



**Control Measures Assessment Form
for Outbreaks in LTCHs/RHs/CLSs**
(THIS FORM IS TO BE COMPLETED BY THE FACILITY)

This form will help implement infection prevention and control measures to mitigate the outbreak. The questions that are highlighted in pink are critical measures which must be put into place immediately. Please complete the form and email it back to the Public Health Inspector within one hour of receipt. The form is to be used in addition to the advice, guidelines and/or other direction of provincial Ministries and York Region Public Health.

Name of Facility	Click here to enter text.
Facility Contact(s) Name/Number	Click here to enter text. Phone Click here to enter text.
Name of Public Health Inspector	Click here to enter text.
Outbreak Status	<input type="checkbox"/> Confirmed <input type="checkbox"/> Suspect <input type="checkbox"/> Surveillance
Date Outbreak Declared	Click here to enter a date.
Outbreak/Surveillance Number	2270-2023- Click here to enter text.
Type of Outbreak	Respiratory <input type="checkbox"/> Enteric <input type="checkbox"/> Other <input type="checkbox"/>
Date and Time of OMT Meeting	Click here to enter a date. Time: Click here to enter text. N/A <input type="checkbox"/>

1.0	Communication (Complete this section for Suspect and Confirmed Outbreaks only)	YES	NO	N/A
1.1	Outbreak signage (suspect/confirmed) posted at all entrances of facility and affected unit(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.2	Staff are familiar with the facility's outbreak management, illness exclusion and return to work policies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.3	Visitors and residents are familiar with the facility's outbreak management and illness exclusion policies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.0	Entrance/Passive Screening	YES	NO	N/A
2.1	Signage posted to indicate respiratory/enteric signs/symptoms and steps to take if staff, visitors, or residents, fails screening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.2	Staff to adhere to facility's workplace measures for reducing risk of transmission (e.g., masking for source control, distancing from others) after testing positive and/or being symptomatic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.3	Visitors who test positive for an infectious illness or is symptomatic should avoid non-essential visits. If they have COVID-19 and must visit, they must be provided and wear a medical mask and maintain physical distancing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.4	Promote self-monitoring for all visitors, staff, and volunteers for enteric and respiratory symptoms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.5	Appropriate PPEs are available for staff who need to provide direct care or service within 2 metres of a symptomatic person identified on entering the facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.6	Alcohol-based hand rub (ABHR) and clean masks are available at entrance. Everyone entering the facility performs hand hygiene using ABHR and puts on a clean mask	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.7	Daily assessments are to be conducted for residents who are symptomatic, COVID-19 cases and a close contact must be assessed daily when in outbreak	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.0	Universal Masking	YES	NO	N/A
3.1	During any respiratory outbreak, including COVID-19, homes may consider implementing universal masking for all staff and visitors for the entire facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.2	Staff may consider wearing a mask for source control when providing prolonged direct (i.e., <2 metres, for >15 minutes) care outdoors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.3	Designated break areas are provided for staff to remove mask safely and allows staff to remain 2 metres away from others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

