

Respiratory Outbreak Control Measures Assessment Form for LTCHs, RHs and Other CLSs

Implementing these infection prevention and control measures will help mitigate the spread of respiratory 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: <input type="checkbox"/> Suspect <input type="checkbox"/> Confirmed
Date outbreak opened:	Outbreak number: 2236 -
Affected home area(s):	Outbreak Investigator:
Outbreak agent(s): <input type="checkbox"/> Pending <input type="checkbox"/> COVID-19 <input type="checkbox"/> RSV <input type="checkbox"/> Influenza A <input type="checkbox"/> Influenza B <input type="checkbox"/> Other, specify:	
Outbreak Management Team Meeting: Date and time: <input type="checkbox"/> 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).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.3	70-90% alcohol-based hand rub (ABHR) with instructions, clean masks, and a waste bin are available at all entrances.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.0	Screening	YES	NO	N/A
2.1	Staff and visitors screen for symptoms prior to entering the home.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.2	Residents returning from an absence are actively screened upon their return to the home.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.3	General visitors postpone non-essential visits to residents when the home is in outbreak.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.4	Symptom assessment of residents in the affected home area(s) occurs, at minimum, two times per day.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.0	Universal Masking	YES	NO	N/A
3.1	Staff and visitors wear a well-fitted mask at all times while in the affected home area(s).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.2	Residents in the affected home area(s) wear a mask, if tolerated, while receiving care and when in common areas.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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 be removed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.2	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).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.3	Dedicated staff break areas are provided and set up with required supplies (e.g., physical distancing, ABHR, disinfectant wipes and clean PPE).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.4	Symptomatic residents or those on Additional Precautions receive tray meal service in their rooms, where possible.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.0	Hand Hygiene	YES	NO	N/A
5.1	Staff and visitors follow the four moments for hand hygiene.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.2	Staff and visitors follow the correct hand hygiene procedure.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.3	Residents are supported and perform proper hand hygiene at appropriate times.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.5	The facility has a plan in place to conduct Hand Hygiene audits daily across different shifts for the duration of the outbreak.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.0	Routine Practices and Additional Precautions	YES	NO	N/A
6.1	Additional Precautions <u>signage</u> (e.g., Contact and Droplet) is posted at the entrance of all residents' rooms who are symptomatic and/or on Additional Precautions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.5	Staff cohorting has been implemented to minimize movement.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.0	Personal Protective Equipment (PPE)	YES	NO	N/A
7.1	PPE carts/caddies are located outside of residents' rooms on Additional Precautions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.3	Staff discard PPE appropriately before leaving the resident's room.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.4	A sufficient stock (two weeks supply) of PPE is available in the home and stored in a clean manner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.5	Staff and essential caregivers conduct a point of care risk assessment before each resident interaction.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.6	Posters are displayed to remind staff and visitors of the proper sequence for PPE <u>donning</u> and <u>doffing</u> . Donning posters are posted on	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.8	Reusable eye protection is cleaned and disinfected after resident care or when soiled and stored in a clean manner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.10	The facility has a plan in place to conduct PPE audits daily across different shifts for the duration of the outbreak.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.0	Environmental Surfaces and Equipment Cleaning and Disinfection	YES	NO	N/A
8.1	A disinfectant with a Drug Identification Number (DIN) is used.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.3	Shared resident equipment is cleaned and disinfected after each use.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.5	Disinfectant is readily accessible to staff.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.6	High touch surfaces in the affected home area(s) are cleaned and disinfected at least twice per day and when visibly soiled.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.8	Cleaning cloths are dipped into the disinfectant or pre-moistened to ensure saturation (disinfectant should not be sprayed).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.9	Name of Disinfectant: Contact Time: DIN:			
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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.2	Waste containers are lined, leak proof and cleaned on a regular basis.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.3	Waste materials are handled and transported safely and removed in a timely manner to prevent overflow.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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):	