

Site Name		Unit(s)	
Auditor		OMT Lead	
Audit Date		Audit Time	

Document Purpose

This document is intended to assist facilities in assessing their readiness to contain an outbreak when one is suspected or declared by Interior Health Infection Prevention & Control. It should be completed by the facility's outbreak preparedness management team (if site) or the unit management if limited to a single inpatient unit. The audit should include input from other relevant disciplines and stakeholders including environmental services, food services, supply chain, and laundry services.

It is important to understand that, for safety and efficiency, the surfaces of your chairs, tables, and other furniture must be able to be repeatedly cleaned and disinfected. Environmental contamination in any outbreak increases the risk of further disease transmission. Some of the information in this document is intended to prepare you for the outbreak management and the mitigation strategies you will need to end an outbreak. In preparing to use this document, we recommend you ask yourself "What if an outbreak was declared today and what are the areas of opportunity in the current state of readiness?"

Roles	Name	Contact #	Email
Outbreak Leader (Site Director/Unit Manager)			
IPAC Representative			
Environmental Services Manager/Supervisor			
Food Services Manager/Supervisor			
Laundry Services Manager/Supervisor			
Supply Chain or Vendor Manager/Supervisor			
Human Resources Advisor			
Pharmacy			
JOHSC Representative			

Areas of Focus		Result				Comments
		YES	PARTIAL	NO	N/A	
1. Health Care Facility Entrances						
1.1	Hand Hygiene (HH) station is available at the entry/exit points					
1.2	Medical grade masks are available during respiratory season at the entry points					
1.3	Signage posted at entrance & exit(s) as required:					
1.4	Appropriate signage posted to promote respiratory etiquette					
2. Health Care Provider (HCP) Screening						
2.1	HCPs are actively self screening for symptoms prior to the beginning of every shift					
2.2	If HCP are symptomatic, they are aware of process to report to the supervisor immediately and arrange to leave work if it is safe to do so					
3. Patient Screening						
3.1	Each patient is assessed for onset of new symptoms every shift and documented in the patient chart					
3.2	Patient has new symptoms: <ul style="list-style-type: none">▪ Additional Precautions initiated▪ Specimen obtained MRP informed					
4. Visit						
4.1	Visitor restrictions according to the OMT meeting record of decisions are being followed, if applicable					
4.2	Visitors are provided with clear direction (from MRN) for hand hygiene and PPE, if required					
4.3	Process in place to support virtual visit or telephone consultation, where appropriate or needed					

Areas of Focus		Result				Comments
		YES	PARTIAL	NO	N/A	
5. HCP PPE Usage and Practices						
5.1	PPE worn according to Interior Health policy					
5.2	Donning and doffing practices follow Interior Health guidelines, and are consistently adhered to					
5.3	Adequate complement of HCP have been fit tested and PPE is readily available for tasks and patient population					
5.4	PPE is available, stored appropriately and accessible for all HCPs					
5.5	PPE meets the standard for healthcare set by OH&S					
5.6	Record of HCPs training for donning and doffing is maintained and 80% of HCPs have completed their training					
5.7	Donning and doffing process is audited and results are posted for HCPs to see					
6. Preparedness						
6.1	HCPs are aware of, and can locate, IPAC resources on the IPAC website					
6.2	Facility educators, IPs or unit leaders have reviewed and observed HCPs properly donning and doffing PPE					
6.3	Alert and OB preparedness is discussed at unit meetings					
6.4	HCPs have completed relevant basic IPAC related education including hand hygiene available on i-learn					
7. Hand Hygiene						
7.1	All HCPs have completed hand hygiene training within the last 12 months					
7.2	Hand Hygiene Audit has been completed and posted for the previous period					
7.3	ABHR is available in key locations and at the point of care					
7.4	Hand hygiene sinks are available for use and supplied with soap and paper towel					
7.5	Directions for how to clean hands are posted at key locations					
Declutter and Organization						
8. Environment						
8.1	A full site/unit walkthrough is completed to de-clutter the facility/area					
8.2	Surfaces are clutter free to enable easy cleaning and disinfection					
8.3	Patient rooms are de-cluttered to facilitate cleaning and disinfection of surfaces					
8.4	Patients personal belongings must be stored within the patient locker/room or taken home by a relative to facilitate cleaning and disinfection of surfaces					

