

COVID-19

Infection Prevention and Control Checklist for Personal Care Homes

Preamble:

This checklist is intended to guide Personal Care Homes (PCH) in Manitoba in conducting infection prevention and control (IP&C) assessments related to COVID-19 to ensure appropriate preparedness for prevention as well as readiness to respond in the event of a COVID-19 Outbreak. This checklist may also be used by Manitoba Health, Seniors and Active Living (MHSAL) during their standards review visits.

Activity	Yes	No
Screening		
Facility has minimized access points		
Active screening of all staff, residents, volunteers, permitted visitors, designated caregivers and contractors or outside care providers is conducted at all access points https://sharedhealthmb.ca/files/covid-19-visitor-triage-process-for-long-term-orange-red.pdf https://sharedhealthmb.ca/files/COVID-19-screening-for-points-of-entry-and-admitting.pdf		
Signage is posted at access points instructing staff, visitors/volunteers regarding screening and visitor restriction https://sharedhealthmb.ca/files/covid-19-screening-questions-poster.pdf		
Procedure masks, tissues, alcohol-based hand rub and a no-touch waste receptacle are available for staff, resident, and designated family caregivers at screening at each entrance.		
A written process is in place for active screening of residents for symptoms or signs of COVID-19		
Most recent guidelines for visitation are being adhered to: https://sharedhealthmb.ca/files/covid-19-pch-visitation-principles.pdf		
There is a process to record visitors who enter and exit the PCH (including appropriate contact information)		
Activity	Yes	No
Routine Practices		
Sites have a process with tools for teaching those receiving care (where feasible) and visitors the basic principles of Routine Practices, including PPE use, hand hygiene and respiratory etiquette for residents and visitors. Visitor tool: https://sharedhealthmb.ca/files/covid-19-ltc-visitor-ipc-teaching-resource-list.pdf		
Sites monitor for staff compliance with Routine Practices https://sharedhealthmb.ca/files/routine-practices-protocol.pdf including but are not limited to: – Point of Care Risk Assessment		

<ul style="list-style-type: none"> - Hand hygiene - Appropriate use of Personal Protective Equipment 		
<p>Direct care staff receive ongoing training for</p> <ul style="list-style-type: none"> - Routine Practices and Additional Precautions - Point of Care Risk Assessment - Hand Hygiene - Personal Protective Equipment - Implementation of additional precautions, including Droplet/Contact precautions with Airborne precautions for AGMPs. Refer to: https://www.gov.mb.ca/health/publichealth/cdc/docs/ipc/rpap.pdf <p>All staff IP&C training including monitoring for compliance must be tracked, recorded, and kept up to date.</p>		
<p>Adherence to Provincial guidance re: AGMPs https://sharedhealthmb.ca/files/agmps-and-long-term-care.pdf</p>		
Activity	Yes	No
PPE		
There should be regular assessment to determine stock of necessary PPE (e.g. gloves, gowns, masks/N95 respirators, face or eye protection)		
<p>There is a documented and monitoring process for compliance with Manitoba's COVID-19 Personal Protective Equipment Supply Management and Stewardship Planning and Guidance Framework: https://sharedhealthmb.ca/files/covid-19-provincial-ppe-framework-guidance.pdf and Provincial requirements for PPE according to the settings: https://sharedhealthmb.ca/files/covid-19-provincial-ppe-requirements.pdf</p> <p>This process includes a plan with follow up actions for identified concerns.</p>		
Extended use PPE (mask/N95 respirator, eye protection) are worn by all staff providing or participating in resident care		
Proper cleaning, disinfection, and disposal of PPE occurs.		
Activity	Yes	No
Admissions/ Readmissions		
Process in place to screen new admissions/re-admissions for signs or symptoms or potential exposure to COVID-19.		
Site adhering with current Shared Health guidance on IP&C management of new admissions and readmissions		
Activity	Yes	No
Testing of Asymptomatic Residents		
Process in place to request asymptomatic surveillance testing of all asymptomatic new admissions/ readmissions		
Activity	Yes	No
Testing of Symptomatic Residents		
Process in place for testing symptomatic residents		

FAQs exist to support staff in answering questions from families exist https://sharedhealthmb.ca/files/covid-19-asymptomatic-testing-faq-for-staff.pdf .		
Timely process in place, including identification of persons responsible, for contact tracing of individuals (staff and residents) with potential exposure to the case immediately undertaken in consultation with regional IP&C staff and/or public health.		
Shared Health process in place to discontinue precautions for a COVID-19 positive resident in consultation with IP&C/designate.		
Activity	Yes	No
Outbreak Management Preparedness		
Site has up to date outbreak management plans including COVID prevention and response readiness plans		
PCH has identified who will lead COVID response/ outbreak management		
PCH has up to date list of resident family contacts		
PCH has up to date list of IP&C, Public Health, and Regional contacts		
Isolation carts/appropriate substitutes and signage available for immediate isolation of residents with signs or symptoms or potential exposures to COVID-19		
Alternative accommodation plans have been considered to support resident physical separation		
Resident cohorting plans are in place in an event of need to cohort suspected/ confirmed cases		
There is a process for inter-facility transfers that includes advance notification of transport personnel and receiving facilities about a resident's suspected or confirmed diagnosis (e.g., presence of respiratory symptoms or known COVID-19) prior to transfer.		
Test kits/requisitions/specimen collection: <ul style="list-style-type: none"> – PCH has a process in place for ordering tests kits/ requisitions/ specimen collection – PCH has supply of COVID-19 test kits – PCH has a policy/procedure on nasopharyngeal (NP) swab collection – Staff are educated and trained on NP swab collection 		
There is an appropriate and safe process for transporting COVID-19 specimens to laboratory for testing.		
Activity	Yes	No
Short-Stay Absences and Resident Activities		
Adherence to most recent guidance in https://sharedhealthmb.ca/files/covid-19-ipc-guidance-for-pch.pdf		
Activity	Yes	No
Environmental Cleaning and Supplies		
All resident rooms and central area surfaces considered "high touch" (e.g., telephone, bedside table, over-bed table, chair arms, call bell cords or		

buttons, door handles, light switches, bedrails, handwashing sink, bathroom sink, toilet and toilet handles and shower handles, faucets or shower chairs, grab bars, outside of paper towel dispenser, hallway grab bars, unit desk) are cleaned and disinfected at a minimum of twice daily and when soiled.		
Shared Health facility approved disinfectant for environmental cleaning and disinfection is used: https://sharedhealthmb.ca/files/facility-approved-disinfectants.pdf and wet contact time achieved. Environmental cleaning is performed using a health care grade cleaner/disinfectant with a drug identification number (DIN).		
Responsibility for cleaning and disinfection of resident care equipment is identified, tracked, and documented.		
Cleaning and disinfection of low touch surfaces (e.g. shelves, bedside chairs or benches, windowsills, headwall units, over-bed light fixtures, message or white boards, outside of sharps containers) is performed at least once daily and when visibly soiled.		
Environmental cleaning and disinfection practices are monitored for compliance.		
Aerosol or trigger spray bottles are not used to apply cleaner/disinfectants.		
Alcohol Based Hand Rub dispensers are available at the point of use (e.g., at the entry to each resident room, in communal areas) ensuring compliance with local fire regulations.		
Respiratory hygiene products (e.g. masks, tissues, ABHR, no-touch waste receptacles) are to be available and easily accessible to staff and residents.		
Appropriately clean and disinfect essential items (e.g., dentures, hearing aids) upon arrival.		
Personal/Other Items (e.g. food, plants, flowers, newspapers, cards, and books) are permitted but must be dedicated to the intended resident only and not shared amongst residents. Staff must ensure hand hygiene before and after interaction with items and maintain physical distancing (maintaining 2 meters spatial separation) at the hand off.		
Physical distancing measures (e.g. use of single rooms when available, maintaining 2 meters spatial separation between residents in hallways, all recreation, activity, dining or other communal areas) are utilized for all residents.		
Activity	Yes	No
Ventilation		
The heating, ventilation and air conditioning (HVAC) system is regularly monitored by qualified staff or a contractor including: <ul style="list-style-type: none"> a) It operates in all resident care spaces 24/7 b) Monitoring of filter systems for effectiveness by weekly physical inspections or monitored with a manometer (to check pressure drop over the filters) 		

