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CHECKLIST

Infection Prevention and Control Key Principles for Clinical Office Practice During the COVID-19 Pandemic

2nd Edition: June 2022

When to Use this Checklist?

This checklist was developed to support primary care providers, specialist clinics, community health centres, urgent care and walk-in clinics, family health teams, and other community clinics as these varied settings increase/resume in-person care which may include assessments and testing for acute respiratory infections (ARIs) and vaccination. It can support these settings in:

- examining, evaluating (e.g., self-assessment) and re-evaluating their current IPAC practices using provincial recommendations (e.g., Ministry of Health, Public Health Ontario) as required.
- planning and preparing for the resumption of services during this COVID-19 pandemic.

It can also be used to help guide public health units (PHUs), regulatory colleges and professional associations in conducting assessments/inspections related to IPAC practices.

This checklist is to be used in addition to, but does not replace the advice, guidance, recommendations, or other direction of provincial Ministries and local public health units. See the Ministry of Health's COVID-19 Orders, Directives, Memorandums and Other Resources.[1] Additional resources specific to COVID-19 are also available on Public Health Ontario's website.[2]

COVID-19 specific IPAC elements found in this checklist are to be followed in addition to IPAC best practices found in the Provincial Infectious Diseases Advisory Committee (PIDAC)'s IPAC for Clinical Office Practice document, the IPAC Checklist for Clinical Office Practice: Core Elements and the IPAC Checklist For Clinical Office Practice: Reprocessing of Medical Equipment/Devices.[3,4,5]

In this checklist, the term clinical office setting will represent the care settings listed above.

Print and Sign

Clinical office setting name:

Clinical office setting address:

Assessment type:

Self-Assessment: ◯

Assessment: ◯

Date:

Time:

Name(s) of person completing the assessment/self-assessment:

Designation(s):

Setting contact name(s):

Phone number(s):

Contents

1. Planning and Preparedness

1	Planning and Preparedness	Yes	No	N/A
1.1	Prior to restarting or continuing services, the clinical office has completed an organizational risk assessment (ORA) to identify potential internal and external infection risks and the level of risk for exposure of staff or patients in order to implement controls to mitigate the risk of transmission. **Resource:** Summary of Infection Prevention and Control Key Principles for Clinical Office Practice[6]	○	○	○
1.2	The clinical office has up-to-date contact information for: • all facility staff • local Public Health Unit[7] • other staff working/supporting/providing service(s) at the facility (e.g., contractors, volunteers) • local testing centres/laboratories.	○	○	○
1.3	Resources and guidance (e.g., from Ministry of Health, Public Health Ontario, regulatory colleges, and local public health unit) relevant to the clinical office have been reviewed.	○	○	○
1.4	There are easily accessible, written policies and procedures for staff, patient and visitor safety including for infection prevention and control.	○	○	○

Notes:

2. Communication

2	Communication	Yes	No	N/A
2.1	There is a process for timely efficient communication with health care workers (HCWs), staff and the local Public Health Unit for communicable disease exposures (e.g., chickenpox, measles, COVID-19).	○	○	○
2.2	There is an up-to-date list of staff names, their emergency contacts, and contact information.	○	○	○

Notes:

3. Education and Training

3	Education and Training	Yes	No	N/A
3.1	Staff are provided opportunities/resources for education and training at orientation and on a continuing basis (e.g., risks of infectious diseases, personal risk assessment, importance of immunization, hand hygiene, personal protective equipment, Routine Practices, Additional Precautions, reprocessing, and environmental cleaning).	○	○	○
3.2	There are regular audits of IPAC practices, such as staff compliance with hand hygiene, donning and doffing of PPE and equipment/environmental cleaning practices. **Resource:** Personal Protective Equipment (PPE) Auditing[8]	○	○	○
3.3	Patients and their accompanying support person receive instruction regarding specific clinic control measures before their clinic visit (e.g., instruction on the correct application and disposal of masks, hand hygiene upon entry to and exit from the clinic, respiratory etiquette).	○	○	○

