

IPAC Self-Assessment Audit for Long-Term Care and Retirement Homes

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Instructions

Purpose:

This self-assessment audit is designed to help Infection Prevention and Control (IPAC) leads at long-term care homes and retirement homes assess how their IPAC practices meet minimum IPAC requirements under applicable legislation and regulations. Completing this audit can assist when discussing the need for IPAC support from IPAC Hubs, public health units, Public Health Ontario, or other supporting agencies or Ministries. Staff performing this audit should ensure they are up-to-date with the most current IPAC protocols in their facility.

When to use:

This tool can be used to monitor the implementation and ongoing adherence to IPAC practices. Some areas will likely require more in-depth auditing (e.g., hand hygiene, PPE, environmental cleaning) if there is a change of policy / practice or there is an identified gap in adherence to best practice. Please refer to the [Infection Prevention and Control \(IPAC\) Checklist for Long-Term Care and Retirement Homes](#) to perform a more comprehensive assessment of IPAC practices.

How to use:

- Set aside time to tour your home and complete this audit.
- Consider bringing another staff person with you. You may each notice different areas for improvement. Certain items may require checking in with your administrator or charge nurse.
- Provide specific location(s) and gaps identified under “Notes for Improvement” column.
- Complete the action item section at the end for prioritizing and addressing items where response was “no”. Share these action items with the senior management to support improvement plans within a defined time.
- The results of this audit may compared to previous audit results to assess if areas for improvement have been addressed.

Assessor Information

Date (yyyy-mm-dd): _____ Auditor’s name: _____
Time (24hr - HH:MM): _____ Auditor’s signature: _____
2nd auditor’s name: _____
2nd auditor’s signature: _____

1 - Front Entrance

1.1	There is a process for passive screening of all staff and visitors for signs / symptoms of an infectious illness (e.g., new onset cough, fever, nausea, vomiting, diarrhea or infectious rash) at the beginning of their shift / visit	Yes	No
1.2	Passive screening signage for symptoms of illness is posted	Yes	No
1.3	Alcohol based hand rub (ABHR) with 70-90% alcohol is available	Yes	No
1.4	Medical masks are available with instructions for use posted	Yes	No
1.5	All individuals clean hands with ABHR and may choose to wear a medical mask to enter	Yes	No

Notes for improvement:

2 - Lobby and/or Elevators (Skip to section 3 if no lobby or elevators)

2.1	There is minimal furniture with surfaces that can be easily cleaned and disinfected	Yes	No
2.2	All surfaces are cleaned/disinfected at least daily and when visibly soiled	Yes	No
2.3	ABHR is available on the outside wall adjacent to elevators and doors	Yes	No
2.4	Visible signage with instructions on how to wear a mask and perform hand hygiene is posted	Yes	No

Notes for improvement:

3 - Staff break rooms / locker rooms

3.1	ABHR accessible at entrance and inside the room	Yes	No
3.2	Staff clean hands before entering / exiting	Yes	No
3.3	Cleaning/disinfecting supplies are accessible to clean surfaces after use	Yes	No
3.4	The room is cleaned / disinfected at least once daily	Yes	No

Notes for improvement:

4 - Resident care floor - nursing station

4.1	No food or drink at the station	Yes	No
4.2	ABHR is accessible	Yes	No
4.3	Cleaning / disinfecting wipes and gloves are accessible to clean surfaces after use (e.g. keyboard)	Yes	No
4.4	All high touch surfaces are cleaned at least daily and when visibly soiled	Yes	No

Notes for improvement:

5 - Resident care floor - resident common areas (activity rooms, physiotherapy, dining)

5.1	ABHR accessible at entrance and inside the room	Yes	No	
5.2	Residents' hands are cleaned at entry and exit (if observed)	Yes	No	N/A
5.3	Staff clean hands as per four moments of hand hygiene (if observed)	Yes	No	N/A
5.4	All high touch surfaces are cleaned at least daily and when visibly soiled	Yes	No	

