

IPAC Self-Assessment Checklist for Ambulatory and Community-Based Clinics and Programs

For use in VCH owned and operated ambulatory and community-based settings and programs that see clients on an outpatient basis outside their homes. This document is intended to assist staff (i.e. leadership, support staff, frontline staff) to identify opportunities for quality improvement initiatives related to infection prevention and control best practices.

The Self-Assessment Checklist should be completed and emailed back to the Ambulatory-Community ICP team (ICP-ambulatorycommunity@vch.ca) one week in advance of your scheduled Infection Prevention and Control site visit. Completing the Self-Assessment Checklist in advance of the visit with your ICP will decrease the amount of time needed for the site visit. This check-list may be delegated to a clinical leader or frontline staff member with good knowledge about your program.

Self-Assess. Date:			
Site Name		Site Manager / Delegate	
Site Address		Building Manager	
Funding Agency		Operating Agency	
Licensing Officer:		Environmental Health Officer:	
Janitorial Service:		Facility Maintenance:	
Hours of Operation:		Total # of Staff:	
IPAC Visit Request:	<input type="checkbox"/> Yearly Visit (Date: _____) <input type="checkbox"/> Quality Assurance (i.e. accreditation, service delivery changes) <input type="checkbox"/> Other (specify):	<input type="checkbox"/> IPAC Education <input type="checkbox"/> Time-Sensitive Concern	<input type="checkbox"/> Construction/Renovation Evaluation (Date: _____)

Description of Program & Services Provided (Optional)	
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Please have a key contact person who is knowledgeable about site operations review this checklist of infection control protective practices for ambulatory and community settings.

Program Elements	Currently in place?				Comments <i>Please provide more information for "No" and "Education requested" selections</i>
	Yes	No	N/A	Education requested	
1.0 Policies and Procedures					
1.1	Staff are aware of where to locate the IPAC website or policies and procedures online: Infection Prevention and Control (IPAC) webpage.				

Program Elements		Currently in place?				Comments <i>Please provide more information for "No" and "Education requested" selections</i>
		Yes	No	N/A	Education requested	
1.2	Employees have completed mandatory Learning Hub IPAC modules.					
1.3	The IPAC self-assessment checklist is completed annually by site leadership and shared with: icp-ambulatorycommunity@vch.ca					

Risk Assessment and Response Process		Currently in place?				Comments <i>Please provide more information for "No" and "Education requested" selections</i>
		Yes	No	N/A	Education requested	
2.0 Risk Assessment						
2.1	There is a screening process in place to identify clients with transmissible infections (i.e. signage, client self-reporting, Point of Care Risk Assessment (PCRA) , electronic Risk Screening tools).					
2.2	Staff know how to perform a PCRA and follow Routine Practices for all in-person interactions, applying Personal Protective Equipment (PPE) as indicated.					
3.0 Response Process						
3.1	Process is in place to encourage/prompt hand hygiene and respiratory etiquette and to physically separate clients exhibiting symptoms of a transmissible illness on arrival.					
3.2	Staff know to report personal illness to manager and/or Absence Call Line and not to come to work when they are ill.					

General Physical Environment		Currently in place?				Comments <i>Please provide more information for "No" and "Education requested" selections</i>
		Yes	No	N/A	Education requested	
4.0 Environmental Elements						
4.1	Placement of hand hygiene products are available throughout the facility and at point of care i.e. check placement and/or availability of Alcohol-Based Hand Rub (ABHR) , hand hygiene sink/soap & water , and hand lotion .					
4.2	Hands-free paper towel dispensers, and clean items and supplies (i.e. cups, tissues, dressing supplies, medication cups) are mounted or stored in a manner that protects from splash or spray from the sink.					
4.3	All rooms and common areas are decluttered and organized.					
4.4	Horizontal surfaces are primarily clear allowing for routine cleaning/disinfection.					