		YES	NO	N/A
4.0	Resident Accommodation			
4.1	Residents are cohorted based on their infection status (e.g., positives with positives, recovered with positives, well with well), as much as possible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.2	Staff cohorting has been implemented as much as possible (e.g., same shift, use same break area, one unit or only work with positives/well)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.3	Resident on precautions/symptomatic is placed in a single room and has access to a private washroom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.4	For residents in a shared room, beds are at least 2 metres apart (e.g., place beds head to foot or foot to foot) and/or a barrier/curtain/partition is placed between residents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.0	Hand Hygiene			
5.1	Staff and visitors educated on proper hand hygiene practices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.2	Staff and visitors clean their hands frequently and follow the correct hand hygiene procedure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.3	ABHR contains (70-90% alcohol) and is adequately stocked, not expired, available throughout the facility and at point of care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.4	Hand hygiene procedure signs are posted at hand hygiene stations/sinks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.0	Routine Practices & Additional Precautions			
6.1	Residents, under Additional Precautions or requires self-isolation, wear a medical mask (where tolerated) for the entire time they are outside of their room, including when accessing a shared bathroom or leaving the facility for external care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.2	Staff and visitors are educated and trained on point of care risk assessment (PCRA) selection and use of PPE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.3	PPE carts/caddies/sealed bags are set-up outside of each resident's room on Additional Precautions, where possible. Supplies are replenished on a regular basis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.4	PPE supplies , ABHR and disinfectant wipes available for staff and visitors located at point of care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.5	Staff have access to PPE supplies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.6	Staff and visitors safely don and doff PPE at the appropriate times (e.g., after resident care, before leaving resident room)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.7	Reusable eye protection is cleaned and disinfected once removed or when soiled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.8	Reusable eye protection is stored onsite and is protected from cross contamination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.9	Posters or signs are available as visual reminder throughout the facility where PPE is don and doff, if possible (i.e., precaution sign, donning and doffing PPE,)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.10	Lined, covered garbage cans/laundry bins are provided inside the resident's room on Additional Precautions to discard PPE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.11	Suspect/Confirmed Respiratory Outbreak LTCH/RH: When interacting within 2 metres of residents in an outbreak area, recommended PPE includes: <ul style="list-style-type: none"> ○ a fit-tested, seal-checked N95 respirator (or approved equivalent). Staff who are not yet fit-tested for an N95 respirator should wear a well-fitted surgical/procedure mask or a non-fit-tested N95 respirator (or approved equivalent); and ○ appropriate eye protection (goggles, face shield, or safety glasses with side protection) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	<ul style="list-style-type: none"> gloves and gown should be added if providing direct care to a resident within an outbreak area, based on a point-of-care risk assessment. Gloves are to be removed after use, and hand hygiene should be performed before and after wearing gloves. Gloves are to be changed between residents <p>For respiratory outbreaks (regardless of etiology), all staff providing direct care to residents within the outbreak area wear the recommended PPE for suspect and/or confirmed COVID-19. Staff and visitors wear a fit-tested, seal-checked N95 respirator, eye protection, gown, and gloves when providing direct care for residents with suspect or confirmed COVID-19. Alternatively, other appropriate PPE includes a well-fitted surgical/procedure (medical) mask, or non-fit tested N95 respirator, eye protection, gown, and gloves</p>			
6.12	<p>CLS: All staff and essential visitors/caregivers providing direct care or interacting within 2 metres of a client with suspect or confirmed respiratory illness, or in an outbreak area should wear:</p> <ul style="list-style-type: none"> eye protection (goggles, face shield, or safety glasses with side protection), A well-fitted medical mask or an N95 respirator (or approved equivalent) Based on a personal risk assessment, gloves and gown may be added 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.13	Staff and visitors wear a fit-tested, seal-checked N95 respirators during aerosol-generating medical procedure AGMP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.14	Enteric Outbreaks: Staff and visitors wear glove and gown when providing direct resident care. Eye protection should a PCRA indicate splashes or sprays to the face	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.0	Environmental Surfaces & Equipment Cleaning and Disinfection	YES	NO	N/A
7.1	Staff are educated and trained on the correct way to clean and disinfect environmental surfaces and equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.2	Manufacturer's instructions for use (MIFU) are followed on dilution, storage, and use of cleaning and disinfecting products. Verified that products are not expired	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.3	Dedicate equipment/items for symptomatic residents (e.g., stethoscope, commode, BP cuff, lift) where possible. Equipment/items are cleaned and disinfected after use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.4	Shared equipment (e.g., board games, cards, books) that is difficult to clean and disinfect is removed from use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.5	Disinfectant used has a drug identification number (DIN) and a broad-spectrum virucide kill claim against non-enveloped viruses (e.g., norovirus, rotavirus, rhinovirus, calicivirus)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.6	Disinfectant is applied to environmental surfaces and equipment for the specified contact time as per MIFU	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.7	Disinfectant is tested daily with an approved test strip (when decanted/mixed)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.8	Name of Disinfectant: Click here to enter text. Contact Time: Click here to enter text. DIN: Click here to enter text.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.9	All environmental surfaces and equipment are cleaned first, then disinfected (2 step method is followed), working from clean to dirty area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.10	High touch surfaces (e.g., tabletops, doorknobs, call bells, handrails, elevator buttons, washrooms, food trolleys, med carts) are cleaned and disinfected at least twice per day and when visibly soiled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.11	There is a posted cleaning and disinfecting schedule for all high touch surfaces including who is responsible and when it is to be cleaned	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.12	Rooms are cleaned and disinfected at least once per day and when visibly soiled when resident is on Additional Precautions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.13	A fresh cloth(s) is used for cleaning each resident bed space/area. Cloth must be changed when no longer saturated with disinfectant. Do not 'double-dip' cloth if a bucket is used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7.14	Bucket method or squirt/flip-top nozzle is used to saturate cloth with disinfectant product. Do not use aerosol or trigger spray bottles to apply cleaners and disinfectants Aerosol or trigger spray bottle for cleaning and disinfection is not used. Bucket method or squirt/flip-top nozzle is used instead	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.15	Shared washrooms are cleaned and disinfected after use by each resident's group/ cohort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.0	Food Safety (only applies to Long-Term Care Homes)	YES	NO	N/A
8.1	Enteric Outbreak Only: Food retention policy in place (<i>Retain and freeze 200 grams of hazardous foods prepared for each meal for 10 days</i>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.0	Additional Measures	YES	NO	N/A
9.1	Group activities, including communal dining have been modified/ discontinued as per York Region outbreak management team (e.g., staggered use of dining room and communal area)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.2	Ensure facility refers to CSA Standard - Infection Control During Construction, Renovation and Maintenance of Health Care Facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.3	Staffing levels are sufficient to support the outbreak	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.4	Process is in place to support physical distancing of staff, residents, and visitors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.5	Dedicated staff break areas are provided (i.e., physical distancing, ABHR, disinfectant wipes and, clean PPE are available for staff)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.6	LTCH/RH: For Long Term Care Homes and Retirement Homes, PHO's COVID-19: Self-Assessment Audit Tool for Long-term Care Homes and Retirement Homes is conducted weekly during an outbreak	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.7	CLS: Use PHO's Managing COVID-19 Outbreaks in Congregate Living Settings (CLS) to conduct self-audits during an outbreak	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.8	Daily auditing of hand hygiene, use of personal protective equipment (PPE) and the cleaning and disinfection of environmental surfaces. Using the York Region Environmental Cleaning Audit Program for LTCH & RH and Hand Hygiene and Personal Equipment Audit Program for Congregate Living Settings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.9	Confirmed or symptomatic residents are provided in-room tray service meals. For congregate living settings, in-room tray services are provided for confirmed or symptomatic residents, if safe and operationally feasible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.10	Facility is well ventilated (e.g., by opening windows, using exhaust fans or central HVAC system)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.11	Portable fans are properly positioned, cleaned, and maintained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Reference: [COVID-19 Guidance for Public Health Units: Long-Term Care Homes, Retirement Homes, and Other Congregate Living Settings](#)

Form Completed by	Click here to enter text.
Form Reviewed by (PHI)	Click here to enter text.