IPAC Self-Assessment for Congregate Living Settings

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Purpose

This self-assessment checklist is designed to help infection prevention and control (IPAC) designates at congregate living settings (CLS) assess if they are up to date on the most current IPAC best practices. CLS include, but are not limited to, group homes, children or youth residential settings, shelters, rooming and boarding houses, and dormitories. As CLS vary in size, purpose and complexity of care, the principles and considerations outlined in this checklist may not always be applicable, appropriate or possible in some CLS. IPAC designates may need to consider and tailor the items in this checklist for setting specific circumstances.

Although in some settings the terms client, resident or tenant may be used, throughout this document the term client is used for consistency. Completing this checklist can assist when discussing the need for IPAC support from supporting agencies or ministries.

Instructions for Use

- Set aside a regular time (e.g., monthly) to complete the checklist at your setting.
- Consider completing the checklist with another staff member as you may have different observations.
- Choose a time of day that activities are taking place (e.g., meals) to have as many opportunities of observations as possible.
- Use the yes/no check box to keep track of areas that might require more attention.
 - Skip any items/sections that are not applicable to your setting.

- Use the "Notes/Comments" sections to provide specific location(s) and details of the gaps identified.
 Discuss findings with staff during the process to help identify challenges and solutions.
- Complete the action item section at the end to identify the next steps.
 - Prioritize and address identified gaps where response was "no".
 - Share these action items with senior management for approval to move ahead with improvement plans.

Contact Details	
Location:	
First name:	Last name:
Signature:	Date (yyyy-mm-dd):

1 - Front Entrance

- 1.1 Screening signage for signs and symptoms of infectious illness (e.g., new onset cough, fever, nausea, vomiting, diarrhea or infectious rash) is posted with instructions on what to do if they have symptoms (i.e., visitors and staff should not enter). Use language and images that are appropriate for the setting.
- Yes No N/A
- 1.2 Medical masks are available to be used for clients who have respiratory symptoms.
- Yes No N/A
- 1.3 There is signage asking those who enter to clean their hands and consider wearing a medical mask if needed.
- Yes No N/A
- 1.4 Alcohol-based foam products, wipes, locked wall-mounted units, or personal alcohol-based hand rub (ABHR) containers can be considered where client consumption of ABHR may be a concern.

Yes No N/A

Notes/Comments:

2 - Common Areas

Areas could include living room, dining room, kitchen, or any other area where clients may gather.

2.1 ABHR with 70–90% alcohol is available in multiple places including the entrance to common rooms.

- No N/A
- 2.2 Hand hygiene instructions are posted where staff and clients clean their hands.
- Yes No N/A

Yes

- 2.3 Clients clean hands when entering and exiting common areas (for meals, after
- Yes No N/A
- 2.4 Staff clean hands regularly and more often as required (aftercare/toileting, before supporting meals, etc.).
- Yes No N/A
- 2.5 Frequently touched surfaces (e.g., TV remote, door handles) are cleaned frequently on a regular schedule (e.g., daily, weekly) and when needed or visibly dirty. To help you decide how often to clean consider if the space is common or private and what it is being used for (e.g., living room versus bathroom).
- Yes No N/A
- 2.6 Clients with symptoms of infection that cannot be contained (e.g., vomiting, draining wounds that cannot be covered) do not use common areas.
- Yes No N/A

2.7 Surface areas are visibly clean.

toileting, group activities, etc.).

Yes No N/A

Notes/Comments:

3 - Client Rooms			
3.1 ABHR with 70–90% alcohol is available.	Yes	No	N/A
3.2 Staff clean hands before entering and when exiting a client's room (i.e., before touching anything outside of the room).	Yes	No	N/A
3.3 Equipment that is shared between clients is cleaned and disinfected between each use (thermometer, commode chairs, mobility lifts, etc.).	Yes	No	N/A
3.4 Equipment is cleaned with proper cleaning products (i.e., product has a Drug Identification Number (DIN) and is appropriate for the task and these are used according to manufacturer's instructions).	Yes	No	N/A
3.5 If the room is shared, beds are arranged so clients sleep as far apart as possible (e.g., arrangement of beds, alternating head and feet).	Yes	No	N/A
3.6 Personal items (e.g,. toiletries) are stored separately from others.	Yes	No	N/A

Notes/Comments:

4 - Rooms with Clients on Additional Precautions

This section is for clients who have signs/symptoms of illness or have been diagnosed with an infection that may spread to others. Additional precautions includes contact precautions, droplet precautions or a combination of both.