Notes for improvement:

6 - Resident care floor - resident rooms

6.1	ABHR accessible at entrance and at point of care	Yes	No	
6.2	Staff clean hands as per four moments of hand hygiene (if observed during this audit)	Yes	No	N/A
6.3	For Routine Practices staff have access to personal protective equipment (PPE) as per their point of care risk assessment (PCRA)	Yes	No	
6.4	For residents placed on Additional Precautions, there is appropriate signage and access to PPE supplies	Yes	No	
6.5	Staff and visitors have received education and training on how to safely use PPE	Yes	No	
6.6	Staff are wearing PPE based on their PCRA as per Routine Practices and Additional Precautions	Yes	No	
6.7	Residents are assessed at least once daily for signs and symptoms of acute respiratory infection (e.g., new onset cough, fever, nausea, vomiting, diarrhea or infectious rash)	Yes	No	
6.8	The room is cleaned / disinfected at least once daily and when visibly soiled	Yes	No	
6.9	Equipment that cannot be dedicated to a single resident is cleaned and disinfected between residents	Yes	No	
6.10	Waste receptacles are positioned near the exit inside of the resident room to support easy disposal of PPE and laundry bins when reusable gowns are used	Yes	No	

Notes for improvement:

7 - Check with charge nurse or administrator that:

7.1	Staffing is sufficient and there is a contingency plan that identifies staffing needs and prioritizes critical and non-essential services based on resident needs	Yes	No	
7.2	PPE stockpile is sufficient	Yes	No	
7.3	Isolation rooms are identified as per Ministry of Long-Term Care guidance	Yes	No	N/A
7.4	Indoor spaces are well-ventilated (i.e., through properly functioning and maintained HVAC systems, natural ventilation)	Yes	No	
7.5	Staff have been informed about the most recent guidance (e.g., updated communication boards, interviewing staff, email blasts)	Yes	No	

Notes for improvement:

8 - List any additional IPAC concerns (e.g., ABHR dispenser is empty or broken, masks are not available):

Summary of action items (set a date for completion for each item):

Resources

Ontario. Ministry of Health. COVID-19 guidance for public health units: long-term care homes, retirement homes, and other congregate living settings [Internet]. Version 11. Toronto, ON: King's Printer for Ontario; 2023 [cited 2023 Jul 4]. Available from: https://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/LTCH_RH_guidance_PHU.pdf

Ontario. Ministry of Long-Term Care. Minister's directive: COVID-19 response measures for long-term care homes [Internet]. Toronto, ON: King's Printer for Ontario; 2022 [cited 2023 Jul 4]. Available from: <https://www.ontario.ca/page/ministers-directive-covid-19-response-measures-for-long-term-care-homes>

Ontario Agency for Health Protection and Promotion (Public Health Ontario). COVID-19 long-term care resources [Internet]. Toronto, ON: King's Printer for Ontario; 2021 [updated 2021 Jan 8; cited 2023 Jul 4]. Available from: <https://www.publichealthontario.ca/en/diseases-and-conditions/infectious-diseases/respiratory-diseases/novel-coronavirus/long-term-care-resources>

Ontario Agency for Health Protection and Promotion (Public Health Ontario). Interim infection prevention and control measures based on respiratory virus transmission risks in health care settings [Internet]. Toronto, ON: King's Printer for Ontario; 2023 [cited 2023 Jul 4]. Available from: <https://www.publichealthontario.ca/-/media/Documents/2023/ipac-measures-transmission-risks-technical-brief.pdf>

Ontario Agency for Health Protection and Promotion (Public Health Ontario). Infection prevention and control (IPAC) [Internet]. Toronto, ON: King's Printer for Ontario; 2021 [updated 2021 Mar 30; cited 2023 Jul 4]. Available from: <https://www.publichealthontario.ca/en/health-topics/infection-prevention-control>

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