General Physical Environment		Currently in place?				Comments <i>Please provide more information for "No" and "Education required" selections</i>
		Yes	No	N/A	Education requested	
4.5	Equipment, furnishings and therapeutic devices/items (i.e. blood pressure cuff, exam table, therapeutic toys) are made of materials that can be cleaned and disinfected and are in good repair.					
4.6	Surfaces subject to water/splash exposure, or cart/stretcher damage have splash/wall protection.					
4.7	There is a sufficient number of hands-free waste containers (at a minimum, one in every room), of adequate size to prevent overfilling.					
4.8	Puncture, spill and tamper resistant sharps containers are available at the point of use.					
5.0 Environmental Processes						
5.1	Processes are in place to tag, remove/discard, and replace worn/torn furnishings, surfaces and equipment/items that cannot be easily cleaned and disinfected.					
5.2	Processes are in place to clean and disinfect shared equipment between each client.					
5.3	Processes are in place for routine cleaning, disinfection, safe placement, maintenance, and storage of fans, space heaters and portable air conditioning units .					
5.4	Site leadership is aware of how to request routine HVAC inspection and maintenance.					
5.5	There is a plan to gradually replace corkboards with wipe-able alternatives (i.e. magnetic whiteboards).					
5.6	All signage posted for >30 days is either laminated or protected with plastic sleeves and affixed with products that do not leave sticky residue (i.e. looped painter's tape, pins).					

Personal Protective Equipment		Currently in place?				Comments <i>Please provide more information for "No" and "Education required" selections</i>
		Yes	No	N/A	Education requested	
6.0 PPE Supplies						
6.1	The program has access to and adequate supplies of VCH-approved PPEs : ASTM-rated medical mask, N95 respirator, eye protection, ASTM-rated isolation gown, and gloves.					
7.0 PPE Use						
7.1	PPEs are available at point of care, protected from dust and contamination (i.e. cart, covered bin).					
7.2	Based on Point of Care Risk Assessment (PCRA) and requirement for Routine and Additional Precautions , staff apply PPEs accordingly (See Diseases and Conditions Table).					
7.3	Staff have knowledge of Additional Precautions: Contact , Contact Plus , Droplet , Contact & Droplet , Airborne , and Airborne & Contact Precautions.					

Personal Protective Equipment		Currently in place?				Comments <i>Please provide more information for "No" and "Education required" selections</i>
		Yes	No	N/A	Education requested	
7.4	N95 respirators are used for clients on Airborne Precautions & per AGMP guidelines during Aerosol Generating Medical Procedures (AGMPs) . Respirator is doffed after leaving room.					
7.5	Hand hygiene must be conducted before and after glove use. Gloves are worn as indicated by PCRA and changed between patients and tasks.					

Hand Hygiene		Currently in place?				Comments <i>Please provide more information for "No" and "Education required" selections</i>
		Yes	No	N/A	Education requested	
8.0 Hand Hygiene Supplies						
8.1	The site only uses Alcohol-Based Hand Rub (ABHR) with at least 70% alcohol content and VCH-approved hand hygiene products . (Check expiry date).					
9.0 Hand Hygiene Process						
9.1	All staff and clients understand the importance of hand hygiene and are educated in technique (i.e. posters, modules, videos or personal instructions). Education resources available include: *** How to hand wash: video and poster *** How to hand rub: video and poster					
9.2	All staff and clients follow the VCH Hand Hygiene policy .					

Cleaning and Disinfection		Currently in place?				Comments <i>Please provide more information for "No" and "Education required" selections</i>
		Yes	No	N/A	Education requested	
10.0 Cleaning and Disinfection Elements						
10.1	Standards and protocols are in place for cleaning and disinfection of surfaces and equipment: 1. Manufacturer's Instructions for Use (MIFU) is available/accessible for staff 2. Staff have access to the Master Equipment Cleaning and Disinfection Manual 3. Follows policy and protocol for cleaning and disinfecting electronics					
10.2	Cleaning and disinfection products are available throughout the site (i.e. clinical and non-clinical areas).					
11.0 Cleaning and Disinfection Processes						
11.1	A two-step process is followed for all cleaning & disinfection.					
11.2	Roles, responsibilities and frequency of cleaning and disinfection have been defined and assigned. (i.e. assignment of cleaning tasks, surfaces and equipment).					
11.3	There is a process in place to quickly respond to spills.					