4.1 The client has a private room, or they are separated from other clients in the room by at least 6 feet (2 metres) or a physical barrier (e.g., curtain).	Yes	No	N/A
4.2 Staff clean hands before entering and when exiting a client's room (i.e., before touching anything outside of the room).	Yes	No	N/A
4.3 There is signage that identifies the personal protective equipment (PPE) needed to enter the room. (e.g., gloves, gowns, or medical masks).	Yes	No	N/A
4.4 Everyone has access to the PPE they need.	Yes	No	N/A
4.5 Staff and visitors have received training on how to safely put on and take off PPE.	Yes	No	N/A

4.6 Staff are wearing appropriate PPE for clients on Additional Precautions.	Yes	No	N/A
4.7 Clients are assessed for signs and symptoms of infections (e.g., cough, fever, vomiting, diarrhea, new rash) on a regular basis (e.g., daily).	Yes	No	N/A
4.8 Waste and laundry bins are near the exit inside of the client room for used PPE or reusable gowns.	Yes	No	N/A

Notes/Comments:

5 - Staff Areas

Designated staff areas if present may include offices, break rooms, locker rooms, staff stations, etc.

5.1 ABHR with 70–90% alcohol is at the entrance and inside the room.	Yes	No	N/A
5.2 Hand hygiene signage is posted next to hand hygiene sinks and ABHR dispensers.	Yes	No	N/A
5.3 Staff clean hands when entering and exiting the area.	Yes	No	N/A
5.4 A sink for hand hygiene is available where hands may become visibly soiled (e.g., break rooms, kitchen, washrooms).	Yes	No	N/A
5.5 Surface areas are visibly clean.	Yes	No	N/A
5.6 Cleaning and disinfecting supplies (e.g., wipes and gloves) are accessible for staff to clean and disinfect surfaces after use. Ensure staff know to read labels and use products as intended.	Yes	No	N/A
5.7 All frequently touched surfaces (e.g., door knobs, light switches) are cleaned and disinfected at least once daily and when visibly soiled.	Yes	No	N/A
5.8 Surfaces and furniture can be easily cleaned and disinfected.	Yes	No	N/A

Notes/Comments:

6 - Administration			
6.1 Staff do not come to work when ill.	Yes	No	N/A
6.2 Staffing is sufficient to ensure IPAC best practices can be followed	d. Yes	No	N/A
6.3 There is a contingency plan for situations where staffing is insuffi	cient. Yes	No	N/A
6.4 There is enough PPE and a plan is in place to acquire more as n (e.g., have a small inventory within the setting if needed). Items of stored in a cupboard or a bin for easy access.		No	N/A
6.5 PPE and ABHR are not expired and are stored in a manner that properties contamination.	prevents Yes	No	N/A
6.6 There is a plan in place for dedicating isolation rooms if required.	Yes	No	N/A
6.7 Indoor spaces are well-ventilated (i.e., properly working and main heating, ventilation, and air conditioning systems; no vents/regist covered; windows (natural ventilation) can be opened and safely occupants/staff, etc).	ers are	No	N/A
6.8 Portable or local air cleaners can be considered to filter indoor ai where ventilation options are limited.	r, especially Yes	No	N/A
6.9 Staff are provided with IPAC training on a regular basis (e.g., one and informed about the most recent IPAC guidance.	e per year) Yes	No	N/A

Notes/Comments:

Summary of Action Items (set a date for completion for each item): Disclaimer: This document may be freely used without permission for non-commercial purposes only and provided that appropriate credit is given to Public Health Ontario (PHO). No changes and/or modifications may be made to the content without express written permission from PHO. Citation:

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