

Interdisciplinary Long-Term Care – Infection Control Tool Kit

Outbreak Readiness Checklist

Site Name		Site Street Address	
Resident Census		Leadership/Contact	
Number of Units/NHs		Check list reviewed by	

This document is intended to assist facilities in assessing their readiness to contain an outbreak when one is suspected or declared by VCH Public Health. It should be completed by the facility’s outbreak preparedness management team (OPMT) and should include input from other relevant disciplines and stakeholders including environmental services, food services, supply chain, and laundry services.

While it is important to retain as much of your home’s ambiance as possible it is also important to understand that, for safety and efficiency, the surfaces of your chairs, tables, and other furniture must be able to be repeatedly cleaned and disinfected. Environmental contamination in any outbreak increases the risk of further disease transmission. Some of the information in this document is intended to prepare you for the reality of outbreak management and the mitigation strategies you will need to end an outbreak. In preparing to use this document we recommend you ask yourself “What if an outbreak was declared today?” Though not a pleasant thought, we believe it will help you to see any gaps in your current state of readiness.

Outbreak Preparedness Management Team (OPMT)			
Preparation & Leadership are essential in managing outbreaks. This includes choosing the right team to conduct pre-season outbreak planning			
Duties	Name	Contact #	Email address
OPMT Leader			
Infection, Prevention and Control Rep.			
Environmental Services Manager/Supervisor			
Food Services Manager/Supervisor			
Laundry Services Manager/Supervisor			
Supply Chain or Vendor Manager/Supervisor			
Staffing/Human Resources Advisor			
Physician Leader			
Pharmacy			

Assess – Contain – Communicate: Process Initiation		Status				Comments <i>Required for "Partial" or "No" selections</i>
		Yes	Partial	No	N/A	
1.0	Outbreak Preparedness Management Team (OPMT)					
1.3	The OPMT contact list is stored in an accessible location for staff					
1.4	If the facility has an existing outbreak preparedness plan, it is reviewed and updated with relevant information added for the 2020/2021 season					
1.5	The outbreak preparedness plan has been communicated to all facility staff and they are aware of where to access the plan and all relevant tools and resources					
1.6	The facility may choose how they wish to compile their outbreak management plan (i.e. paper copy stored in a binder; on-line team site using electronic references, tools and resources etc.) and staff are aware of how to locate the management plan					
2.0	Screening and Site Access					
Stopping virus intrusion into your facility: Leadership must be absolutely clear that <u>no one</u> (i.e. staff, visitors or contractors) can enter the site if they are ill.						
2.1	The VCH Screening form is in use to screen all individuals entering the facility					
2.2	Screeners have been trained and monitor access to the site					
2.3	Screeners have clear authority to exclude those who fail screening					
2.4	Screener knows which site leader to contact when staff must be excluded					
2.5	Screening is mandatory and staff must not gain entry to site without screening					
2.9	Visitor & contracted staff visitation logs are collected and retained for contact tracing purposes					
2.10	Hand Hygiene (HH) with ABHR is being enforced before entry					
2.11	Masks are required and provided before entering the facility					
2.12	A staff list (Name & PHN) has been updated and readily available when needed					

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3.0 Personal Protective Equipment & Additional Precautions						
When evaluating PPE supplies, consider the amount of each item that would be needed to provide full PPE to all staff in one care area for 48 hours						
3.1	The name and contact information of the community supplier/vendor or supply chain manger/supervisor has been updated, verified and recorded on the OPMT's contact list					
3.2	There is a process in place to increase inventory levels of PPE items in response to an outbreak					
3.3	There is sufficient supply of long sleeved isolation gowns					
3.4	Gowns Currently Used Are: <input type="checkbox"/> Disposable <input type="checkbox"/> Re-Usable					
3.5	There are sufficient supplies of procedure masks and mask use is not limited. Staff are encouraged to change mask whenever soiled, moist, damaged or at meal breaks and end of shift					
3.6	Eye protection has been issued to staff and there are sufficient supplies to provide replacement					
3.7	Eye Protection Issued: <input type="checkbox"/> Glasses <input type="checkbox"/> Goggles <input type="checkbox"/> Face Shield <input type="checkbox"/> Procedure Mask with/Visor					
3.8	There are sufficient supplies of gloves in all sizes to meet the needs of your staff					
3.9	Gloves are readily and easily available to staff at point of care: <input type="checkbox"/> Yes <input type="checkbox"/> No					
3.10	Alcohol Hand Sanitizer is readily and easily available to staff at point of care: <input type="checkbox"/> Yes <input type="checkbox"/> No					
3.11	Disinfectant wipes are readily and easily available at room entry and throughout the facility					
3.12	PPE distribution requires carts/tables to ensure availability where needed within the facility. Additional carts are available through supply chain for timely purchase & delivery if required					
3.13	Sufficient numbers of appropriately sized garbage bins are available to meet the increased demand, on affected units, for disposal associated with PPE use during an outbreak					
3.14	Waste receptacles are required at resident room doorways to facilitate PPE doffing					
3.15	Additional precaution signage (in colour) is printed and available for all rooms where required					

