

Infection Prevention and Control COVID-19 Recovery Checklist For Assisted Living Sites

Updated: 17 July 2020

Assisted Living Site:	
Date:	

One part of developing your COVID-19 Safety Plan is identifying protocols to keep workers safe. Consider the elements below as you develop the plan for your workplace.

These protocols are not a list of requirements; however, they should be considered and implemented to the extent that they address the risks your workplace. You may need to identify and implement additional protocols if the protocols suggested here do not sufficiently address the risk to your workers.

To be completed by the VCH/PHC Rapid Response Team in conjunction with the Manager.

Instructions

- 1) Assemble an assessment team that includes department leadership and worker representation from the Joint Occupational Health and Safety Committee (JOHSC). For sites without a JOHSC, the applicable safety representative should be part of the assessment team.
- 2) Review the COVID-19 [Key Principles & Safety Plan for Assisted Living Sites](#) and update to reflect the Safety Plan for your area.
- 3) Perform visual inspection of the assisted living site.
- 4) Review checklist and check elements that have been implemented. Provide brief comments to describe the implementation at your site. (You may refer to other documents with more detail where applicable.)
 - a) Mandatory IPAC elements are marked with a **red star (*)**
- 5) If there are any concerns, identify further actions.
 - a) If need extra support, consult with [IPAC Team](#) for further guidance.
- 6) For all sites, please send the completed checklist to:
 - a) Your JOHSC for review and inclusion in the JOHSC minutes
 - b) The Rapid Response Team - rrt@vch.ca
- 7) For owned and operated PHC sites, please send a copy of the complete checklist must be sent to ohs@providencehealth.bc.ca to be stored electronically.

Please note: the [BCCDC Guidelines](#) currently in place supersedes all recommendations below.

Element		Status		Comments	
		Yes	N/A		
1) Policies and Procedures					
1.1		The assisted living site has a procedure in place to keep up to date on the current BCCDC guidelines.			
1.2 (*)	1.2.1	Environmental Services (EVS) process in place, identifying:			
	1.2.2	Routine cleaning and disinfection procedures.			
	1.2.3	Frequency of cleaning.			
	1.2.4	List of clinical and non-clinical areas EVS will clean disinfect.			
	1.2.5	Deep cleaning of rooms suspected of contamination from symptomatic patients			
1.3	1.3.1	The following recommendations for all care staff are in place, including:			
	1.3.2 (*)	Not coming to work sick.			
	1.3.3	Staggered start times.			
	1.3.4	Staggered break times.			
	1.3.5 (*)	No sharing of food.			
1.4 (*)	1.4.1	There is a process in place to screen all care staff prior to starting their shift (including a daily screening questionnaire and temperature check).			
	1.4.2	There is a process in place to take all care staff's temperatures twice daily.			
	1.4.3	There is a process in place to screen any care staff who have been away from work for more than 14 days using the enhanced screening questionnaire .			
	1.4.4	There is a process in place, should any care staff develop COVID-19 symptoms while at work.			
	1.4.5	There is a process in place to track all care staff coming into the assisted living site.			
1.5 (*)	1.5.1	There is a process in place to pre-screen new residents.			
	1.5.2	There is a process in place to screen clients/residents who go offsite for symptoms.			
	1.5.3	There is a process in place to conduct daily symptom screenings for all clients/residents.			
	1.5.4	Points of entry have controlled access in place to facilitate: 1. Screening for symptoms (e.g., temperature check) 2. Patient flow (w/ physical distancing) 3. Hand hygiene and respiratory etiquette reminder			
1.6 (*)	1.6.1	There is a process in place to ensure that all new residents undergo 14 days of isolation.			
	1.6.2	There is a process in place to ensure that clients/residents returning from a hospital admission or extended period away from assisted living undergo 14 days of isolation, if appropriate.			
1.7		There is a process in place and criteria developed to support virtual visits.			
1.8	1.8.1	There is a process in place to safely support clients/residents conduct in-person visits with family/visitors/supports, if appropriate. Refer to the VCH Visitor Policy .			
	1.8.2	There is a process in place to track all visitors coming into the Assisted living site			

1.9 (*)	1.9.1	There is a process in place to provide surgical/procedure masks to any clients/residents with COVID-19-like symptoms or on isolation when leaving their suite			
	1.9.2	Personal protective equipment (PPE) is available for staff as outlined in the PPE Recommendations for Community Settings (includes LTC).			
1.10 (*)		70% Alcohol-based hand rub (ABHR) is available and easily accessible at doorway entrances and exits.			
1.11 (*)	1.11.1	Visual alerts (e.g., signs, posters) indicating hand hygiene, respiratory etiquette and physical distancing are present throughout clinical and non-clinical areas.			
	1.11.2	Clear physical distancing indicators are in place throughout clinical and non-clinical areas, i.e. elevators, waiting rooms, staff rooms etc.			
	1.11.2	Stairwell access made available to staff.			
1.12		A process in place to provide guidance on elevator capacity.			
1.13		Clients/residents are not able to access the nursing station or staff lounge.			

2) Education

2.1		All care staff have received education on appropriate use of personal protective equipment, based on guidelines .			
2.2		All care staff training and education has been documented. Please refer to the LearningHub Modules for online education resources.			
2.3 (*)		All care staff are aware of appropriate donning and doffing procedures.			
2.4		Medical and non-medical staff have been provided information relating to COVID-19 and the measures in place to ensure safety within the site			

3) Routine practices

3.1 (*)		PPE supplies are readily available and accessible in appropriate sizes.			
3.2		PPE carts are readily available and accessible for clients/residents on isolation.			
3.3		ABHR are located at point of care (outside resident rooms). Soap, water, and paper towel is available for use at hand washing stations			
3.4		Single use, disposable equipment and supplies used if possible. Dedicate equipment, if possible.			
3.5 (*)		Products (e.g. creams, lotions) are dedicated to a single client/resident, if possible.			
3.6		Staff/Medical staff should avoid unnecessary travel between rooms/areas for assessment and/or treatment.			

4) Environment

4.1 (*)		High touch points (e.g. side tables, side rails, handrails in stairwells, chairs, hand washing sinks, medication carts, charting desks, touch screens, white boards, outside of sharps containers etc.) in common areas are cleaned and			
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	disinfected at least 2x per day (refer to the Cleaning and Disinfecting Guidelines).			
4.2 (*)	Staff lounges are de-cluttered and set up to accommodate physical distancing.			
4.3	Staff lounges and work spaces are equipped with disinfecting wipes for medical and non-medical staff to clean and disinfect.			
4.4 (*)	Any medical/clinic equipment used (e.g. blood pressure cuffs, clipboard) should be cleaned and disinfected using the routine practices for cleaning and disinfecting between clients/residents.			
4.5	Containers that are used for decanting are cleaned, disinfected and dried in-between use.			
4.6	ABHR are available at computer/phone stations.			
4.7	Staff have access to change rooms for changing to dedicated work clothing			
4) Other				
Other elements not otherwise mentioned				

Additional comments:

Decision for recovery: