

Best Practices IPC Audit for COVID-19 in Shelters and Supported Housing Facilities

Site Audited: _____

Date: _____

It is recommended that this tool be used by nursing educators or Infection Control to monitor practice in patient care areas in response to a trigger or when creating a new site.

Intake, Triage or Reception	Yes	No	Comments
<ul style="list-style-type: none"> • If site includes mixed or unknown populations, patients are triaged at intake for fever, new cough, difficulty breathing, diarrhea 			
<ul style="list-style-type: none"> • Signage is in place and masks are available for clients 			
<ul style="list-style-type: none"> • Where possible, splash guards or dividers are available, or tables are used to create a 2m distance between new clients and triage or front desk reception staff 			
<ul style="list-style-type: none"> • Security staff have easy access to masks and gloves and/ or can maintain 2 m distance from clients. Security staff should be trained. 			
<ul style="list-style-type: none"> • Handwashing/ hand sanitizer is available at entry 			
Common Areas	Yes	No	Comments
<ul style="list-style-type: none"> • Handwashing signs and materials available 			
<ul style="list-style-type: none"> • Water fountains assessed for IPAC risks, use single use cups 			
<ul style="list-style-type: none"> • If beds are in shared area, beds 6' apart, head to toe 			
<ul style="list-style-type: none"> • Signs and physical set up for distancing in common areas 			
<ul style="list-style-type: none"> • All paper signage is laminated/ wipeable 			
<ul style="list-style-type: none"> • Maximize UV light and ventilation (open doors/ windows) in common and living areas 			
<ul style="list-style-type: none"> • All furnishings should be non-plush, wipeable, non-porous materials 			
<ul style="list-style-type: none"> • Harm reduction and other supplies individually packaged 			

Private Accommodations	Yes	No	Comments
<p>Ideally patients with confirmed or suspected COVID-19 should be placed in a single room with a private bathroom. In some cases where the number of COVID-19 cases exceeds single room capacity or practicality, it may not be possible to move every COVID-19 positive patient to a single room. To create capacity, COVID positive patients could be cohorted if space is limited. Persons that have pending test results should remain in single rooms or cohorted together, ideally not with confirmed positive cases.</p>			
<ul style="list-style-type: none"> All patients suspected of having COVID-19 are immediately placed in a single room with private bathroom or in a cohorted room for COVID positive patients only. 			
<ul style="list-style-type: none"> If possible designate a whole floor to confirmed cases, a floor for symptomatic awaiting results and a floor for healthy residents. 			
<ul style="list-style-type: none"> Each patient has been placed based upon a transmission risk assessment (i.e. test result or symptoms assessment) 			
<ul style="list-style-type: none"> Droplet and contact precautions are in line with current VCH IPAC PPE recommendations 			
<ul style="list-style-type: none"> If mixing populations there is a way for staff to keep track of patients status and identify who is on droplet and contact precautions 			
<ul style="list-style-type: none"> Consider allocating dedicated staff specifically to care for the COVID-19 patients 			
<ul style="list-style-type: none"> All furnishings should be non-plush, wipeable, non-porous materials 			
Droplet and Contact Precautions	Yes	No	Comments
<ul style="list-style-type: none"> Appropriate PPE (surgical mask, gown, eye protection and gloves) should be worn by all persons entering the room and discarded properly. Do not apply if all residents are COVID positive) 			
<ul style="list-style-type: none"> Equipment is dedicated (e.g. harm reduction equipment, wheelchairs, lift slings, BP cuffs, etc.) 			
<ul style="list-style-type: none"> If beds are in shared area, beds 6' apart, head to toe In the event that equipment must be shared, there is a process to ensure that cleaning and disinfecting occurs prior to use 			

on another patient. Use an approved cleaner for Health Canada and the contact time for the solution has been verified to ensure disinfection is effective.			
<ul style="list-style-type: none"> Verify that handwashing facilities with soap and water and/or alcohol-based hand sanitizer is available in patient's room, dining areas and staff areas . Monitor for hand sanitizer consumption and place in high traffic, visible areas. 			
<ul style="list-style-type: none"> Verify that all staff responsible for delivering food have instructions to wear a mask and gloves, place food outside door, knock and step away from the door without entering the patient's room. If an entire floor of COVID positive clients they should be in full droplet and contact precautions (mask, gown, goggles, gloves.) 			
<ul style="list-style-type: none"> Medication should be packaged, delivered to the door. Staff will knock, step back to maintain physical distance, verify patient identification If cohorted spaces with medication management, staff should avoid passing or touching medication and ensure 2m distance maintained 			
Waste Removal	Yes	No	Comments
<ul style="list-style-type: none"> Rooms should each have a garbage receptacle lined with a plastic garbage bag for refuse Garbage bags should be tightly tied shut to contain refuse and disposed of in regular waste streams 			
<ul style="list-style-type: none"> A plan is in place for safe disposal of sharps related to injection drug use and medication delivery 			

Laundry	Yes	No	Comments
<ul style="list-style-type: none"> • Clients encouraged to change own beds and put laundry into bags 			
<ul style="list-style-type: none"> • If staff have to change linens, wear full droplet and contact PPE including goggles, gown, mask and gloves 			
<ul style="list-style-type: none"> • Handle soiled linen with minimal agitation and place directly in linen bag without sorting. Do not overfill bags. 			
<ul style="list-style-type: none"> • Provide individual bags for soiled linens and towels 			
Patient Education	Yes	No	Comments
<ul style="list-style-type: none"> • Verify that education has been provided to each patient on the need and procedure for masks and hand hygiene as well as instructions left in their room with simple pictures and images. 			
<ul style="list-style-type: none"> • Verify that the patient has access to alcohol based hand sanitizer or soap and water to clean their hands before eating, after using the toilet, coughing, sneezing, or touching communal surfaces (elevators, door handles) or preparing drugs 			
<ul style="list-style-type: none"> • Verify that visitors will not be permitted to see the patient while on self-isolation, arrange for telephone visits. If spouse or life partner consider assisting with visits in masks or outdoor visits. 			
<ul style="list-style-type: none"> • Verify patient has overdose prevention education and has naloxone and a safe supply of substances (if applicable). Offer telephone or buddy witnessed ingestion. 			

Environmental Cleaning	Yes	No	Comments
<ul style="list-style-type: none"> Use environmental service contractors with health care experience where possible for sites with COVID-19 positive patients 			
<ul style="list-style-type: none"> Verify that notification and scheduling of COVID-19 cleaning of specific patient rooms/bed spaces is communicated to housekeeping or company 			
<ul style="list-style-type: none"> Handle soiled linen with minimal agitation and place directly in linen bag without sorting. Do not overfill bags. Verify managers have reviewed cleaning procedures with housekeeping staff and including: 			
<ul style="list-style-type: none"> Health Canada has published a list of hard surface disinfectants that are likely to be effective for use against COVID-19. Ensure product has a DIN number from Health Canada and follow manufacturer's instructions for dilution and contact time. 			
<ul style="list-style-type: none"> Cleaning and disinfecting in a 2 step process to remove bioburden followed by wiping a second time to disinfect surfaces 			
<ul style="list-style-type: none"> Cleaning of shared spaces and high touch points (elevator buttons, door handles, shared kitchens) 2x daily at minimum with Accelerated Hydrogen Peroxide (both a cleaner and a disinfectant) 			
<ul style="list-style-type: none"> Use damp cleaning methods such as damp cloths and/or a wet mop. Do not dust or sweep which can distribute virus droplets into the air 			
<ul style="list-style-type: none"> Move cleanest to dirtiest, top to bottom, and use dedicated cloths and mop heads, don't move between sites. 			
<ul style="list-style-type: none"> A regular cleaning and disinfection schedule needs to be created for the kitchen space as well as any appliance (microwave, fridge etc.) 			

Kitchen and Meal Delivery	Yes	No	Comments
<ul style="list-style-type: none"> Food should be wrapped and, if possible, delivered to the door. Staff will knock and step back to maintain physical distance. If a shared kitchen exists it should not be utilized if mixed residents, unless the kitchen area can be locked, is accessed only by housing staff that perform hand hygiene before and after exiting kitchen to obtain pre-packaged food items for residents. 			
<ul style="list-style-type: none"> If there is a communal eating area, tables and chairs set up for eating 2 m apart Tables should have hard surface for cleaning/ disinfection before and after use 			
Bathrooms	Yes	No	Comments
<ul style="list-style-type: none"> Separate bathroom for COVID positive, symptomatic 			
<ul style="list-style-type: none"> Handwashing signs and materials 			
<ul style="list-style-type: none"> Sharps containers and monitoring for overdose 			
<ul style="list-style-type: none"> Mixed populations: Wipes provided for cleaning before and after, signs to encourage cleaning of high-touch surfaces 			
Discontinuation of Precautions	Yes	No	Comments
<ul style="list-style-type: none"> If symptomatic and/or tested positive for COVID-19, Droplet and Contact Precautions are discontinued, in consultation with MHO, 10 days after the first day of symptoms. If symptoms persist after 10 days, keep the precautions going until these symptoms resolve. A chronic cough may persist for weeks afterwards and doesn't require to keep precautions after 10 days. 			
<ul style="list-style-type: none"> There is a method to formally notify housekeeping of the need to "discharge/transfer clean" or "specific COVID-19 clean" the room once precautions are discontinued. 			