Notes:

4. Universal Masking

4	Universal Masking	Yes	No	N/A
4.1	Well-fitted medical mask is worn for the full duration of the shift by clinical office staff working in direct patient care areas in accordance with jurisdictional guidance.	○	○	○
4.2	Well-fitted medical mask is worn by all staff working outside of direct patient care areas in accordance with jurisdictional guidance.	○	○	○

Notes:

5. Environmental Cleaning

5	Environmental Cleaning	Yes	No	N/A
5.1	Clinic/office complies with best practices for environmental cleaning.[9]	○	○	○
5.2	There are written policies and procedures for cleaning each area of the clinic/office.	○	○	○
5.3	Responsibility for cleaning is clearly defined and understood.	○	○	○
5.4	If cleaning is contracted out, the cleaning contractor has procedures in place for cleaning each area of the clinical office setting.	○	○	○
5.5	Surfaces, furnishings, equipment, and finishes are smooth, non-porous, seamless (where possible), and cleanable (e.g., no unfinished wood or cloth furnishings).	○	○	○
5.6	Chemical products used for environmental cleaning are: • licensed for use in Canada; • have a Drug Indentification Number (DIN); • prepared and used according to manufacturer's instructions for use (MIFU) for dilution, temperature, water hardness, use, shelf life and storage conditions; • labelled with expiry date; and • stored in a manner that reduces the risk of contamination.	○	○	○
5.7	Contact time (surface remains wet for the required amount of time to achieve disinfection), as indicated on the MIFU, is adhered to.	○	○	○
5.8	In multi-unit buildings (e.g., mixed use office/medical buildings), tenants engage with landlords to ensure that the building is following best practices of cleaning in common spaces (e.g., elevators).	○	○	○
5.9	All common areas are regularly cleaned and disinfected (e.g., minimum daily).[3] **Resources:** • Best Practices for Environmental Cleaning for Prevention and Control of Infections in All Health Care Settings[9] • Infection Prevention and Control for Clinical Office Practice[3]	○	○	○
5.10	High-touch surfaces (e.g., doorknobs, elevator buttons, light switches) are cleaned and disinfected at least daily, more frequently if the risk of environmental contamination is higher, and if visibly soiled.	○	○	○
5.11	Medical equipment and items that come into contact with the patient's intact skin and is used for care on multiple patients is cleaned and low-level disinfected **after each use** (e.g., arm rests,examination table surface, stethoscope, blood pressure cuff).	○	○	○

5	Environmental Cleaning	Yes	No	N/A
5.12	For patients on Additional Precautions (e.g., Droplet and Contact precautions), all equipment and surfaces that the patient contacted are cleaned and disinfected with a low-level disinfectant after patient leaves (e.g., examination table, chair).	○	○	○
5.13	Surfaces are cleaned and disinfected immediately when they are visibly soiled with blood or other body fluids, excretions or secretions.	○	○	○
5.14	Equipment with protective covers (e.g., exam table covers): • covers are removed and discarded • equipment is cleaned and disinfected between patient use • clean protective cover is applied prior to next patient	○	○	○
5.15	Barriers (e.g., plexiglass) are included in routine cleaning (e.g., minimum daily) using a cleaning and disinfecting product that will not affect the integrity or function of the barrier.	○	○	○
5.16	There is a regular schedule for environmental cleaning in the designated **reprocessing** area that includes a written policy and procedure and clearly defined responsibilities.	○	○	○
5.17	Where on-site laundry is done, it is performed in a manner that meets best practice recommendations. **Resource:** Best Practices for Environmental Cleaning for Prevention and Control of Infections in All Health Care Settings[9]	○	○	○
5.18	Non-essential items (e.g., magazines and toys) are removed from patient care areas.	○	○	○
5.19	Waste is disposed of in accordance with provincial regulations and local bylaws, with attention to sharps and biomedical waste.	○	○	○

Notes:

