

Infection Prevention & Control Regional Tool Kit

#1 IPAC Outbreak Containment Checklist

Site Name		Director of Care	
Site Address		Site Manager	
Contact Phone		EVS Manager	
Total # Residents		Food Service Mgr.	
No. Floors/Units		Staffing Mgr.	
Total # of Staff		VCH Ops/IPAC	
No. Staff/Shift		MHO	

This document is intended to assist IPAC assess the readiness a sites to contain an outbreak when one is suspected or declared by VCH Public Health. It will be completed by the Infection Control Team, in partnership with the Patient Care Coordinator and other site managers or their designated alternates.

INDEX CASE - Resident ____ or Staff ____		Initials: _____ PHN: _____		Associated Unit: _____		
Onset Date: _____ Time: _____ Test Date: _____ Reported: _____ Known exposure: ____ (Y/N) When/Who: _____						
CASE INFORMATION				Status		Comments <i>Required for "Partial" and "No" selections</i>
				Yes	Partial	
RESIDENT CASE: Unit: _____ Room #: _____ Private: __ Shared: __ Beds/Rm						
Roommates/Contacts of case have been identified and isolated						
Line list of symptomatic residents initiated and up to date						
List of any staff, currently symptomatic & off sick, recent sick calls, or recently failed screening						
Line list of staff <u>exposed</u> to index case in 48 hrs. prior to symptom onset provided						
Exposed staff who are now working or scheduled to work <u>on other units</u> identified to IPAC						
List of visitors potentially exposed 48 hrs. prior to symptom onset known/provided						

Assess – Contain – Communicate: Process Assessment		Status				Comments <i>Required for "Partial" and "No" selections</i>
		Yes	Partial	No	N/A	
STAFF CASE: Last Shift Worked/Unit: _____/_____ Resident contacts provided to IPAC						
List of all shifts worked in the 48 hrs. prior to onset has been reported to IPAC/MHO						
Staff that shared break & change rooms with case in previous 48 hrs. have been listed						
Residents the staff case worked with, or assisted others with, have been identified to IPAC						
Any cross-coverage of other care areas, during 48hrs. prior to onset, has been listed for IPAC						
Exposed staff who are now working or scheduled to work <u>on other units</u> identified to IPAC						
History of PPE practices of the individual and information on possible breach events is known						
A Master List of staff (including PHN) has been updated and is available to IPAC if needed						
Electronic copy of facility floor plans for outbreak management & mapping provided to IPAC						To be provided by:
1.0	Containment and Identification of Contacts					
1.1	All Residents have been assessed for symptoms within the last 6 hours					
1.2	All residents are assessed with VCH COVID-19 symptom checklist once per shift					
1.3	All residents currently symptomatic are on Droplet & Contact Precautions					
1.4	All residents potentially exposed to index case are on Droplet & Contact Precautions					
1.5	All residents on quarantine or precautions, prior to new case, identified to IPAC					
1.6	All exposed staff contacts have been identified to PH or employer					
1.7	All residents that transferred or discharged in the past 7 days have been identified					
1.8	The Care home receiving any resident transferred in the last 48 hrs. identified to IPAC					
2.0	Specimen Collection and Transport					
2.1	There are enough NP swabs and lab requisitions to meet needs for the next 48 hours					Total NP swabs on site: _____
2.2	Facility staff have been trained in NP swab collection and transport of specimens					Total Staff trained: _____
2.3	A complete resident list with full name, PHN, & date of birth has been provided to IPAC					Labels available: Y/N: __
2.4	Enough Biohazard bags and packaging products are available to meet need					What is needed: _____
2.5	A process for specimen collection & transport (Courier: _____) is in place					Aware of TDG: Y: ___ N: ___

Assess – Contain – Communicate: Process Initiation		Status				Comments <i>Required for "Partial" and "No" selections</i>
		Yes	Partial	No	N/A	
3.0	Personal Protective Equipment (PPE) and Containment Measures					
3.1	PPE currently available to staff has been reviewed by IPAC & Site Leader					
3.2	Available PPE stock is adequate to meet need for next 72 hrs. - without resupply					
3.3	If not an assessment of staffing numbers and unmet PPE needs has been calculated					
3.4	PPE currently being worn by staff meets MOH guidance for mask & eye protection					
3.5	Masks currently in use are discarded after each: encounter ___ shift ___ other ___					
3.6	Eye protection consists of reusable glasses ___ goggles ___ face shield ___					
3.7	Cleaning process for reusable eye wear is documented, known to staff, and followed					
3.8	Eye protection options are available for staff with corrective lenses					
3.9	Disposable eye protection is discarded after each: encounter ___ shift ___ other ___					
3.10	Observed staff practices for use of masks and eye protection meet practice standard					
3.11	Donning and Doffing Instructions for staff are posted and clearly visible to staff					
3.12	Gowns currently used are: reusable ___ disposable ___					
3.13	Receptacles for soiled gowns are properly located & large enough to enclose contents					
3.14	Procedure gloves are available and accessible in Small: ___ Medium: ___ & Large: ___					
3.15	Gloves are available within easy reach at room entrances					
3.16	Disinfectant wipes are available at room entry					
3.17	PPE carts are in place, properly supplied and contain all necessary supplies					
3.18	Process is in place to restock (not over stock) organize, & routinely clean/disinfect carts					
3.19	A process for PPE Donning and Doffing is well established and known to staff					
3.20	Staff are aware that mask and eye protection is mandatory at all times (except meals)					
3.21	Observed staff practices for donning & doffing indicate proper use & risk awareness					
3.22	Designated locations for donning, doffing, and disposal of soiled PPE are in place					

