

**Control Measures Assessment Form
for Outbreaks in LTCH, RH, and CLS**
(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.

Name of Home			
Home Contact(s)	Name:	Phone #:	
Name of Public Health Inspector			
Outbreak Status	<input type="checkbox"/> Confirmed <input type="checkbox"/> Suspect		
Date Outbreak Declared			
Outbreak Number	2270-202 -		
Type of Outbreak	Respiratory <input type="checkbox"/> COVID-19 Enteric <input type="checkbox"/> Other <input type="checkbox"/>		
Date and Time of OMT Meeting	Date:	Time:	N/A <input type="checkbox"/>

1.0	Entrance	YES	NO	N/A
1.1	Outbreak notification signage (suspect/confirmed) is posted at all entrances of home and affected unit(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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	<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 entrance	<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 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"/>
3.0	Universal Masking (for Respiratory Outbreaks)	YES	NO	N/A
3.1	Staff and visitors always wear a well-fitted mask while in outbreak affected areas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.2	Residents on the outbreak unit 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 during respiratory outbreaks (e.g., stagger eating times, close buffet lines, limit food sharing between residents or staff)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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	Group Activities and Physical Distancing Continued	YES	NO	N/A
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	Residents 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) and is not expired, and is provided at point of care and in common areas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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	<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 on the outbreak floor/unit are cohorted	<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 residents on Additional Precautions and/or are symptomatic; if devices/equipment cannot be dedicated they must be 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 CLS)	<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 always stocked with all required PPE (e.g., masks, eye protection, gowns, gloves of various sizes 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 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	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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.7	Posters are displayed to remind staff and visitors of the proper sequence for PPE donning and doffing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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	<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) that inactivates non-enveloped viruses and has an efficacy claim against the identified organism implicated in the outbreak 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 outbreak affected unit 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 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: Expiry Date:			
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	<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 (COVID-19 Outbreak Only)	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](#)

Form Completed by	
Date	