6. Clinical Office Workflow

6	Clinical Office Workflow	Yes	No	N/A
6.1	A system for virtual and/or telephone consultations has been implemented. **Resource:** COVID-19: Tips for Family Doctors-Screen by Phone. Virtual Visits. Guides for Referral and Testing. In-Person Considerations.[10]	○	○	○
6.2	There is sufficient space to follow physical distancing in accordance with jurisdictional guidance.	○	○	○
6.3	Strategies to minimize the number of individuals in the facility and facilitate physical distancing (remaining at least 2 metres apart) have been implemented throughout the facility, and may include: • Spreading out appointments. • Spacing furniture two metres apart. • Marking the floor with tape as a visual cue. • Avoiding in-person group meetings. • Having patients wait outside of the facility until the examination/procedure room is ready for them. • Limiting the number of non-essential individuals that may accompany a patient.	○	○	○
6.4	Traffic flow for common spaces is minimized (e.g., physical markings on floor, signage to limit number of riders is noted in/by elevator).	○	○	○
6.5	Staff breaks are staggered to help ensure physical distancing of the room occupants.	○	○	○

Notes:

7. Entrance

7	Entrance	Yes	No	N/A
7.1	Signage is posted at the entrance to the clinical office setting and at reception areas requiring all patients and any visitors to: • wear a mask in accordance with jurisdictional guidance • perform hand hygiene[11] • maintain respiratory etiquette[12] • report to reception to self-identify signs and symptoms or exposures • physically distance in accordance with jurisdictional guidance	○	○	○
7.2	Signage[13] is accessible and accommodating to patients and visitors (e.g., plain language, pictures, symbols, multiple languages).	○	○	○
7.3	There is access to alcohol based hand rub (ABHR)/hand sanitizer with 60% – 90% alcohol.	○	○	○
7.4	All health care providers (HCPs), other staff, patients, accompanying persons, and visitors perform hand hygiene upon entering the clinical office setting.	○	○	○
7.5	Patients and accompanying support persons are wearing a mask while in the clinic in accordance with jurisdictional guidance.	○	○	○
7.6	Masks are available for patients and visitors who are not wearing their own mask.	○	○	○
7.7	Tissue boxes are available and accessible by patients.	○	○	○
7.8	Hands-free, lined waste receptacles are available.	○	○	○

Notes:

8. Seating and Communal Areas

8	Seating and Communal Areas	Yes	No	N/A
8.1	There is access to alcohol based hand rub (ABHR)/hand sanitizer with 60% – 90% alcohol.	◯	◯	◯
8.2	Signage is posted throughout the clinical office setting reminding staff and patients of the signs and symptoms of COVID-19,[14] and the importance of proper hand hygiene and respiratory etiquette.	◯	◯	◯
8.3	Seating facilitates 2m distancing between patients / households in accordance with jurisdictional guidance.	◯	◯	◯
8.4	Patients presenting with signs and symptoms of an Acute Respiratory Illness (ARI) are directed to a separate area. Patient wears a medical mask.	◯	◯	◯
8.5	Physical distancing is accommodated in staff areas (e.g., administrative areas, break rooms) as per jurisdictional guidance.	◯	◯	◯
8.6	Tissue boxes are available and accessible by patients.	◯	◯	◯
8.7	Hands-free, lined waste receptacles are available.	◯	◯	◯
8.8	Communal items (e.g., magazines and toys) are removed.	◯	◯	◯

Notes:

9. Examination Rooms

9	Examination Rooms	Yes	No	N/A
9.1	There is access to alcohol based hand rub (ABHR)/hand sanitizer with 60% – 90% alcohol both outside and inside the examination/procedure rooms.	◯	◯	◯
9.2	Tissue boxes and hands-free waste receptacles (hands-free preferred) are provided in the examination/procedure room.	◯	◯	◯
9.3	PPE, such as gown, gloves, mask, and eye protection is available at the point of care (immediately outside of the examination/procedure room).	◯	◯	◯

