Infection Prevention and Control COVID-19 Recovery Checklist
For Community Based Social Support Programs

Updated: 3 June 2020

Program:	
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.

Instructions

1. Assemble an assessment team that includes department leadership and representation from the Joint Occupational Health and Safety Committee (JOHSC). For sites without a JOHSC, the applicable worker representative should be part of the assessment team.

2. Review the COVID-19 Key Principles & Safety Plan for Community-Based Social Support Programs and update to reflect the Safety Plan for your area.

3. Perform visual inspection of the space.

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.)
   o Mandatory IPAC elements are marked with a red star (*)

5. If there are any concerns, identify further actions.
   o 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 to be stored electronically.

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Element			Status		Comments
			Yes	**N/A**	
1) Policies and Procedures					
1.1		The facility's capacity to accommodate appropriate patient flow is assessed on a regular basis.			
1.2		If applicable to the site, signage is posted within the facility to alert maximum occupancy (to allow for physical distancing).			
1.3	**1.3.1**	For sites with Environmental Services Contracts in Place:			
	1.3.2	Management/site leadership is aware of the EVS company providing services.			
	1.3.3	Management/site leadership is aware of the policies and procedures of contracted EVS staff for their site.			
	1.3.4	Management/site leadership has ensured that contracted EVS staff are aligning cleaning and disinfection protocols with VCH recommendations			
	1.3.5	Management/site leadership has a list of areas within their facility that EVS will not clean and disinfect routinely			
	1.3.6	There is an alternate plan in place for areas not routinely cleaned and disinfected by the contracted EVS team			
1.4	**1.4.1**	For sites without Environmental Service Contracts in Place:			
	1.4.2	Management/site leadership is aware of the IPAC recommendations for routine cleaning and disinfection of their site			
	1.4.3	There is a plan in place to ensure routine cleaning and disinfection and high touch points is in place and implemented throughout the facility			
	1.4.4	There is access to recommended PPE and products for cleaning and disinfection throughout the facility			
	1.4.5	There is a process to document the cleaning and disinfection that occurs throughout the facility and the process is routinely assessed			
1.5	**1.5.1**	The following recommendations for staff are in place, including:			
	1.5.2 (*)	Not coming to work sick.			
	1.5.3	Staggered start times.			
	1.5.4	Staggered break times.			
	1.5.5 (*)	No sharing of food.			
1.6 (*)	**1.6.1**	There is a process in place for facility staff to screen clients for COVID-like symptoms (in person or by phone). Please refer to the following script. Client screening will depend on the type of facility and the supports the facility provides. Examples of areas screening may take place include: • Upon arrival at the entrance of the facility.			

		• Prior to providing supportive care. By phone, if applicable.			
	1.6.2	Points of entry have controlled access in place to facilitate: 1. Screening for symptoms 2. Providing surgical/procedure masks if required 3. Patient flow (with physical distancing) Performing hand hygiene			
	1.6.3	Facility staff can maintain a 2-meter distance with clients/patients, have a physical barrier or wear Personal Protective Equipment (PPE).			
1.7 (*)		Depending on facility services, there is a process in place for clients who screen symptomatic: ☐Client performs hand hygiene, is offered a mask, sent for testing and asked to self-isolate ☐Client performs hand hygiene, is offered a mask, sent for testing and isolated within the facility ☐Client performs hand hygiene, is offered a mask, and referred to the COVID assessment team for outreach testing and housing (if under-housed)			
1.8 (*)	**1.8.1**	There is a process to place patients/clients presenting with COVID-19-like symptoms to a single room with a private bathroom. If not possible, patients/clients presenting with COVID-19-like symptoms should be separated as much as possible.			
1.9 (*)	**1.8.2**	For patients/clients presenting with severe COVID-19-like symptoms there is a process to follow emergency procedures.			
	1.9.1	If possible, designate a whole floor to confirmed cases. Symptomatic awaiting results should be separated from each other as much as possible.			
	1.9.2	If mixing populations, there is a process in place for staff to keep track of patient's status and identify who is on droplet and contact precautions.			
1.10		If applicable, there is a process in place for safe disposal of sharps related to injection drug use and medication delivery.			
1.11 (*)		There is a process in place to clean and disinfect items in contact with clients who are symptomatic/high risk. Refer to VCH's Cleaning and Disinfecting Guidelines.			
1.12 (*)	**1.12.1**	There is a process in place to provide surgical/procedure masks to individuals that present with COVID-19-like symptoms.			
	1.12.2	Personal protective equipment (PPE) is available for staff as outlined in the PPE Recommendations for Commnunity Care Settings.			
1.13 (*)		Alcohol based hand rub (ABHR) and/or hand washing facilities with liquid soap and paper towel			

