Outbreak Control Measures Assessment Form: LTCHs, RHs and Other CLSs

Implementing these infection prevention and control measures will help mitigate the spread of illness. The questions highlighted in green are **critical** measures to put in place **immediately**. This form is to be used in addition to the recommendations, guidelines and/or other direction provided by provincial Ministries and Halton Region Public Health.

Please submit the completed assessment form within 24 hours of the outbreak being opened via Halton Region's Online Portal, or fax (905-825-1009).	
Facility name:	**Facility phone number:**
Facility contact:	**Outbreak classification:** ☐ Suspect ☐ Confirmed
Date outbreak opened:	**Outbreak number:** 2236 -
Affected home area(s):	**Outbreak Investigator:**
Type of outbreak: ☐ Respiratory ☐ Enteric	
Outbreak agent(s): ☐ Pending ☐ COVID-19 ☐ RSV ☐ Influenza A ☐ Influenza B ☐ Norovirus ☐ Other (specify):	
Outbreak Management Team Meeting: Date and time: ☐ N/A	

1.0	**Entrance**	**YES**	**NO**	**N/A**
1.1	Suspect and/or confirmed outbreak notification signage is posted at all entrances of the home and affected home area(s).	☐	☐	☐
1.2	Screening signage is posted at all entrances 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 all entrances.	☐	☐	☐
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 actively screened upon their return to the home.	☐	☐	☐
2.3	General visitors postpone non-essential visits to residents when the home is in outbreak.	☐	☐	☐
2.4	Symptom assessment of residents in the affected home area(s) occurs, at minimum, two times per day.	☐	☐	☐

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 the affected home area(s).	☐	☐	☐
3.2	Residents in the affected home area(s) 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 their mask becomes wet, contaminated, or needs to be 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	Group activities should be discontinued in outbreak affected home areas. Consultation with public health regarding group activities on non-affected home areas is recommended.	☐	☐	☐
4.3	Processes are in place to support physical distancing (e.g., staggered eating times, closed buffet lines, limiting number of participants in group activities and using sign-up sheets).	☐	☐	☐
4.4	Dedicated staff break areas are provided and set up with required supplies (e.g., physical distancing, ABHR, disinfectant wipes and clean PPE).	☐	☐	☐
4.5	Symptomatic residents or those 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) is not expired and is provided at point of care and in common areas.	☐	☐	☐
5.5	The facility has a plan in place to conduct Hand Hygiene audits daily across different shifts for the duration of the outbreak.	☐	☐	☐
6.0	**Routine Practices and Additional Precautions**	**YES**	**NO**	**N/A**
6.1	Additional Precautions signage (e.g., Contact and Droplet) is posted at the entrance of all residents' rooms who are symptomatic and/or on Additional Precautions.	☐	☐	☐
6.2	Symptomatic residents or those on Additional Precautions remain in their room until the end of their isolation period. If they need to leave their room for their overall physical and mental well-being, they are supported to do so in ways that minimize the spread of illness.	☐	☐	☐
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 in the affected home area(s) are cohorted (i.e. providing care and cleaning rooms of well residents first and ill residents last, if feasible).	☐	☐	☐
6.5	Staff cohorting has been implemented to minimize movement.	☐	☐	☐
6.6	Devices/equipment is dedicated to symptomatic residents or those on Additional Precautions. If devices/equipment cannot be dedicated, they are 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 other CLSs).	☐	☐	☐
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 required PPE (e.g., masks, eye protection, gowns, gloves and N95) and supplies.	☐	☐	☐
7.3	Staff discard PPE appropriately before leaving the resident's room.	☐	☐	☐
7.4	A sufficient stock (two weeks supply) 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	Posters are displayed to remind staff and visitors of the proper sequence for PPE donning and doffing. Donning posters are posted on the **outside** of the room door, and doffing posters are posted on the **inside** of the room door.	☐	☐	☐
7.7	Staff, residents and visitors are following the proper sequence for donning and doffing PPE.	☐	☐	☐
7.8	Reusable eye protection is cleaned and disinfected after resident care or when soiled and stored in a clean manner.	☐	☐	☐
7.9	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.	☐	☐	☐
7.10	For **enteric outbreaks,** gloves and gowns are worn by staff and visitors when providing direct resident care. Face protection should be used if a PCRA indicate splashes or sprays to the eyes/face may occur.	☐	☐	☐
7.11	The facility has a plan in place to conduct PPE audits daily across different shifts for the duration of the outbreak.	☐	☐	☐
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.	☐	☐	☐
8.4	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 affected home area(s) 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.	☐	☐	☐
8.8	Cleaning cloths are dipped into the disinfectant or pre-moistened to ensure saturation (disinfectant should not be sprayed).	☐	☐	☐
8.9	**Name of Disinfectant:** **Contact Time:** **DIN:**			
8.10	Handle soiled resident care equipment in a manner to prevent contamination of clothing and the environment.	☐	☐	☐
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 the 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**	**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

Date of most recent IPAC Assessment: (by either Halton Region Public Health or Halton IPAC Hub)	
Form completed by (name and designation):	