9	Examination Rooms	Yes	No	N/A
9.4	PPE is to be stored in a manner that it will remain clean and dry (e.g., closed container).	○	○	○
9.5	Work flow is conducive to having clean PPE donned immediately outside the examination/procedure room prior to entering and dirty PPE doffed into a waste receptacle within the examination/procedure room by the door upon exiting.	○	○	○
9.6	The number of surfaces or items that may come in contact with the patient is minimized.	○	○	○

Notes:

10. Indoor Air Quality

10	Heating, Ventilation and Air Conditioning (HVAC)	Yes	No	N/A
10.1	If the clinical office has an HVAC system, then it is monitored and receives regular preventative maintenance by the property/building management and meets any applicable regulatory requirements for inspections.	○	○	○
10.2	There is documentation to verify that the HVAC system has been reviewed by the property/building management/HVAC professional.	○	○	○
10.3	Ventilation meets the HVAC requirements of CAN/CSA-Z317.2.[15]	○	○	○
10.4	If the facility does not meet applicable standards for HVAC systems, other strategies are considered to increase fresh air ventilation (e.g., exhaust air out an open window, exhaust fans) or portable air filtration (appropriately sized, positioned, maintained) to avoid air flow from person to person. **Resources:** • Use of Portable Air Cleaners and Transmission of COVID-19[16] • In-Room Air Cleaner Guidance for Reducing COVID-19 in Air in Your Space/Room[17]	○	○	○

10	Heating, Ventilation and Air Conditioning (HVAC)	Yes	No	N/A
10.5	Where portable units (e.g., air cleaners, fans, air conditioners) are used: • Units are placed in a manner that avoids air currents from one person to another's breathing space.[18] • A plan has been developed to cover manufacturer recommended maintenance including filter replacement (if applicable).[16] • Units selected are appropriate for the size of the room and optimally place (e.g., follow manufacturer's instructions, ensure intake and outflow are not obstructed, not a fall hazard).[19] **Resources:** • Use of Portable Air Cleaners and Transmission of COVID-19[16] • COVID-19: Guidance on Indoor Ventilation During the Pandemic[18] • Heating, Ventilation and Air Conditioning (HVAC) Systems in Buildings and COVID-19[19]	○	○	○

Notes:

11. Screening

11	Screening	Yes	No	N/A
11.1	All staff are aware of the symptoms of COVID-19[14] and self-monitor.[20]	○	○	○
11.2	All staff must actively screen themselves[21] daily at the beginning of the day or shift.	○	○	○
11.3	All staff have been instructed to remain at home, or return home from work, if symptoms develop.	○	○	○
11.4	All staff responsible for screening have access to ABHR/hand sanitizer.	○	○	○

11	Screening	Yes	No	N/A
11.5	**Active screening of patients prior to appointment:** Patients are screened over the phone or electronically for symptoms of communicable disease (e.g. acute respiratory infection, gastrointestinal) **before coming for their appointments.**	○	○	○
11.6	If a patient **screens positive over the phone or electronically**, scheduling the appointment at end of day to optimize workflow and mitigate exposure risks is considered.	○	○	○
11.7	**Active screening of person that will be accompanying a patient, prior to appointment:** If a person is to accompany a patient to an appointment, the accompanying person is also screened prior to the appointment.	○	○	○
11.8	**Active screening at the facility as per jurisdictional guidance:** Active screening requires an attestation by staff, patients and accompanying persons to screening questions (e.g. COVID-19 symptoms, other acute respiratory infection symptoms, gastrointestinal symtpoms) at the point-of-entry to the facility. Resources: • COVID-19 Patient Screening Guidance Document[22] • Management of Cases and Contacts of COVID-19 in Ontario[14] • Routine Practices and Additional Precautions in All Health Care Settings[23]	○	○	○
11.9	Staff conducting screening of patients and visitors on site are behind a barrier (e.g., plexiglass).	○	○	○
11.10	Staff conducting screening maintain a 2-metre distance from the patient if a barrier is not available.	○	○	○
11.11	Staff conducting screening who do not have a barrier and cannot maintain a 2-metre distance wear the following PPE: medical mask (surgical/procedure mask) or N95 respirator (or equivalent) eye protection (goggles or face shield), gloves and gown. Note: Staff who are not yet fit-tested for an N95 respirator (or equivalent) wear a non fit-tested N95 respirator (or equivalent), KN95 respirator, or well-fitted surgical/procedure mask based on a risk assessment. **Resource:** Interim IPAC Recommendations for Use of Personal Protective Equipment for Care of Individuals with Suspect or Confirmed COVID-19[24]	○	○	○
11.12	Patients who screen positive at the clinical office and those accompanying them wear a medical mask (surgical/procedure mask) and are advised to perform hand hygiene.[11]	○	○	○