Clean and Sterile Supplies		Currently in place?				Comments <i>Please provide more information for "No" and "Education required" selections</i>
		Yes	No	N/A	Education requested	
12.0 Clean and Sterile Supplies						
12.1	Supplies are stored away from public access in designated clean, dry, heated room behind closed doors/cupboards, as per Best Practices Guideline for Storage of Clean and Sterile Supplies .					
12.2	Clean/sterile supplies are decanted from cardboard shipping containers. Items are not stored directly on the floor.					
12.3	There is adequate storage space/shelving for clean and sterile supplies to meet the site's needs.					
12.4	Shelving for clean and sterile supplies provides at least 25cm (10 inches) of elevation from the floor, 45cm (18 in.) distance from ceilings, and 5cm (2 in.) from the exterior wall. Top and bottom shelves are solid. If any items are stored on the top shelf, they are in covered plastic containers.					
12.5	Supplies are routinely rotated (i.e. first in, first out) and never stored under a water source/drain.					
12.6	Dedicated clients' supplies are stored in separate disposable bags or wipe-able containers/bins(s).					

Site Layout		Currently in place?				Comments <i>Please provide more information for "No" and "Education required" selections</i>
		Yes	No	N/A	Education requested	
13.0 Reception Area and Waiting Room						
13.1	Pamphlets and reading materials are displayed in wall-mounted organizers, and removed if soiled.					
13.2	Toys in common areas have a routine cleaning and disinfection schedule.					
14.0 Treatment/Exam/Interview Room and Group Program Area						
14.1	Privacy curtains in multi-client spaces look visibly clean, and are changed and laundered at least quarterly, or when visibly soiled.					
15.0 Medication Preparation Area						
15.1	Medication rooms and storage areas (including carts) are kept locked, or in secure, staff-only areas with door closed.					
15.2	Foods, beverages and specimens are not prepared or stored in the medication preparation area (exception: labelled food/liquids specifically used for mixing medications i.e. applesauce).					
15.3	Foods and liquids used for mixing medications (i.e. juice, applesauce, jelly) are in single-serve packaging whenever possible.					

Site Layout		Currently in place?				Comments <i>Please provide more information for "No" and "Education required" selections</i>
		Yes	No	N/A	Education requested	
15.4	Open containers of sterile solutions are dated and discarded according to manufacturer's instructions.					
15.5	Single-dose vials are used whenever possible., there is a separate, sterile, single-use needle and syringe used for each entry. Vials are dated when opened and discarded as per manufacturer instructions, or if sterility is questioned or compromised.					
15.6	If multi-dose vials are used, they are dedicated to single-client use (excluding vaccines).					
15.7	A separate, sterile, single-use needle and syringe are used for each entry into a multi-dose vial.					
15.8	Vials are dated when opened and discarded as per manufacturer's instructions and/or if sterility is questioned or compromised.					
15.9	Medication refrigerator temperatures are monitored and logged.					
15.10	Medication refrigerator is kept clean and is free of frost build up.					
15.11	There is a documented routine monthly cleaning and disinfection schedule for interior surfaces of the medication fridge.					
15.12	Exterior surfaces of the medication fridge are cleaned and disinfected daily.					
15.13	The pharmacy policy for safe, secure disposal of medication/sharps waste is consistently followed.					
16.0 Client Based Food Programs						
*Questions related to food services or food preparation spaces should be directed to the Environmental Health Services (EHVC@vch.ca)						
16.1	Diligent hand hygiene is performed by all individuals involved in food service.					
16.2	Clinicians involved in delivering food service programming are certified in food safety .					
17.0 Staff Breakrooms						
*Questions related to safety of staff break spaces should be directed to the People Safety Team (peoplesafety@vch.ca)						
17.1	Hand hygiene is performed before and after meal consumption.					
17.2	Alcohol based hand rub and/or a hand hygiene sink stocked with soap, paper towels and hand lotion are available in the staff breakroom area.					
17.3	Communal foods and beverages (i.e. candy, fruit, condiments, coffee...) are served by designated staff or distributed in single-serve packages.					
17.4	Meals are consumed in staff breakroom or designated area.					

18.0 Washroom						
18.1	There are separate dedicated washrooms for staff use vs. clients' use whenever possible.					
18.2	Wall mounted soap dispensers are available adjacent to sink. Taps are hands-free or staff use paper towels to turn them off; no air-driers in healthcare facilities.					
18.3	There are no shared toiletries, personal items, non-essential items, or excess supplies stored in washrooms. Washroom-specific replenishment supplies may be stored in closed cabinet.					
18.4	Washroom surfaces are cleaned and disinfected daily, and additionally if soiled.					
19.0 Soiled Utility and/or Janitorial Rooms						
19.1	Doors are kept closed to the janitorial/housekeeping closet, except for entry/exit.					
19.2	Chemicals are secured from client access.					
19.3	Staff personal belongings are not stored in dirty utility and/or janitorial spaces.					
19.4	There is a clear division between the clean and soiled side of the room, and the room is routinely cleaned and disinfected.					
19.5	Reusable medical devices that are reprocessed off-site are stored and transported in a designated covered, leak-proof container.					
19.6	VCH Waste-Management segregation protocols and policy are followed.					
20.0 Therapeutic, Recreational and Educational Toy/Device Management						
20.1	Children under 2 years old should use soap and water for hand hygiene.					
20.2	Children are supervised when performing hand hygiene.					
20.3	Clinicians perform hand hygiene before and after using toys and/or therapeutic devices.					
20.4	Client perform hand hygiene before and after using toys and/or therapeutic devices.					
20.5	Items should be routinely inspected for damage, cracks, and broken parts that may compromise cleaning and disinfection.					
20.6	Items that are broken or damaged or cannot be cleaned and disinfected are discarded.					
20.7	Shared toys are constructed of materials that are non-porous (smooth, non-textured surfaces) and can withstand repeated cleaning and disinfection.					
20.8	Plush toys are avoided or dedicated to individual clients.					
20.9	Bath toys that retain water are not used.					
20.10	Play areas or playrooms that are used by more than one clients should have an area for segregation of dirty toys (i.e. labelled bin).					

20.11	Clean toys are stored in a manner to prevent contamination.					
20.12	Items are clean and disinfected following: VCH Best Practice Guideline: Toys in Healthcare Low Level Cleaning & Disinfecting					
20.13	Toys or therapeutic devices provided to a client on additional precautions that cannot be cleaned and disinfected (i.e. books, craft supplies) must go home with the client or be discarded.					
20.14	Toy storage boxes/cupboards should be emptied, cleaned and disinfected weekly or when visibly soiled.					
20.15	Indoor playhouses/climbers should have their high touch surfaces cleaned on a daily basis and when visibly soiled.					
20.16	A thorough cleaning and disinfection of indoor playhouses/climbers should be done on a regular basis based on frequency of use (minimum bi-annually)					
20.17	Outdoor play structures should have a regular cleaning and disinfection schedule (minimum annually) and more frequently if parts have visible mould or dirt.					
20.18	Donated Toys/Devices: VCH Best Practice Guideline: Toys in Healthcare VCH Best Practice Guideline: Decorations, Costumes, Food, Celebrations & Donations					

Immediate concerns where you would like to receive support from IPAC

Additional Comments

Email completed checklist to your [Ambulatory or Community Infection Control Practitioner](#)