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COVID-19 Prevention Assessment (Long-Term Care/Assisted Living) - (Version 8)

Site Name (if floors have a significantly different population assess all floors):		**Site Category:**	
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#	LEVEL	Legend: O=Observational/V=Verbal		QUESTION ANSWER (Fully Met, Partially Met, Unmet, N/A)	TIPS for Assessors	Assessor's Comments (*please be as descriptive as possible*)
		For Column "A" Colors for Elements: (intervention needed within 1 to 2 days); (intervention needed within 4 to 5 days); needed within 6 days to 14 days).	RED - High Risk YELLOW - Medium Risk GREEN - Low Risk (intervention			
Signage						
1	M	VO	Signage at entrance and exit(s) advising staff and visitors of COVID19 - regulations and precautions. Signage must be readily visible. If multiple buildings, signage must be visible at each entrance point.		There is visible signage advising staff and visitors (including BC Emergency Services, couriers), of IPC precautions e.g.: respiratory etiquette, physical distancing, PPE for all. Ensure signage is not part of facility signage that is overwhelming and cluttered. Instruct staff and visitors to not enter site if experiencing COVID-related symptoms. Signage is displayed at the facility's single entry location. The Outbreak signage is visible during outbreaks. **Ensure sites are using Fraser Health or BCCDC signs.**	
2	M	VO	Signage describes step-by-step guide to proper Hand Hygiene (HH).		Poster reminders of the steps to perform HH are visible above HH sinks. Posters are laminated or in a plastic wipeable sleeve so they can be cleaned.	
3	M	VO	Additional Precaution Signage (Contact and Droplet) is outside the resident door for single bed rooms. For multi-bed rooms the Additional Precaution signage is posted above the resident's bed.		Ask facility if there are any residents or tenants who are on droplet precautions. If yes, go to that person's room to note if there is correct signage posted, and that PPE is accessible outside the room. **Ensure sites are using FH droplet precaution sign. Signage must be laminated or in a plastic wipeable sleeve so they can be cleaned.**	
4	L	VO	"4 Moments of HH" poster is visible in Care areas. Facilities should ideally have approximately two to three posters visible in each neighbourhood.		In LTC "4 moments" posters can be posted in hallways in care areas or near the nursing station. There needs to be approximately 2 to 3 posters in each neighbourhood. Facilities can decide where exactly they will place the signs in the neighbourhoods, however, the signs must be visible to staff. For AL, posters can be in the nursing station or near HH sink. **Ensure sites are using the Fraser Health "4 moments of HH" sign. These must be laminated or in a plastic sleeve so they can be cleaned.**	
5	L	VO	HH audit results are publically posted on each unit and in public places, so results are visible to both staff and families/visitors; the facility also needs to have evidence that audit results are shared with staff.		Observe HH audit results posted on each unit and in public places. Check for evidence of results being shared with staff (weekly meetings, visible results posted in staff areas). For AL/ IL, -the team may not be aware of this requirement. Ensure awareness of importance of HH practices, and that posters are visible in public places.	
Entrance / Reception / Waiting Area - OBSERVATIONAL						
6	M	VO	Alcohol-based hand rub is available, accessible and **used by all who enter the facility**		Observe ABHR being used by staff. FYI- Minimum alcohol requirement is 70% in health care. Check expiration dates (Optional), ensure adequate supply and sites aware of low supply ordering process.	
7	H	VO	Screeners are located at facility entry/ exit point.		Facility has screeners stationed at the main, controlled entry point to the facility. Visitors and Staff are actively screened upon arrival. Also see element #10,11 for essential vs social visitors.	
8	M	VO	There is a single controlled access point to facility, and a designated exit. This controls flow of staff and visitors, and helps with screening processes. Some facilities may have more than one stand-alone building, so there will be more than one access point and more than one exit point. Facilities may also chose to have a separate entrance to control flow of visitors, to keep visitors separate from staff. This is acceptable if proper screening occurring at all these entry points.		Pay attention with shared corridors and connected buildings that signage is visible at major entry points, and flow of staff allows for the maintenance of physical distancing.	
9	H	VO	PPE is available at the single controlled access point to facility.		There is an adequate supply of Medical masks at the single controlled access point for Staff and visitors	
Visits -						
10	M	VO	Only 1 essential visitor permitted for LTC or AL. End of life more than one essential visitor may be permissible.		RESOURCE: Essential Visitor protocol. Refer to the MoH Guidelines for visitations.	
Visits -Family - Social						

