

**Control Measures Assessment Form
for Outbreaks in LTCH, RH, and CLS**
(THIS FORM IS TO BE COMPLETED BY THE FACILITY)

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 Facility			
Facility Contact(s)	Name:	Phone #:	
Name of Public Health Inspector			
Outbreak Status	Confirmed	Suspect	
Date Outbreak Declared			
Outbreak Number	2270 - 202 -		
Type of Outbreak	Respiratory	Enteric	Other
Date and Time of OMT Meeting	Date:	Time:	N/A

1.0	Entrance	YES	NO	N/A
1.1	Outbreak notification signage (suspect/confirmed) is posted at all entrances of facility and affected unit(s)			
1.2	Screening signage is posted at all entrances of the facility and throughout the facility 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 entrance			
2.0	Screening	YES	NO	N/A
2.1	Staff and visitors screen for symptoms prior to entering the facility			
2.2	Residents returning from an absence are screened upon their return to the facility			
2.3	General visitors postpone non-essential visits to residents when the facility is in outbreak			
3.0	Masking Requirements (for Respiratory Outbreaks)	YES	NO	N/A
3.1	Residents on the outbreak unit wear a mask, if tolerated, while receiving care and when in common areas			
3.2	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			
3.3	Staff to conduct a point of care risk assessment to determine masking requirement if providing prolonged direct resident care (one on one interaction within two metres of a resident for 15 minutes or longer)			
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	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)			

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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)			
4.4	Residents 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) and is not expired, and is provided at point of care and in common areas			
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			
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			
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 on the outbreak floor/unit are cohorted, if possible			
6.5	Staff cohorting has been implemented to minimize movement			
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			
6.7	No more than two residents share a room, beds are at least two metres apart and/or a barrier/curtain is placed between residents (where possible in CLS)			
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 always stocked with all required PPE (e.g., masks [medical and N95], eye protection, gowns, and gloves of various sizes) and supplies			
7.3	Staff discard PPE appropriately before leaving the resident's room			
7.4	A sufficient stock of PPE is available in the facility 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			
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 medical mask or a fit- tested, seal checked N95 respirator when providing direct care or when interacting with the resident			
7.10	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			

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 outbreak affected unit 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 to ensure saturation (disinfectant should not be sprayed)			
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			
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 (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			
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](#)

Form Completed by	
Date	