Areas of Focus		Result				Comments
		YES	PARTIAL	NO	N/A	
9. Medical Equipment						
9.1	Clinical Equipment (i.e. BP Cuffs; SpO2 Monitors) is in good repair or is replaced as needed					
9.2	Where possible, for patients on Additional Precautions, all clinical equipment needed should be dedicated to that patient					
9.3	All clinical equipment not dedicated to a patient is cleaned and disinfected after each use, tagged as clean and stored in the designated clean area					
9.4	All patients on Additional Precautions will have a dedicated bathroom or commode					
9.5	There is clear separation of soiled and clean items in all spaces					
10. HCP Break Rooms						
10.1	Cleaning and Disinfectant wipes and ABHR are available at break room entrances and within the break room					
10.2	Refrigerator contains only HCP food					
10.3	There is a schedule for cleaning and disinfecting common surfaces within the break room including (housekeeping) exterior surfaces of the fridge, small appliances, horizontal surfaces (HCP) interior surfaces of HCP fridge and defrosting schedule (as required)					
10.4	Food/beverages are not stored outside the designated food storage area					
11. EVS						
11.1	Regularly scheduled cleaning and disinfection of EVS housekeeping equipment according to protocol.					
11.2	Garbage is removed when the bin is ¾ full					
11.3	Routine process audits are completed by housekeeping supervisor					
11.4	EVS HCP follow hand hygiene, PPE donning and doffing procedures					
12. Food Services						
12.1	Food service personnel follow routine Interior Health IPAC and food safety protocols					
13. PPE Availability						
13.1	Additional Precaution signage is posted: <ul style="list-style-type: none">At door in single roomAt door and on curtain in multi bedrooms					
13.2	PPE dispensers are available and placed outside room of patient on Additional Precautions					

Areas of Focus		Result				Comments
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14. Nursing Station/Alcove/Office						
14.1	Areas are clean, orderly and free of clutter to enable housekeeping to clean horizontal surfaces					
14.2	There is no food and drinks within the nursing stations or alcoves					
14.3	Areas are clear of personal items					
15. Soiled Utility Room						
15.1	The door to room is kept closed with restricted access					
15.2	Hand hygiene sinks are clear for use and supplied with soap and paper towel					
15.3	ABHR mounted inside room at points of exit					
15.4	Clear separation of clean and soiled					
15.5	No personal belongings stored in these areas					
16. EVS Room						
16.1	The door to room is kept closed with restricted access					
16.2	Hand hygiene sinks are clear for use and supplied with soap and paper towel					
16.3	Clear separation of clean and soiled					
16.4	No personal belongings stored in these areas					
16.5	EVS Housekeeping cart and cleaning equipment is cleaned and disinfected regularly					
16.6	Cleaning and Disinfection products are dispensed appropriately (tested and documented regularly)					
17. Sterile Supply Room						
17.1	ABHR is located outside room at points of entrance					
17.2	Designated room and the door is kept closed. Restricted access					
17.3	No corrugated cardboard on Units					
17.4	All supplies are stored up off the floor					
17.5	No personal items are stored within this area					
17.6	The room is clean, dust free with no evidence of water, vermin, dust, etc.					
18. Dining Room (if applicable)						
18.1	If open, only asymptomatic patients are using the facility					
18.2	If closed, has room been terminally cleaned and disinfected and closed to access?					
18.3	ABHR is located at points of entrance and exit					
18.4	Hand hygiene sinks are clear for use and supplied with soap and paper towel					
18.5	Are patients assisted to clean their hands before and after activities					

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19. Tub Room (if applicable)						
19.1	ABHR is located at points of entry and exit					
19.2	The area has a clean, orderly appearance with minimal supplies (i.e., no stockpiling)					
19.3	No personal items are stored in this location					
19.4	There is a regular cleaning schedule for the room with sign off					
19.5	There is a posted protocol for cleaning and disinfection after each use for tubs and showers					
20. Hallways						
20.1	ABHR is available and accessible at entry and exit points, inside and outside patient rooms and in common areas					
20.2	Ensure ABHR is in date and dispose of expired product					
20.3	Free of clutter- carts, wheelchairs, equipment					
20.4	Designated areas for clean and soiled which are at least 2 metres apart					
21. Administrative Measures						
21.1	Routine Practices, including hand hygiene, respiratory etiquette, cleaning, and disinfection and Point-of-care Risk Assessment (PCRA) are in place for the care of all patients					
21.2	Appropriate IPAC Additional Precautions for patients are applied according to symptoms or diagnosis					
21.3	Appropriate protocols in place for the safe transfer and movement of patients on Additional Precautions within and between facilities					

Prevention & Preparedness Action Plan:

Items Recommended for Immediate Action					
#	Concern	Responsibility	Time Frame	Action	Completed Date
Other Action Recommended					
Additional Comments					