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11	M	V O	Facility has a written plan for all family/social visits.			Site needs to meet new standards set April 1, 2021. Social Visitation min 60 minute visits - Expanding to two visitors (plus a child) -Visit may occur in resident rooms or outdoors- allowing touch between resident and visitor with proper IPC measures in place ex. hand hygiene and medical masks	
All							
12	L	VO	Residents / tenants have access to essential clinical services provided by private or FH professionals such as, but not restricted to, foot care nurses, podiatrists, hairdressers, and FH professionals (e.g. community health nurse, physiotherapists, occupational therapist etc.). There is a written plan that is site specific for these services. Consistent with Single Site order, and with the support of the Regional MHO, access to these clinical services is permissible with goals of care discussions, between the health care team members, who then confirm that service is essential.			Sites may permit one essential services personnel to provide services as long as there is a written plan that ensures proper screening, review and use of PPE, IPC standards; there must also be a registration and monitoring of the services provided. Worksafe BC protocols must align https://www.worksafebc.com/en/about-us/covid-19updates/covid-19-returning-safe-operation/personal-services.	
13	L	VO	Resident/tenant, who receive essential clinical services on site, have a client- specific written action plan for these services, to maintain safety.			Check if facility staff have reviewed and are aware of the KYI for essential clinical services.	
Furniture							
14	L	VO	Furniture is cleanable and able to withstand disinfection. Furniture in common areas is clean, not visibly torn, broken or soiled. Wipeable furniture is cleaned twice a day (all high touch areas). Schedule for regular cleaning/shampooing is in place for fabric furniture (min every 3 months).			If furniture is torn or broken, facility must have a plan so furniture is repaired, replaced or cleaned. Reference: Environmental cleaning guidelines & best practices by FH IPC & BC CDC & PIC NET (see p. 10-11) **https://www.picnet.ca/wp-content/uploads/British-Columbia-Best-Practices-for-Environmental-Cleaning-for-Prevention-and-Control-of-Infections-in-All-Healthcare-Settings-and-Programs.pdf** *For AL, IL furniture, where a home-like environment is promoted, it may be difficult to have all furniture that is wipeable. If that is the case, furniture must be clean and have a regular cleaning schedule of (min) every 3 months.	

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Staff Screening							
15	H	VO	Active Screening is conducted once per shift (at the beginning). Staff screening strictly follows process in the COVID Toolkit. In outbreak and enhanced monitoring staff screening increases to twice daily (at the beginning and again at mid-day).			Active Screening must follow all process sets in the COVID Toolkit which aligns with the BC CDC guidelines. FH Screeners can be deployed in a facility outbreak situation. FYI- Temperature check is part of active screening in LTC	
16	H	VO	All staff are provided with information on how to self-monitor for COVID symptoms. Staff must not come to work if sick.			Poster for staff monitoring in locations that are visible to staff (e.g.: entrance to building, staff lounge) , staff have been educated on self monitoring and it is reviewed regularly by site leadership with their teams.	
17	M	VO	Self reports are documented and checklists are kept in a binder or folder by facility leaders.			Checklists are complete and current. Facility leaders know where to find this binder.	
18	H	VO	Staff who have COVID symptoms are aware of correct processes to: report to the supervisor immediately, remove themselves from work, refer to a COVID testing assessment center, and self-isolate pending test results.			Ensure any staff member with even mild symptoms has access to a supervisor who can quickly reassign the work and release the employee to go home. Check there are posters for staff monitoring in locations that are visible to staff (e.g.: entrance to building, staff lounge).	
Resident/Client/Tenant Screening & Swabbing							
19	M	VO	Facility conducts active COVID screening twice a day (per COVID Toolkit, BC CDC guidelines) of all residents. For residents who go out or have overnights there is active screening upon entry back to facility, and processes (per COVID Toolkit) followed if resident/tenant symptomatic.			**Isolation not required for new admissions and residents returning from outings**. Screen per COVID Toolkit, BCCDC guidelines. Symptoms include: fever, chills, cough, SOB, sore throat, loss of sense of smell, nausea/vomiting, diarrhea, fatigue.	
20	H	VO	Facility staff know what to do if a resident/tenant becomes symptomatic (swabbing, isolation, IPC-related processes and supplies, notifying Public Health).			Note if all processes followed for symptomatic and COVID-positive residents. Ask facility is there are any residents/ tenants who are on droplet precautions. If yes, go to that room to note if correct IPC measures are set up and PPE readily available. Examples - droplet precautions (correct signage, equipment, supplies, carts), cohorting; that all implemented in a timely manner. For non-BSTN units, there must be a PPE cart outside the room. For a BSTN unit, the facility must demonstrate that PPE is readily accessible, and safe from wandering residents who have dementia.	