<p>c) Regular maintenance inspection (at least twice annually) to check the correct operation and internal components including condition of coils, fan belt tightness, etc.) (e.g., by the HVAC contractor).</p>		
<p>Evidence of proper maintenance of heating and ventilation systems exists in the occupied areas. Evidence includes:</p> <ul style="list-style-type: none"> a) Little or no dirt on supply air diffusers (black film on diffusers or dust on adjacent ceiling tiles) b) Little or no evidence of dirt or dust in or on any radiators or radiant heat sources in rooms c) Exhaust grills (usually found in resident washrooms) are generally clean (some lint dust is acceptable), but certainly are not blocked. d) Return air grills (in other locations) are generally clean (some lint dust is acceptable) but certainly not caked on or blocking airflow e) Thermostats are reported as functioning 		
<p>Where aerosol generating medical procedures (AGMPs) (https://sharedhealthmb.ca/files/aerosol-generating-medical-procedures-AGMPs.pdf) occur on COVID positive (Red Zone), suspect (Orange Zone), and non-suspect (Green Zone) residents who have been admitted for less than 14 days a plan is in place that includes airborne precautions; as well as a private room with the door closed during the procedure and post-procedure to ensure appropriate air clearance (noted in the Shared Health AGMP reference).</p>		
<p>Portable fan use is restricted to only extreme situations to provide cooling to a room. If used, the fans must only draw air from the common corridor and into the patient room (not the other way around). Any fans found shall be generally clean (some lint dust acceptable) but certainly not layers of dust.</p>		
Activity	Yes	No
Laundry		
Process of handling dirty and clean linen separately exists		
Laundry room is organized with proper flow of dirty and clean		
Activity	Yes	No
Handling of Deceased Bodies		
Process in place to notify funeral homes if resident demise due to COVID 19		
Staff are screened and are aware and use Routine Practices and additional precautions properly and consistently when handling deceased bodies or preparing bodies for autopsy or transfer to mortuary services.		
An area in the facility that could be used as a temporary morgue has been identified.		
Activity	Yes	No
Transfer to and from Hospital		
Plans in place to care for residents in-place to preserve hospital capacity as much as possible.		

Process in place to ensure every resident requiring transfer to hospital must be triaged by a physician/nurse practitioner		
Activity	Yes	No
Staff Breaks		
Breaks and lunches are staggered to help ensure physical distancing of HCWs and staff:		
– Outdoor spaces are considered for breaks as weather permits		
– The number of tables and chairs in staff common areas are limited		
– A 2 metre/6 feet distance between chairs is maintained (i.e., additional chairs are removed from the space)		
– There is a minimum of 2 metres/6 feet distance between tables		
– Meeting spaces are chosen that will allow 2 metre/6 feet distance between attendees and or multiple meetings are held with smaller number of attendees		
– Staff disinfect their eating area prior to and following eating/breaks		
Room capacity is posted for all meeting rooms/conference rooms		
Smoking rooms social distance markers in place for staff and residents		
Staff store personal belongings appropriately		
Activity	Yes	No
Human Resources		
Adherence to COVID-19-Single-Site-Staffing-Model-For-Licensed-PCHs. https://sharedhealthmb.ca/files/covid-19-single-site-staffing-model-for-licensed-pchs.pdf		
PCH is adhering to the Provincial PCH Staffing Guideline		
PCH Operators continue to attempt to fill all vacant positions		
A contingency plan with respect to human resources has been developed that identifies the minimum staffing needs and prioritizes critical and non-essential services based on residents' health status, functional limitations, disabilities, and essential facility operations.		
PCH is aware of the Provincial Recruitment and Redeployment Team (PRRT) that can be accessed and utilizing as appropriate		

Resource: Infection Prevention and Control Guidance for Personal Care Homes:
<https://sharedhealthmb.ca/files/covid-19-ipc-guidance-for-pch.pdf>

[Change Tracker:](#)

[January 11, 2021](#)

- Updated to include requirement for facility to provide procedure masks at each screening location/entrance.