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4.0	Clinical Environment					
4.1	A full site walkthrough is completed to de-clutter the facility					
4.2	Surfaces are clutter free to enable easy cleaning and disinfection of surfaces					
4.3	Resident rooms are de-cluttered to facilitate cleaning and disinfection of surfaces					
4.4	VCH environmental audit tool is available to help guide the site walkthrough and highlight gaps					
4.5	Damaged or broken equipment is promptly repaired or removed/discarded					
4.6	Furniture unable to be repeatedly cleaned and disinfected should be removed					
4.7	Furniture is in good repair (i.e. not threadbare, no exposed foam, no rips or tears, not repaired with tape etc.)					
4.8	Furniture needing it must be repaired, reupholstered, or discarded if unable to be cleaned and disinfected					
4.9	Knick knacks, books, magazines, board games and puzzles in common areas can be easily removed and sequestered during an outbreak					
5.0	Clinical Equipment					
5.1	Clinical Equipment (i.e. BP Cuffs; SpO ² Monitors) is in good repair or is replaced					
5.4	All clinical equipment not dedicated to a resident must be cleaned and disinfected after each use					
5.2	Additional quantities of clinical equipment are available to be dedicated to residents on precautions during an outbreak					
5.3	The facility considers the potential need for single use or disposable pieces of clinical equipment for use during an outbreak (i.e. disposable BP cuffs, stethoscopes)					
6.0	Specimen Collection and Transport					
6.1	Staff are trained & proficient in the collection of clinical specimens (e.g. NP swabs, body fluids)					
6.2	Educational resources are included in the preparedness plan and are available to staff					
6.3	Clinical educator has assisted staff to attain proficiency in collection of clinical specimens					
6.4	Staff follow a process for specimen collection, packaging and transport of NP swabs as well as gastrointestinal specimens such as vomit and diarrheal stool.					

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6.5	Staff are aware of and have reviewed the Standard Operating Procedure for Transportation of Dangerous Goods (TDG). The name of a dedicated courier service is available on request					
6.6	Supplies necessary for specimen collection and transport are available on site					
6.7	A documented TDG process for specimen packaging and transport is in place					
6.8	There is a process in place to ship specimens to the St. Paul’s lab for processing					
7.0 Resident Dining Area						
“In room dining” with meal tray service is the standard for containment for residents on precautions. This may apply to asymptomatic residents during an outbreak and can alter provision needs, meal tray delivery processes, and food service supplies for disposable tray service						
7.1	The name and contact information of the Food Services manager/supervisor has been updated, verified and recorded on the OPMT’s contact list					
7.2	The Food Services Manager has reviewed the VCH ILTC/IPAC - Food Services and Meal Tray Delivery tool with OPMT					
7.3	A process for physical distancing of unaffected residents during dining is/has been in place					
7.4	Dining surfaces are cleaned and disinfected prior to and after each meal service					
7.5	Meals are plated away from resident common area (e.g. in kitchen) before serving					
7.6	A plan for converting resident meal delivery to “in-room tray service” is in place					
7.7	Meal trays are fully assembled prior to delivery to affected residents/units					
7.8	A plan for the collection and (shielded) return of contaminated dishes/trays is in place					
7.9	OPMT members have liaised with the food services manager/supervisor to devise a plan to provide food service using disposable trays, dishes and cutlery in the event of an outbreak					
7.10	Beverages and snacks are packaged single serving to protect contents					
7.11	ABHR or Sanitizing wipes are available for resident hand hygiene					
7.12	Staff ensure all residents requiring help are assisted in performing hand hygiene					

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8.0	Resident Surveillance					
It has been the experience of VCH ICPs that frontline care teams have an exceptional knowledge and understanding of what is “normal” for those they routinely care for. We believe giving them the responsibility for assessing and reporting changes in symptoms or behavior has great value.						
8.1	VCH Covid-19 symptom checklist is used for symptom checks on all residents once per shift					
8.2	Staff monitor and report changes in resident behavior, symptoms, and signs of infection					
8.3	Unit Nurse Leaders understand the importance of initiating precautions a.s.a.p. when indicated					
8.4	A documented process for initiating Droplet & Contact precautions is known & followed by staff					
8.5	A documented process for communicating the onset of new symptoms to leadership is in place					
8.6	All care staff understand the importance of containing symptomatic residents in their bed space					
8.7	Care staff have access to clinical supervisor to obtain guidance in the event of suspect cases					
8.8	A documented chain of command is in place to direct staff regarding the need for lab testing					
8.9	All care staff clearly understand the process to obtain a physician order for specimen collection					
8.10	Facilities are aware how to contact the IPAC/CLEAR team for support and education					
8.11	Facilities are aware how to contact the ILTC team for support and education					
9.0	Resident Care					
Tools and resources available from the interdisciplinary long-term care (ILTC) and IPAC teams that address potential resident care issues (i.e. dehydration, skin care, nutrition, resident wandering) are reviewed and included as part of the outbreak preparedness plan						
9.1	Facilities are aware how to contact the ILTC team for support and education					
9.2	Staff are familiar, with or have reviewed, wander control measures that reduce transmission risk					
9.3	Group activities have been modified to allow for physical distancing between residents					
9.4	Group activities that cannot support physically distancing have been suspended					
9.5	Items used in group activities must not pose a droplet/contact transmission risk to participants					
9.6	Items used in group activities must be cleaned & disinfected between each use					
9.7	Items that require resident handling & sharing should not be used in group settings					