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		Yes	Partial	No	N/A	
4.0	Screening Access & Site Mapping					
4.1	VCH Screening forms and process in place and VCH visitor log is in use					
4.2	Screeners are trained, competent, and controlling access 24 hrs./day					
4.3	Screeners have authority from management to exclude those who fail screening					
4.4	Screeners know to contact DOC or Charge Nurse when staff who fail screening					
4.5	Screeners have information on locations of external testing sites for visitors who fail					
4.6	Measures to prevent anyone from avoiding screening are in place					
4.7	Visitor & staff logs have been maintained for contact tracing purposes					
4.8	Masks are required before entering the facility and provided if needed					
4.9	Hand Hygiene (HH) with ABHR before entry, is being enforced by screeners					
4.10	Resident movement in and out of the facility is tracked and recorded					
4.11						
5.0	Meal Distribution and Food Service Delivery					
5.1	Affected Units: All communal dining has been converted to in-room meal tray service					
5.2	Meals are plated and tray components are assembled in kitchen by food service staff					
5.3	Meal cart delivered to affected unit by kitchen staff - No contact with care team staff					
5.4	A documented process for meal tray delivery & pick up by <u>Unit Staff</u> is in place					Copy of process received: (Y/N) ____
5.5	A documented process for return of <u>reusable dishes</u> is clearly understood by all					Copy of process received: (Y/N) ____
5.6	A completely <u>disposable meal tray service</u> has been initiated (Y/N) __					Is possible (Y/N) __
5.7	When using disposable trays disposal bins in rooms are of adequate size to meet need					
5.8	All communal fridges have been cleaned with beverages & snacks now <u>single serving</u>					
5.9	All use of communal microwave ovens and other appliances has been suspended					These have been deactivated: (Y/N) ____
5.10	ABHR or Sanitizing wipes are available for resident hand hygiene					
5.11	Staff ensure all residents requiring help are assisted in performing hand hygiene					

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6.0	Resident Activity and Wander Controls					
6.1	Controls to manage resident compliance with room confinement, planned & in place					
6.2	Strategies & resources to control wandering residents have been reviewed with staff					
6.3	Staff have been instructed in wander control measures that reduce infection risk					
6.4	Staff restricted from care area have been redeployed to manage virtual visits					
6.5	Clear boundaries between affected /unaffected units in place & <u>movement restricted</u>					
6.6	Care team is aware all bed moves during the outbreak must be approved by IPAC/MHO					
7.0	Supply and Waste Management					
7.1	Staff have process steps & route in place for <u>delivery of clean supplies</u> to affected units					
7.2	Staff have process steps & route in place for the <u>removal of waste</u> from affected units					
7.3	Staff have process steps & route in place for <u>delivery of clean linen</u> to affected units					
7.4	Staff have process steps & route in place for <u>removal soiled linen</u> from affected units					
7.5	Staff have process steps & route in place for <u>removal of furniture</u> from affected units					Including a location to sequester it: ___
8.0	Environmental Services – Cleaning and Disinfection					
8.1	Facility employs a trained EVS Supervisor (Y/N) ___ An EVS procedure manual (Y/N) ___					
8.2	EVS Supplies /Processes: Microfiber cleaning cloths (Y/N) ___ Auto-dilution sys. (Y/N) ___					
8.3	Staff follow clear process steps that meet standards for routine cleaning & disinfection					
8.4	All staff follow a documented process for enhanced outbreak cleaning and disinfection					
8.5	Staff follow standardized terminal cleaning process for rooms, furniture & washrooms					
8.6	EVS staff have been trained in and can demonstrate proper donning/doffing of PPE					
9.0	Staff Break Rooms					
9.1	Break rooms: no excess furniture, communal foods, or food left in fridge at shift end					
9.2	Meal stations established and break times staggered to support physical distancing					
9.3	Disinfectant wipes and ABHR are within easy reach in break room					

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9.4	Clear signage describes proper process for movement through and use of break room					
9.5	Refrigerator and cupboards are free of all but single serving items					
9.6	All food/food containers brought from home are taken home at the end of each shift or they will be discarded					
9.7	All communal condiments and other food has been thrown out					
9.8	A process for staff breaks supports physical distancing					
10.0	Staffing, Change Rooms & Uniform Practices					
10.1	A process for use of change rooms supports physical distancing					
10.2	Staff change into freshly laundered uniforms on site before shift					
10.3	There are separate change areas for: on-coming staff & end-of-shift staff					
10.4	Staff change out of uniforms in a space dedicated for end of shift changing					
10.5	Staff have dedicated lockers and do not share these with other staff					
10.6	Change area supports proper physical distancing					
10.7	ABHR easily available for staff to perform hand hygiene					
10.8	Disinfectant wipes are available for cleaning & disinfection of touch surfaces					
10.9	Staggered start times have been considered to support physical distancing					
10.10	A process is in place to cohort staff to specific units (Y/N) ___ to affected Units (Y/N)					

Total "Yes"		Total "Partial"		Total "No"	
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Immediate Action Recommended (*Add to Outbreak Management Action List with timeline for completion*)

Other Action Recommended (*timeline for discussion at EOC*)

Additional Comments