		is available at strategic locations throughout the facility.			
1.14 (*)	**1.14.1**	Visual alerts (e.g., signs, posters) indicating hand hygiene, respiratory etiquette and physical distancing are present throughout the facility.			
	1.14.2	Clear physical distancing indicators are in place throughout facility (e.g. elevators, waiting rooms, common spaces).			
	1.14.2	Shared spaces within the facility may need to have occupancy levels decreased to allow for physical distancing in the shared space (e.g. shared television rooms, shared dining spaces).			
1.15		If present in the facility, a process in place to provide guidance/update to elevator monitors with elevator capacity.			
1.16 (*)		Shared spaces (e.g. waiting areas, television rooms, dining areas) have been de-cluttered removing non-essential items (magazines, toys, etc.). Refer to De-clutter Audit Tool.			

2) Education

2.1 For staff

2.1.1 (*)		Facility staff have received education on appropriate use of personal protective equipment, based on guidelines.			
2.1.2		Staff training and education has been documented.			
2.1.3 (*)		Staff are aware of appropriate donning and doffing procedures.			
2.1.4 (*)		Point-of-care Risk Assessment has been reviewed with staff providing direct patient care.			
2.1.5		Staff have education and signage on work dress code (separate clothing for work/ home, shower/ change procedures).			

2.2 For patients

2.2.1		Clients receive education regarding hand hygiene, respiratory etiquette, and refraining from accessing programs if they are sick.			
2.2.2	**2.2.2.1**	If applicable, clients have received overdose prevention education and have naloxone and a safe supply of substances.			
	2.2.2.2	If applicable, patients are offered telephone or buddy witnessed ingestion.			

3) Routine practices

3.1 (*)		PPE supplies are readily available and accessible in appropriate sizes			
3.2		Staff at high risk of COVID-19 complications are not caring for symptomatic clients (respiratory affections or immunocompromised staff)			
3.3		Products (e.g. harm reduction products and personal care items) are dedicated to a single user when possible.			

4) Environment

4.1 (*)		High touch points (e.g. side tables, side rails, chairs) in patient care area are cleaned and disinfected between clients.			
4.2 (*)		Single-use covers (e.g., paper table covers) are discarded after each patient.			
4.3 (*)		A schedule is in place for cleaning and disinfecting surfaces/bins/shelves that are not routinely serviced by EVS or staff.			
4.4 (*)		Staff lounges are de-cluttered and set up to accommodate physical distancing.			
4.5		Staff lounges and work spaces are equipped with disinfecting wipes for medical and non-medical staff to clean and disinfect.			
4.6 (*)		Any medical/clinical equipment used (e.g. blood pressure cuffs, harm reduction equipment, wheelchairs, lift swing, etc.) should be cleaned and disinfected using the routine practices for cleaning and disinfecting between patients.			
4.7		If beds are in shared area, beds should be 6 feet apart, with a head to toe layout.			
4.8		All furnishings should be non-plush, wipeable, non-porous materials and in good repair			
4.9	**4.9.1**	Rooms should each have a garbage receptacle lined with a plastic garbage bag for refuse.			
	4.9.2	Garbage bags should be tightly tied shut to contain refuse and disposed of in regular waste streams			

5 Other

Other measures not otherwise mentioned		

Additional comments:

Decision for recovery: