**Control Measures Assessment Form**

**for Outbreaks in LTCHs, RHs, and CLSs**

(THIS FORM IS TO BE COMPLETED BY THE HOME)

Implementing these infection prevention and control measures will help mitigate the spread of illness. The questions highlighted in pink are critical measures which must be put in place immediately. **Please complete the form and email it back to the Public Health Inspector within two hours of receipt.** The form is to be used in addition to the advice, guidelines and/or other directions provided by provincial Ministries and York Region Public Health.

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| --- | --- |
| **Name of Home** | Click here to enter text. |
| **Home Contact(s) - Name/Number**  | Click here to enter text. Phone Click here to enter text.  |
| **Name of Public Health Inspector** | Click here to enter text. |
| **Outbreak Status** | [ ]  Confirmed [ ]  Suspect  |
| **Date Outbreak Declared** | Click here to enter a date.  |
| **Outbreak Number** | 2270-2024- Click here to enter text.  |
| **Type of Outbreak** | Respiratory [ ]  Enteric [ ]  Other [ ]  |
| **Date and Time of OMT Meeting** | Click here to enter a date. Time: Click here to enter text. N/A [ ]   |

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| --- | --- | --- | --- | --- |
| **1.0** | **Entrance**  | **YES** | **NO** | **N/A** |
| 1.1 | Outbreak notification [signage](https://www.york.ca/media/98166) (suspect/confirmed) is posted at all entrances of home and affected unit(s) | [ ]  | [ ]  | [ ]  |
| 1.2 | Screening signage is posted at all entrances of the home and throughout the home to indicate respiratory/enteric signs/symptoms and steps to follow if staff, visitors or residents, fail screening | [ ]  | [ ]  | [ ]  |
| 1.3 | 70-90% alcohol-based hand rub (ABHR) with instructions, clean masks, and a waste bin are available at entrance | [ ]  | [ ]  | [ ]  |
| **2.0** | **Screening** | **YES** | **NO** | **N/A** |
| 2.1 | Staff and visitors screen for symptoms prior to entering the home | [ ]  | [ ]  | [ ]  |
| 2.2 | Residents returning from an absence are screened upon their return to the home | [ ]  | [ ]  | [ ]  |
| 2.3 | General visitors postpone non-essential visits to residents when the home is in outbreak | [ ]  | [ ]  | [ ]  |
| **3.0** | **Universal Masking (for Respiratory Outbreaks)**  | **YES** | **NO** | **N/A** |
| 3.1 | Staff and visitors wear a well-fitted mask at all times while in outbreak affected areas |[ ] [ ] [ ]
| 3.2 | Residents on the outbreak unit wear a mask, if tolerated, while receiving care and when in common areas |[ ] [ ] [ ]
| 3.3 | New masks are available for staff, residents and visitors to change if the mask they are wearing becomes wet, contaminated, or needs to removed  | [ ]  | [ ]  | [ ]  |
| **4.0** | **Group Activities and Physical Distancing** | **YES** | **NO** | **N/A** |
| 4.1 | Symptomatic residents or those on Additional Precautions do not participate in group activities with other residents, where possible | [ ]  | [ ]  | [ ]  |
| 4.2 | Processes are in place to support physical distancing during respiratory outbreaks (e.g., stagger eating times, close buffet lines, limit food sharing between residents or staff) | [ ]  | [ ]  | [ ]  |
| 4.3 | Dedicated staff break areas are provided and set up with required supplies (e.g., physical distancing, ABHR, disinfectant wipes and clean PPE) | [ ]  | [ ]  | [ ]  |
| 4.4 | Residents on Additional Precautions receive tray meal service in their rooms, where possible | [ ]  | [ ]  | [ ]  |
| **5.0** | **Hand Hygiene** | **YES** | **NO** | **N/A** |
| 5.1 | Staff and visitors follow the four moments for hand hygiene | [ ]  | [ ]  | [ ]  |
| 5.2 | Staff and visitors follow the correct hand hygiene procedure | [ ]  | [ ]  | [ ]  |
| 5.3 | Residents are supported and perform proper hand hygiene at appropriate times | [ ]  | [ ]  | [ ]  |
| 5.4 | ABHR containing 70-90% ethanol or isopropyl alcohol with a Natural Product Number (NPN) and is not expired, and is provided at point of care and in common areas | [ ]  | [ ]  | [ ]  |
| **6.0** | **Routine Practices and Additional Precautions** | **YES** | **NO** | **N/A** |
| 6.1 | Additional Precautions sign (e.g., Contact, Contact and Droplet) is posted at the entrance of all residents’ rooms who are on Additional Precautions and/or who are symptomatic | [ ]  | [ ]  | [ ]  |
| 6.2 | Residents who are symptomatic or on Additional Precautions remain in their room until the end of their isolation period. If they need to leave their room for overall physical and mental well-being, they are supported to do so in ways that minimize spread of infection | [ ]  | [ ]  | [ ]  |
| 6.3 | Visitors and essential caregivers who provide direct care to residents use appropriate PPE and are instructed on how to properly don and doff PPE | [ ]  | [ ]  | [ ]  |
| 6.4 | Residents on the outbreak floor/unit are cohorted | [ ]  | [ ]  | [ ]  |
| 6.5 | Staff cohorting has been implemented to minimize movement | [ ]  | [ ]  | [ ]  |
| 6.6 | Devices/equipment is dedicated to residents on Additional Precautions and/or are symptomatic; if devices/equipment cannot be dedicated they must be cleaned and disinfected immediately after use | [ ]  | [ ]  | [ ]  |
| 6.7 | No more than two residents share a room, beds are at least 2 metres apart and/or a barrier/curtain is placed between residents (where possible in CLS) | [ ]  | [ ]  | [ ]  |
| **7.0** | **Personal Protective Equipment (PPE)** | **YES** | **NO** | **N/A** |
| 7.1 | PPE carts/caddies are located outside of residents’ rooms on Additional Precautions | [ ]  | [ ]  | [ ]  |
| 7.2 | PPE carts/caddies are fully stocked at all times with all required PPE (e.g., masks, eye protection, gowns, gloves of various sizes and N95) and supplies | [ ]  | [ ]  | [ ]  |
| 7.3 | Staff discard PPE appropriately before leaving the resident's room  | [ ]  | [ ]  | [ ]  |
| 7.4 | A sufficient stock of PPE is available in the home and stored in a clean manner  | [ ]  | [ ]  | [ ]  |
| 7.5 | Staff and essential caregivers conduct a point of care risk assessment before each resident interaction | [ ]  | [ ]  | [ ]  |
| 7.6 | **Enteric Outbreaks:** Gloves and gown are worn by staff and visitors when providing direct resident care. Face protection should be used if a PCRA indicates splashes or sprays to the eyes/face may occur  | [ ]  | [ ]  | [ ]  |
| 7.7 | Posters are displayed to remind staff and visitors of the proper sequence for PPE donning and doffing | [ ]  | [ ]  | [ ]  |
| 7.8 | Staff, residents and visitors are following the proper sequence for donning and doffing PPE |  |  |  |
| 7.9 | Reusable eye protection is cleaned and disinfected after resident care or when soiled and stored in a clean manner | [ ]  | [ ]  | [ ]  |
| 7.10 | **For suspect and confirmed COVID-19 cases**, staff wear a well fitted mask or a fit-tested, seal checked N95 respirator when providing direct care or when interacting with the resident | [ ]  | [ ]  | [ ]  |
| **8.0** | **Environmental Surfaces and Equipment Cleaning and Disinfection** | **YES** | **NO** | **N/A** |
| 8.1 | A disinfectant with a Drug Identification Number (DIN) that inactivates non-enveloped viruses and has an efficacy claim against the identified organism implicated in the outbreak is used | [ ]  | [ ]  | [ ]  |
| 8.2 | Staff use cleaning and disinfection products according to Manufacturer’s Instructions for Use (MIFU) (e.g., contact time, dilution/mixing, testing of concentration, storage, and PPE use) and the product is not expired | [ ]  | [ ]  | [ ]  |
| 8.3 | Shared resident equipment is cleaned and disinfected after each use | [ ]  | [ ]  | [ ]  |
| **8.0** | **Environmental Surfaces and Equipment Cleaning and Disinfection Continued** | **YES** | **NO** | **N/A** |
| 8.4 | The rooms of residents who are on Additional Precautions, are cleaned and disinfected at least once a day if feasible and when visibly soiled | [ ]  | [ ]  | [ ]  |
| 8.5 | Disinfectant is readily accessible to staff  | [ ]  | [ ]  | [ ]  |
| 8.6 | High touch surfaces in the outbreak affected unit are cleaned and disinfected at least twice per day and when visibly soiled | [ ]  | [ ]  | [ ]  |
| 8.7 | All environmental surfaces and equipment are cleaned first, then disinfected (two-step method is followed), working from clean to dirty and high to low areas | [ ]  | [ ]  | [ ]  |
| 8.9 | Cleaning cloths are dipped into the disinfectant to ensure saturation (disinfectant should not be sprayed)  | [ ]  | [ ]  | [ ]  |
| 8.10 | **Name of Disinfectant:** Click here to enter text.**Contact Time:** Click here to enter text.**DIN:** Click here to enter text. |  |  |  |
| **9.0** | **Waste Management** | **YES** | **NO** | **N/A** |
| 9.1 | Waste container with lid or laundry hamper is located inside resident's room (near the door) to dispose of doffed PPE when resident is on Additional Precautions | [ ]  | [ ]  | [ ]  |
| 9.2 | Waste containers are lined, leak proof and cleaned on a regular basis | [ ]  | [ ]  | [ ]  |
| 9.3 | Waste materials are handled and transported safely and removed in a timely manner to prevent overflow | [ ]  | [ ]  | [ ]  |
| **10.0** | **Air Quality and Ventilation (for COVID-19 Outbreak)** | **YES** | **NO** | **N/A** |
| 10.1 | A combination of strategies (e.g., open windows, exhaust fans, HVAC) are used to ventilate indoor spaces and maintained according to manufacturer's instructions | [ ]  | [ ]  | [ ]  |
| 10.2 | Portable fans, air conditioners, air cleaners are placed in a manner that avoids person-to-person air currents (e.g., place the fan at bed level or higher; never place the portable fan on the floor) | [ ]  | [ ]  | [ ]  |
| Reference: [Recommendations for Outbreak Prevention and Control in Institutions and Congregate Living Settings](https://www.ontario.ca/files/2024-04/moh-recommendations-for-outbreak-prevention-and-control-in-institutions-and-cls-en-2024-04-09.pdf) |
|  |
| **Form Completed by** | Click here to enter text. |
| **Form Reviewed by (PHI)** | Click here to enter text. |

*Updated: July 2024*