

# Infection Prevention and Control COVID-19 Recovery Checklist For Community Based Residential/Inpatient Treatment Facilities

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Updated: 3 June 2020

<b>Facility:</b>	
<b>Date:</b>	

*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.*

## **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 Community-Based Residential/Inpatient Treatment Facilities](#) and update to reflect the Safety Plan for your area.
3. Perform visual inspection of the Residential/Inpatient Treatment Facility.
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.)
  - Mandatory IPAC elements are marked with a red star (\*)
5. If there are any concerns, identify further actions.
  - If need extra support, consult with [IPAC Team](#) for further guidance.
6. Send the completed checklist to your JOHSC for review and inclusion in the JOHSC minutes.
7. A copy of the complete checklist must be sent to [EmployeeSafety@vch.ca](mailto:EmployeeSafety@vch.ca) to be stored electronically.

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Element		Status		Comments	
		Yes	N/A		
<b>1) Policies and Procedures</b>					
1.1		The facility's capacity to accommodate appropriate client flow is assessed on a regular basis.			
1.2	1.2.1	For sites with Environmental Services Contracts in Place:			
	1.2.2	Management/site leadership is aware of the EVS company providing services.			
	1.2.3	Management/site leadership is aware of the policies and procedures of contracted EVS staff for their site.			
	1.2.4	Management/site leadership has ensured that contracted EVS staff are aligning cleaning and disinfection protocols with VCH recommendations.			
	1.2.5	Management/site leadership has a list of areas within their facility that EVS will not clean and disinfect routinely.			
	1.2.6	There is an alternate plan in place for areas not routinely cleaned and disinfected by the contracted EVS team.			
1.3	1.3.1	For sites without Environmental Service Contracts in Place:			
	1.3.2	Management/site leadership is aware of the IPAC recommendations for routine cleaning and disinfection of their site			
	1.3.3	There is a plan in place to ensure routine cleaning and disinfection of the facility and high touch points is in place and implemented throughout the facility			
	1.3.4	There is access to recommended PPE and products for cleaning and disinfection throughout the facility			
	1.3.5	There is a process to document the cleaning and disinfection that occurs throughout the facility and the process is routinely assessed			
1.4	1.4.1	The following recommendations for medical and non-medical staff are in place, including:			
	1.4.2 (*)	Not coming to work sick.			
	1.4.3	Staggered start times, if applicable.			
	1.4.4	Staggered break times, if applicable.			
	1.4.5 (*)	No sharing of food.			
1.5 (*)	1.5.1	There is a process in place for staff to pre-screen clients for COVID-like symptoms ( <a href="#">recommended script</a> ). Clients will also be screened upon arrival to the facility as part of their intake assessment ( <a href="#">recommended script</a> ).			
	1.5.2	Points of entry have controlled access in place to facilitate: <ul style="list-style-type: none"> <li>1. Screening for symptoms</li> <li>2. Providing surgical/procedure masks if required</li> <li>3. Client flow (with physical distancing)</li> <li>4. Hand hygiene reminder</li> </ul>			

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	1.5.3	Reception and other staff where feasible can maintain a 2 meter distance with clients, have a physical barrier or wear PPE.			
	1.6 (*)	Designated isolation/private room is available for direct placement of symptomatic/high-risk clients.			
	1.7 (*)	If the treatment facility can safely accommodate, there is a process in place to take clients presenting with COVID-like symptoms to a designated isolation room.			
	1.8 (*)	There is a process in place if the facility cannot accommodate clients who present with symptoms of COVID-19.			
	1.9 (*)	There is a process in place if the facility cannot accommodate clients with COVID-19 should they develop symptoms during the course of their inpatient stay/treatment.			
	1.10 (*)	Personal protective equipment (PPE) is available for staff as outlined in the <a href="#">PPE Recommendations for Community</a> .			
	1.11 (*)	Alcohol-based hand rub (ABHR) is available at entrance and exit from the treatment facility.			
1.12 (*)	1.12.1	Visual alerts (e.g., signs, posters) indicating hand hygiene, respiratory etiquette and physical distancing are present throughout the treatment facility.			
	1.12.2	Clear physical distancing indicators are in place throughout the treatment facility, i.e. elevators, waiting rooms, staff rooms etc.			
	1.12.3	If applicable, stairwell access made available to staff.			
	1.13	If applicable, a process is in place to provide guidance/update to elevator monitors with elevator capacity.			
	1.14	Medical and non-medical equipment (e.g. clipboards) are not accessible by clients/visitors/families.			
	1.15 (*)	Shared patient spaces (e.g., waiting areas, television rooms, patios) have been de-cluttered removing non-essential items (remote control, magazines, toys, etc.) Refer to <a href="#">De-clutter Audit Tool</a> . Note: If necessary, furniture should be removed to ensure appropriate physical distancing in the space.			
	1.16 (*)	Examination, medication and facility treatment rooms have minimal supplies and equipment.			
	1.17	Staff will follow the <a href="#">Community Dress Code Guidelines</a> .			
<b>2) Education</b>					
	2.1	Medical and non-medical staff have received education on appropriate use of personal protective equipment, based on <a href="#">guidelines</a> .			
	2.2	Medical and non-medical staff training and education has been documented. Please refer to			

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	the <a href="#">LearningHub Modules</a> for online education resources.			
2.3 (*)	Medical and non-medical staff are aware of appropriate <a href="#">donning</a> and <a href="#">doffing</a> procedures.			
2.4	<a href="#">Point-of-care Risk Assessment</a> has been reviewed with staff providing direct patient care.			
2.5	Medical and non-medical staff have been provided information relating to COVID-19 and the measures in place to ensure safety within the facility.			
<b>3) Routine practices</b>				
3.1 (*)	PPE supplies are readily available and accessible in appropriate sizes.			
3.2	ABHR is located at strategic locations throughout the treatment facility. Soap, water, and paper towel is available for use at hand washing stations			
3.3	Single use, disposable equipment used if possible.			
3.4	Staff/Medical staff should avoid unnecessary travel between rooms/areas for assessment and/or treatment.			
3.5	Products (e.g. harm reduction products and personal care items) are dedicated to a single user when possible.			
<b>4) Environment</b>				
4.1 (*)	High touch points (e.g. side tables, side rails, chairs, hand washing sinks, medication carts, charting desks, touch screens, white boards, outside of sharps containers etc.) in common areas are cleaned and disinfected at least twice per day (refer to the <a href="#">Cleaning and Disinfecting Guidelines</a> ).			
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 equipment used (e.g. blood pressure cuffs, clipboard) should be cleaned and disinfected using the routine department practices for cleaning and disinfecting between clients.			
4.5	Containers that are used for product storage are cleaned, disinfected and dried in-between use.			
4.6	Clean supply rooms are routinely cleaned and disinfected and follow a regular schedule. Regularly scheduled cleaning and disinfection of the space should be documented and reviewed on a regular basis.			
4.7	ABHR is available at computer/phone stations.			
<b>5) Other</b>				
Other elements not otherwise mentioned				

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**Additional comments:**

**Decision for recovery:**