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Resident/Client/Tenant Movement						
21	M	V	Facility leaders and designated staff are knowledgeable about the current process and requirements for resident / tenant transfers, admissions, readmissions.		Processes and requirements per the COVID-19 Toolkit Screening Process/Algorithm, and the admission and transfer algorithm for acute and community settings.	
22	M	VO	Facility follows MHO directives (also see COVID Toolkit) for controlling or stopping all resident / tenant group activities into the community; and all activities that come from community into the facility.		Day programs co-located within LTC facilities are temporarily closed. Decisions for allowing AL/IL tenants and clients into the community for activities must be based in current public health and MHO guidelines.	
23	L	V	All Residents leaving for outings, will have no limitation beyond current public health guidance regarding indoor and outdoor gatherings. In an outbreak or affected neighborhoods in enhanced monitoring, only allowed to attend essential clinical services and medical appointments.		In an outbreak or enhanced monitoring sites are to follow Public Health and MHO direction.	
Recreation						
24	H	VO	Recreation activities between residents can occur within a facility unit or floor and removal of physical distancing within the group. During Outbreak all group recreation activities must be suspended. 1:1 recreational activities can continue during outbreaks.		Plan to ensure that the same group of residents are together within their facility unit or floor for recreation activities. . Recreation group activity examples - Trivia word games, bingo. Any game supplies that are used by residents/ tenants/ staff must be disposable. The facility has a written plan for supporting residents with dementia who have trouble with COVID-spread prevention measures. Music Therapy - Recorded Music Only	
Resident/Tenant/Client Information						
25	L	V	Facility maintains current contact information for all residents/tenants.		Contacts to include family member (or other equivalent designate e.g. friend) and medical practitioners.	
26	M	V	Facility leadership has an established process for contacting family (or designate) in order to share facility updates and/ or resident / tenant updates.			
27	L	V	All resident/tenant Goals of Care are current and documented in the Advance Care Plan; all Medical Orders Scope of Treatment (MOST) are current (recent updating with representative/substitute decision maker).		In AL MOST is not a requirement but best practice is to encourage goals of care conversations and document in advance care planning record. May be completed by AL Community Care professional. If not applicable, leave blank and add note in comments.	
Staffing						
28	H	V	Facility has a written staffing plan of how to obtain staff in the event of an outbreak and critical shortage, with a particular focus on direct care positions and housekeeping. Plan includes details for staffing during an outbreak such as cohorting and for augmenting housekeeping practices.		Staffing plan is documented and includes comprehensive strategies to fill staffing gaps during an outbreak and a staffing shortage. Direct care staff and housekeeping staff are a priority in this plan. Strategies for cohorting staff, and augmenting housekeeping practices, during outbreaks, are included.	
29	M	V	Facility has documented evidence that all staff receive retraining (every 3 months) on infection control. Training includes hand hygiene, PPE, donning and doffing and precautions (contact and droplet).		Facility evidence of training can include: staff sign-in sheets or other documents for tracking actual attendance and in-service completion.	
Nursing Stations/ Alcove/Office (can be on multiple floors and all need to be checked) - OBSERVATIONAL						
30	L	O	Area is clean, orderly and free of clutter. Area is clear of personal items.		Area must be clutter free, and clear of personal items such as hand bags, lunch kits, food, jackets, sweaters. A clutter-free area enables housekeeping to clean horizontal surfaces. Facility should be completing audits for decluttering at least once every 6 months. During an outbreak, this audit should be at least once during the outbreak.	
31	L	O	Area is free of food and drink.		Area is free of food and drink. During outbreaks, there are no potlucks, or sharing of food. Staff may not bring in personal water bottles.	
32	M	O	Facility has a dedicated Hand Hygiene sink, or Alcohol Based Hand Rub (ABHR) in the area (easily accessible).		If the facility is using ABHR in the area, the bottle must be ***Not Empty*** , and must not be beyond its expiry date.	
Soiled Utility Room/Housekeeping Room/Laundry Room						