9.10	Residents engaging in facilitated group activities while maintaining distancing perform hand hygiene prior to and at the end of the group activity.					
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10	Staff Break Rooms					
10.1	A process for staff breaks supports physical distancing					
10.2	Staggered break times support physical distancing					
10.3	Disinfectant wipes and alcohol hand sanitizer are within easy reach in break room					
10.4	Clear signage describes proper flow through and use of break room by staff					
10.5	Refrigerator contains only food staff have brought from home					
10.6	There is a schedule for cleaning and disinfecting common surfaces within the break room including exterior surfaces of the fridge, small appliances, horizontal surfaces					
10.7	All food brought from home is brought in re-usable containers that are transported home and washed in soap and water each night					
10.8	There is a plan in place during an outbreak that food brought from home by staff is stored in disposable containers					
10.9	Communal condiments and food items are not permitted					
10.10	All communal food sources (bowls of pop-corn, brownies, etc.) and food sharing is prohibited					
10.11	There is a clear process, known to staff, for the storage of meals to be consumed during breaks					
10.12	During an outbreak all facility fridges are emptied, cleaned & disinfected (inside and out)					
10.13	During an outbreak food/beverages <u>are not</u> be stored outside the designated food storage area					
10.14	During an outbreak food removed from fridges or food areas <u>cannot</u> be returned					
10.12	During an outbreak food/beverages not consumed <u>are not</u> stored & must be discarded					

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11.0 Staffing and Assignment Tracking						
11.1	The OMPT has liaised with their human resources advisor to plan for and build capacity within their current staffing models in the event staff become ill or are quarantined and additional staff are required to maintain baseline staffing levels					
11.2	Staff who, during the course of their shift, develop symptoms consistent with those of COVID-19 (which include those of influenza like illness and gastrointestinal infection) must clean hands, ensure they are wearing a mask, notify their supervisor, go home, and be tested for COVID-19					
11.3	Staff who develop symptoms consistent with gastrointestinal illness during the course of their shift (i.e.) should perform hand hygiene with soap and water, notify their supervisor and leave the facility					
11.4	If staff develop diarrhea during the course of their shift, and who have used a washroom, must report it, and the washroom used should be closed until properly cleaned and disinfected					
11.5	Staff assignments are recorded by unit (including any cross coverage for breaks)					
11.6	Staff assignment records will be retained and available to aid in contact tracing of exposed staff					
11.7	The OMPT has established a plan to cohort care staff to affected units if necessary					
11.8	The OMPT has liaised with your department managers/supervisors to plan how you will increase critical service staff in response to an increased demand for service during an outbreak					
12.0 Staff PPE Usage & Practices						
12.1	Staff are vigilant with mask & eye protection in clinical areas					
12.2	Mask & eye protection worn when unable to physically distance					
12.3	Donning & doffing practices are sound and adhered to					
12.4	Clear process for cleaning & disinfecting reusable eye protection					
12.5	Leadership support for education & anxiety management					
13.0 Staff Education						
13.1	Staff are aware of and can located IPAC resources on the IPAC website					
13.2	Facility educators have reviewed and observed staff properly donning and doffing PPE					

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13.3	Staff have completed relevant basic infection, prevention and control related education available on the learning hub including hand hygiene, COVID-19 Modules 1-4					
13.4	Outbreak preparedness planning is discussed at daily staff huddles					
13.5	Staff education and attendance is tracked and recorded					
13.6	Staff attend seasonal education related to outbreak preparedness and management including information related to COVID-19, influenza and gastrointestinal illness					
14.0 Staff Change Rooms & Uniform Practices						
14.1	Staff have designated areas to change into and out of their work clothes before & after each shift					
14.2	Staff change into freshly laundered uniforms on site before shift					
14.3	There are separate change areas for: on-coming staff & end-of-shift staff					
14.4	Staff change out of uniforms in a space dedicated for end of shift changing					
14.5	Staff have dedicated lockers and do not share these with other staff					
14.6	Change area supports proper physical distancing					
14.7	ABHR easily available for staff to perform hand hygiene					
14.8	Disinfectant wipes are available for cleaning & disinfection of touch surfaces					
14.9	Staggered start times have been considered to support physical distancing					

While scoring is not essential it may illuminate the amount of work required to fully prepare for any outbreak scenario.

Total “Yes”		Total “Partial”		Total “No”	
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We do recommend reviewing all comments and cataloguing items that require action and prioritizing next steps based on urgency or need for remediation.

Items Recommended for Immediate Action *(Add to OPMT Action List with timeline for completion)*

Other Action Recommended *(timeline for discussion at OPMT Meetings)*

Additional Comments