Patient Discharge	Yes	No	Comments
• Education is provided to the patient and family regarding good hand hygiene practices, what to expect regarding symptoms and any follow-up required.			
• There is a method to ensure discharge/transfer cleaning of room is done prior to admission of another patient			
• Housing support team has been notified on admission to begin discharge planning to avoid discharges to the street where possible.			
Staff areas/ education	Yes	No	Comments
• Staff have a designated area for personal belongings where they can change away from patient care areas			
• Don/ doff area outside staff area, includes handwashing			
• Verify that staff have had increased education sessions on infection control			
• Verify and access to operational manual and resources for updates (e.g.VCH IPAC site)			
• Staff seating/ eating area away from patient care areas			
• Signs to encourage staff to distance			
• Staff have education and signage on work dress code (separate clothing for work/ home, shower/ change procedures).			
• Staff at high risk of COVID-19 complications are not caring for symptomatic clients (respiratory affections or immuno-compromised staff)			
• Measures taken to reduce staff rotations to different sites			
Safety	Yes	No	Comments
• Naloxone and overdose trained staff/ clients on site			
• Fire safety/ accessibility approved by other partners (eg: BCH/ City of Vancouver)			

Signature of Auditor: _____

Please submit copies of the completed audit report to the building manager and infection prevention and control team.

ADDITIONAL RESOURCES:

- <http://ipac.vch.ca/>
- <https://www.canada.ca/en/public-health/services/publications/diseases-conditions/cleaning-disinfecting-public-spaces.html>
- List of hard surface disinfectants approved by Health Canada: <https://www.canada.ca/en/health-canada/services/drugs-health-products/disinfectants/covid-19/list.htm>

ADDITIONAL NOTES:

COVID-19 Patient Room Discharge/Transfer Cleaning Checklist

Room: _____ Date: _____ Time: _____

Item	Yes	No	Comments/NA
1. Were all used items removed?			
a. Suction container and tubing			
b. All items at bedside removed, including:			
– IV bags			
– tubes lines drains			
– medications			
– personal items			
– toilet paper			
– gauze			
– tape			
– patient’s personal bar soap			
– gloves			
2. Were the curtains removed before starting to clean?			
3. Were clean cloths, mop (all supplies) and fresh solutions used to clean the room?			
4. Was the correct disinfectant and concentration used for cleaning?			
– When cleaning public spaces, choose products that clean and disinfect all at once (e.g. premixed store-bought disinfectant cleaning solutions and/or wipes when available).			
– Cleaning products remove germs, dirt, and impurities			

<p>from surfaces by using soap (or detergent) and water. Cleaning does not necessarily kill germs, but by removing them, it lowers their numbers and the risk of spreading infection.</p> <ul style="list-style-type: none"> - Disinfecting products kill germs on surfaces using chemicals. <p>Use only approved hard-surface disinfectants that have a Drug Identification Number (DIN). A DIN is an 8-digit number given by Health Canada that confirms the disinfectant product is approved and safe for use in Canada.</p>			
5. Were pillow and mattresses cleaned and checked for tears (replaced if needed)?			
6. Were all cleaning cloths returned to housekeeping cart, placed in laundry or discarded after use?			
7. Were several cloths used to clean the room with No double dipping of cloths into disinfectant?			
- Mattress			
- Pillow (material pillows to laundry)			
- BP cuff			
- Bedrails and bed controls			
- Call bell			
- Stethoscope and column			
- Flow meters (medical gas controls)			
- Suction tube and outer container (liner disposed)			
- Pull cord in washroom			
- Toilet, sink and all washroom fixtures			

- Over bed table			
- Bedside table			
- Locker or shelf for patient's personal items			
- Inside drawers			
- Bible if applicable			
- TV Remote control/TV Controls			
- Soap/Alcohol based hand rub dispensers			
- Door handles			
- Light switches			
- Light cord			
- Chair			
- Telephone			
- Television and TV handles			
- Computers			
- Wall mounted monitors (e.g. cardiac monitor)			
10. Were the following items cleaned and disinfected before use with another patient or removed from bed space?			
- Commode/high toilet seat			
- Wheelchairs			
- Monitors			
- IV poles/pumps			
11. If the sharps container was 3/4 full (or at full line) was it replaced?			
11. Were PPE boxes of material discarded if touched by clients (glove boxes, etc.)?			