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33	M	O	Facility implements strategies to restrict access to the soiled utility room, housekeeping room and laundry room (e.g. keep door to area closed). These rooms have adequate space for storage of supplies.		Garbage, biomedical waste and soiled linen is held in the room after used in care, before going for disposal or for cleaning. IPC guidelines are followed for these processes.	
34	L	O	Hand hygiene sinks have paper towels and plain liquid soap dispensers in close proximity. The soap dispenser container is not empty. The hand hygiene sink is completely free from clutter.		Hands free sinks are optimal and best practice but not mandatory.	
35	M	O	All staff must follow Routine Practices when handling soiled laundry. Facility applies correct principles for use of the laundry area; maintains one way work flow, cleanliness and safety precautions in the laundry room, especially if facility is a campus of care, and laundry area considered a "common area" for buildings that share space between LTC, AL, and or IL.		When handling soiled laundry, staff must wear appropriate PPE at all times; masks and eye protection are worn for anticipated sprays or splashes. Staff must wash hands following the removal of PPE and before contact with clean laundry	

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Clean and Sterile Supply Room						
36	L	V	The Sterile Storage is a designated area in the facility. As such, it is limited to STAFF ONLY and the door to room is kept closed.			
37	M	VO	PPE and other clean supplies must be stored in a designated secured, safe and clean area. Facilities must follow CSA Z8000-18 standards Table 11.1 storage requirements for clean supplies. See details in tips section.		Facility PPE supplies are adequate (minimum 7 days supply) such that facility is prepared in the event there is an outbreak. Ensure PPE kits or carts prepared, in wipeable containers in clean supplies room; not stored in cardboard boxes. PPE supplies include procedural masks, protective eye wear, gloves and gowns. **PPE supplies must be kept at least 18 inches below the ceiling and at least 8 inches above the floor, at least two inches from the outside wall, and on a rack with a solid bottom ref: CSA standards.**	
Hallway - Observational						
38	M	O	ABHR or Hand Hygiene sink is available at Point of Care locations. Approximately, one wall mount ABHR per every grouping of 3 resident rooms; the ABHR is available and accessible outside these resident / tenants' rooms.		Check ABHR bottles for expiry dates. ABHR should be available in resident room. Other acceptable placement of ABHR - on a table due to wall mount shortage; and or facility staff can carry ABHR bottles. Personal size ABHR in BSTN are acceptable, as wall mounted may not be appropriate due to safety.	
39	L	O	Facility hallways are free of clutter (e.g. carts, wheelchairs, equipment).		There is a clear separation between clean and dirty equipment/items. Items labelled with "I am clean" or similar statement, identifying clean and dirty equipment. Disinfectant wipes are available (attached to the equipment or somewhere nearby where accessible for staff). Facility must complete an audit on environmental clutter at least once every 6 months.	
Dining areas e.g. kitchenettes, servery, eating area						
40	M	O	For outbreak facilities only - Kitchenettes must be closed immediately once outbreak declared.		**Food/beverage service must be monitored , scheduled and provided by AL staff .** NO SELF SERVICE IS ALLOWED. NOT PERMITED IN OUTBREAK	
41	M	O	Facility has a documented schedule to ensure cleaning of all surfaces in dining area after every meal, following every sitting, for a minimum of twice a day.		Sites must demonstrate they have a schedule for cleaning. For facilities on **outbreak, the dining rooms are closed**.	
42	M	O	Shared dining may occur within a facility unit or floor. (removal of requirement for physical distancing for these groups).		Plan to ensure that the same group of residents are dining together are within their facility unit or floor. ABHR is available in the dining room and residents are practicing hand hygience practices are in place. Staff are observed wearing appropriate PPE and practicing hand hygiene.	
43	M	O	Dining area has a Hand Hygiene sink and or ABHR is available.		Check all areas even if closed (ask to view the dining areas). Check ABHR is accessible to staff; bottles are not empty, and not beyond expiry dates.	
44	M	V	Facility has processes for cleaning residents'/tenants' hands before and after meal time.		Ensure wipes (ABHR type, e.g.: Sani /Wet Ones) are used as needed in LTC and assistance is provided to residents or tenants. Alternatively, check that ABHR is available. This applies to both LTC and AL.	

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Housekeeping						
45	M	VO	Facility has enhanced cleaning in place for the entire site, with high touch surfaces cleaned and disinfected twice a day (6-8 hours between cleaning). There are documented audits for enhanced cleaning in place. Environmental audits must be completed once a month. During an outbreak, environmental audits must be completed twice a week.		For example high touch surfaces are counters, door knobs, faucets, furniture arms, back and seat if wipeable. Environmental Marker compliance is monthly. compliance **90% .** (minimum of monthly in prevention; 2X week if outbreak; increase to 3 x week if less than 60% on audit score in prevention) * owned and operated may be doing regular audits weekly. Droplet precaution rooms should be part of the enhanced cleaning schedule (Regular clean once a day, second clean of high touch surfaces 6-8 hours after initial clean)	
46	M	VO	Equipment for cleaning e.g. mop heads, rags, toilet brushes, are cleaned according to protocol. Mop heads are laundered daily and dried thoroughly before storage. Cleaning equipment that have been used in Additional Precautions (Contact and Droplet Precautions) rooms must be cleaned and disinfected after use before being used in another room or bed space.		For LTC, it is best practice to have disposable brushes or to have processes of cleaning and disinfecting brushes after use, and before being used in another resident's room. Refer to the IPC recommendations for disposable brushes during outbreaks. One mop head per room is recommended. Reference- check BC CDC website **ENVIRONMENTAL STANDARDS VIA PICNET.**	
47	L	VO	Garbage bins are recommended to be hands-free in all areas. When not hands-free, there are effective strategies in place to ensure staff have ability to perform hand hygiene after touching the dirty garbage can.		Garbage bins are considered dirty. Ideally, if a facility does not have hands-free garbage bins, they have plans to replace old bins with new handsfree bins. The actual outcome for this element is, however, whether staff hands are clean. The facility needs to demonstrate there are steps taken so hand hygiene can occur after staff touch garbage cans.	
48	L	O	Facility uses Health Canada approved Cleaners and Disinfectants with DIN.		Facility must show auditor what is being used for cleaning. The disinfectant does not have to be in the form of a wipe. See BCCDC specifications and link below • Disinfectants must be classified as a hospital grade disinfectant, registered in Canada with a Drug Identification Number (DIN) (Health Canada); • Facility must follow product instructions for dilution, wet contact time and safe use e.g. use of PPE and proper ventilation. (http://www.bccdc.ca/Health-Info-Site/Documents/Environmental_Service_Providers_Health_Care.pdf)	
Staff Break Rooms						
49	M	VO	Staff Break Rooms Housekeeping and IPC Measures: (extra critical in outbreak situations) - Facility has a plan and process for cleaning staff rooms that includes: cleaning after use and between shifts. Facility plan for staffing rooms also include staff cohorting, designated break times, designated staff rooms (for facilities with more than one staff room). Signage in these locations include maximum occupancy, physical distancing reminders, PPE reminders. There is also designated staff washrooms aligned to staff cohorts where facility building structure allows for this extra measure. Facility leader(s) have a plan to ensure compliance, and regularly check for compliance.		Facilities can remove chairs in staffing room, accordingly, to accommodate physical distancing. Housekeeping cleaning procedures to include daily cleaning of microwaves (interior/ exterior) and fridges (exterior daily, and interior weekly). Signage in the room must include: reminders for staff to disinfect the area where they sat for their break, reminders about physical distancing, room capacity, and proper PPE use. Staff rooms must have ABHR, a supply of clean masks, and disinfectant wipes to clean goggles, including tips to clean goggles.	

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COVID-19 Prevention Assessment (Long-Term Care/Assisted Living) - (Version 8)

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Reprocessing -Cleaning instructions						
50	M	VO	Cleaning instructions available for all equipment.		There is a clear separation between equipment that is clean, and equipment that is dirty. Ensure cleaning instructions are visible on shared equipment (e.g. tubs, shower chairs). For lifts, apply "I am clean" or other equivalent signage indicating equipment is clean and acceptable for next use. Disinfectant wipes are available (attached to the equipment or available nearby where staff have access).	
51	H	VO	There is a process of cleaning any shared equipment between uses.		Ensure shared medical equipment cleaned with hospital-grade disinfectants. Cleaning and disinfectant wipes are preferred over in-house prepared solutions due to the efficacy, standardization and workplace safety of the wipes. Sit to Stand (STS) slings: STS slings with fabric cannot be wiped off and sprayed with disinfectants. These slings must be laundered. If wipe-able (e.g. sling with no fabric sections), then CAVI wipes are suitable. Suggest some options to the facility 1) disposable slings for STS lifts. 2) To launder sit to stand slings if washing machines are onsite during the night shift when not in use. 3) in an outbreak situation the STS be taken off the floor and any resident requiring mobility aid will need to be lifted in the ceiling lift for the duration of a coivd 19 outbreak. Ceiling lift Slings are dedicated. Facility must follow policy and procedure for cleaning and disinfection of environmental surfaces and shared equipment (commodes, wheelchairs, BP cuffs, Stethoscopes, Bed rails, poles, monitors, Counters, sinks, bedside tables).	
PPE						
52	H	V	PPE is available, stored appropriately and accessible for all staff. Staff have access to required PPE for direct care to residents or tenants. This includes N95 respirators for facilities who have residents / tenants requiring aerosol generating procedures.		Procedural mask, protective eye wear, gown and gloves for droplet precautions, all must be placed on proper PPE station /cart with a wipeable surface. PPE should not be placed on a chair or open cardboard box with no lid. Staff must be fit tested for N95 use.	
53	H	VO	Facility has a 7-day supply of PPE available on site (including procedural masks, gloves, gowns, and eye protection). Facility has proactively sourced and obtained PPE carts which are readily available if an outbreak is declared.		Facility leader or designate is knowledgeable on process to order PPE supplies. Facility has a plan to replenish supplies. Note - **cloth masks are not permitted for staff or visitors as per new Policy from MOH.**	
54	M	VO	Facility leaders knowledgeable in process to obtain nasopharyngeal (NP) swabs. Staff skilled in doing NP swabs, and ensure swabs are correctly packaged, and transported for testing.		Refer to COVID Toolkit or BC CDC website. For AL, IL, Private - these settings will receive training on process to obtain NP swabs. Back up plan is that home testing occurs until trained. Also see KYI for TDG - staff must be certified on process for packaging and transporting swabs.	
55	H	O	Staff are wearing recommended PPE accurately and consistently when in resident or tenant common areas and when providing direct care. The recommended PPE must be worn at all times in these circumstances (procedural mask and protective eye wear).		Facility must follow guidelines in COVID Toolkit for PPE use. **Cloth masks are not permitted for staff.**	
56	H	O	Staff must wear appropriate PPE for droplet precautions when caring for COVID-positive residents / tenants. This includes: surgical mask, eye wear, gown and gloves. PPE audits are done monthly for non-outbreak sites. For outbreaks, audits are done 3 times a week. Must have 100% compliance on the audits.		Ensure staff are following FH recommendations when to discard used PPE	

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57	H	VO	All staff must have been trained in donning and doffing procedures-confirm there is a documented process of PPE donning and doffing auditing and ask to see most recent audit. Ensure training has occurred every 3 months (for non outbreak facilities).		Auditor to ask to review staff retraining sign-in sheets, and evidence that facility audits are in place. Ensure that staff are aware that gowns and gloves are not to be worn outside of resident environment. **Best practice is to have laundry hamper near the room for disposal of soiled laundry. Use Hygiene bags to line bedpans and commodes and discard in the garbage inside resident room for residents on droplet precautions.**	

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Hand Hygiene (HH)						
58	H	VO	Hand Hygiene (HH) audits are completed at a minimum monthly (NOTE: **Hand hygiene audit frequency will increase to three times a week during outbreaks or daily if a complex outbreak**). Observe staff hand hygiene moments as per 4 moments of HH.		Sites must show documentation of audits. Auditor to also observe what staff compliance results are (must be 80% or higher). **If audit results are under 80% then increase audit frequency to weekly until compliant.** Site must have adequate number of trained HH auditors (~2-4). LTC sites must use FH hand hygiene audit form and submit audits results to form audit database (Participating Sites-O & O). AL/IL sites may not meet this requirement, however, AL, IL sites must ensure they are aware of audits and importance. AL, IL sites may be using a non FH audit tool. Non FH tool must include 4 moments of HH.	
59	M	VO	Staff have completed Hand Hygiene modules (minimum annually). Staff repeat the education if achieving less than 80 percent.		If the facility does not have access to the Fraser Health Learning Hub, ensure that facility has their own Hand Hygiene education and they document staff completion of education. Facility must have a HH policy and procedure. There is a Fraser Health HH Policy readily available if required by facility. If the facility has less than 80% on HH audits, ensure there is evidence that facility is conducting refresh education for staff.	
60	H	VO	**Proactive individualized care plans are in place for residents who may be at risk of non adherence to IPC measures.** People with dementia who persistently wander are at high risk for virus exposure and spread. For some care homes, these residents are contained on a BSTN unit; for other homes, these residents are located throughout the site. Compounding this challenge, some dementia residents have physically responsive behaviours and are not easily redirect able from wandering, touching supplies, or coming in close contact with other residents or staff.		Facility to ensure proactive individualized care plans for residents who may be at risk for non adherence to IPC measures such as 14-day isolation, physical distancing, hand hygiene, respiratory etiquette. Encourage use of education resource COVID19 Toolkit (refer to information addressing residents who cannot adhere to IPC requirements.) Facility to ensure proactive enhanced cleaning of high touch surfaces and environment decluttering. If outbreak, site leadership to identify operational staffing need and request: FH staff deployment, and through ACT team, Supportive Funding.	
Other						
61	L	VO	Ask about Pets. if yes, facility must have a pet policy in place for pet care. LTC: Pets should not be allowed in resident suites and dining areas. During Outbreaks: In LTC settings: Pets must be relocated to non outbreak area or to a temporary location outside the facility for the duration of the outbreak. AL: if Tenant is not able to care for the pet, consider relocating the pet to a temp location.		AL - Pets tend to be in individual suites. LTC - pets tend to be roaming.	
62	M	VO	**CPAP/BIPAP and Aerosol Generating Procedures. Assess** if there are residents/tenants on CPAP/BiPAP/nebulizers. For these residents, facility staff must use the N95 mask, and facility must have documented N95 fit testing.		N95 masks are required for staff who are providing direct care for a resident/ tenant on CPAP, BIPAP and nebuilized treatment. All these staff must be fit tested. Facility must have enough N95 masks for a 7 day supply to ensure care can be properly provided. **Note: All newly admitted residents / tenants (who require CPAP/BIPAP) must be swabbed.**	
63	M	VO	**Facility Leadership** - appears focused on prevention, engaged with staff and FH assessment team, visible in facility with various teams, self-directed on activities that assist with prevention measures, and demonstrates good communication skills that contribute to strong leadership.		**TIPS for Assessors:** while facility leaders may demonstrate varying styles, some characteristics will indicate those who may be more impactful on prevention activities. During the assessor's time on site, observe for indicators that facility leader is actively engaged (through their communication, actions) with prevention; engaged with their direct care and site support team members; self-directed and proactive in activities such as checking on compliance, communicating results to staff, doing walk-abouts, promoting / ensuring huddles. The assessor may also note if the facility leader requires a lot of direction or encouragement to focus on prevention or if they are already proactive and self directed; that they appear to be "on top of things".	

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Staffing						
64	M	VO	Staffing: Employees on duty are sufficient in numbers, training and experience and organized in an appropraite staffing pattern		TIPS for Assessors: staffing is adequate to meet the needs of persons in care and assist persons in care with activities of daily living including eating, moving about, dressing and grooming, bathing and other forms of person hygiene, in a manner consistent with the health, safety and dignity of persons in care.	
Other Comments						

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