, is adhered to.			
9.5	There are procedures for cleaning each area of the IHF/OHP; if cleaning is contracted out, the cleaning contractor has procedures in place for cleaning each area of the IHF/OHP.			
9.6	In multi-unit buildings (e.g., mixed use office/medical buildings), tenants engage with landlords to ensure that the building is following best practices of cleaning in common spaces (e.g., elevators).			
9.7	All common areas are regularly cleaned and disinfected (e.g., minimum daily).			
9.8	After every patient visit, shared patient equipment is cleaned and disinfected before use on another patient.			
9.9	Treatment areas (areas within 2 metres of the patient) including all horizontal surfaces and equipment used on the patient (e.g., exam table, thermometer, BP cuff) are cleaned and disinfected before another patient is brought into the treatment area or used on another patient.			
9.10	Barriers/covers on equipment surfaces that can become contaminated are used (e.g., paper on exam table); barriers/covers are removed and discarded between patients and surface is cleaned and disinfected. Clean barrier/barriers are placed prior to the next patient.			
9.11	Plexiglas barriers are included in routine cleaning (e.g. minimum daily) using a cleaning product that will not affect the integrity or function of the barrier.			

9.12	There is a regular schedule for environmental cleaning in the designated reprocessing area that includes a written policy and procedure and clearly defined responsibilities.			
9.13	Laundry is handled at the point of use in a manner that prevents contamination.			
9.14	Non-essential items are removed from patient care and common areas (e.g., magazines and toys).			
9.15	Waste is disposed of in accordance with provincial regulations and local bylaws, with attention to sharps and biomedical waste.			

Notes:

10. Reprocessing of Reusable Medical Equipment/Devices

The following section contains highlights from the [IPAC Checklist for Clinical Office Practice – Reprocessing of Medical Equipment/Devices](#). Refer to this IPAC Checklist when completing a more comprehensive review of reprocessing of medical equipment/devices.

10	Reprocessing of Reusable Medical Equipment/Devices	Yes	No	N/A
10.1	Non-critical items (e.g., treadmill hand-rail, mammography paddles, oximetry probes and airflow sensors) are cleaned and low-level disinfected between patients and when soiled.			
10.2	Semicritical medical equipment/devices receive, at a minimum, high-level disinfection (HLD); sterilization is preferred, as per equipment/device and disinfectant MIFU for time, temperature and concentration.			
10.3	Critical (and preferably semicritical) medical equipment/devices are either disposed of or sterilized using a recommended (as per MIFU) sterilization process.			
10.4	Semicritical and critical medical equipment/devices labelled as single-use are not reprocessed and/or reused.			

Notes:

11. Heating, Ventilation and Air Conditioning (HVAC)

11	Heating, Ventilation and Air Conditioning (HVAC)	Yes	No	N/A
11.1	Facilities have an HVAC system that is monitored by IHF/OHP staff or building management.			
11.2	There is documentation to verify that the facility has reviewed the HVAC system with the building management and confirms that patient treatment areas meet CSA requirements.			

11.3	Ventilation meets the requirements of CAN/CSA-Z317.2 for HVAC requirements.			
11.4	If the building does not have acceptable HVAC coverage per treatment area, facilities that perform AGMP have an adequate air purification system(s) to ensure safety for all staff and patients per treatment area and room size.			
11.5	As per the regulatory requirement, the mechanical ventilation system is inspected every six months to ensure it is in good condition.			

Notes:

Sources

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