11	Screening	Yes	No	N/A
11.13	Patients who screen positive are immediately placed in a room with the door closed (not cohorted with other patients).	○	○	○
11.14	There is a plan in place to move patients with respiratory symptoms to a dedicated area when an examination/procedure room is unavailable. For example, the patient can be instructed to return outside (e.g., vehicle or parking lot, if available and appropriate) and informed that they will be notified when a room becomes available.	○	○	○

Notes:

12. Clinical Assessment and Examination

12	Clinical Assessment and Examination	Yes	No	N/A
12.1	Clinical assessment and examination of patients who screen positive is only provided if all of the following are met: • HCWs providing direct care to patients with suspected or confirmed COVID-19 infection have access to the appropriate PPE which includes a fit-tested, seal-checked N95 respirator (or equivalent) or a well-fitted medical mask based on risk assessment, eye protection, gowns and gloves. **Resource:** Interim IPAC Recommendations for Use of Personal Protective Equipment for Care of Individuals with Suspect or Confirmed COVID-19[24] HCWs have access to and are knowledgeable on how to properly don and doff PPE (i.e., gloves, gown, medical mask or N95 respirator (or equivalent), and eye protection). • The patient is isolated in a single room/area away from others. • Cleaning and disinfection best practices are followed (see Section on Environmental Cleaning).	○	○	○
12.2	HCW performs a Point of Care Risk Assessment (PCRA): An individual assessment of each patient's potential risk of transmission of microorganisms (based on signs [e.g., rash, fever], symptoms [cough, diarrhea], exposures [e.g., household contact with COVID-19 case] and diagnosis [e.g., chickenpox, conjunctivitis]) is conducted by all HCWs and staff prior to contact with a patient.	○	○	○

12	Clinical Assessment and Examination	Yes	No	N/A
12.3	Based on the risk assessment and a risk assessment of the task at hand, appropriate interventions and interaction strategies (e.g., hand hygiene, waste management, selection of PPE and patient placement) are implemented to reduce the risk of transmission of microorganisms to and from the patient.	○	○	○
12.4	Patients are instructed to wear their medical masks throughout their visit (apart from when it may need to be removed as part of their assessment) until they exit the clinic.	○	○	○

Notes:

13. Personal Protective Equipment (PPE)

13	Personal Protective Equipment (PPE)	Yes	No	N/A
13.1	A stable supply of PPE for patient care and other essential supplies (e.g., ABHR/hand sanitizer, liquid soap, and paper towels) are ensured and the supply in place is reviewed considering local and regional sector inter-dependencies. Refer to the PPE Burn Rate Calculator[25] to estimate PPE use.	○	○	○
13.2	Employer sources and provides PPE to staff in accordance with their responsibilities to ensure workplace safety under the Occupational Health and Safety Act.[26]	○	○	○
13.3	PPE for each patient interaction is chosen based on the personal risk assessment and jurisdictional guidance.	○	○	○
13.4	Available PPE includes gloves, gowns, medical masks, N95 respirators (or alternative), and/or eye protection (e.g., safety glasses, face shields, goggles, or masks with visor attachments).	○	○	○
13.6	Clinical office staff who are required to wear PPE are trained in the use, care, and limitations of PPE, including the proper sequence of donning and doffing PPE.[27]	○	○	○
13.7	Clinical office staff who are required to wear N95 respirators are fit-tested at least every two years and whenever there is a change in respirator face piece or the user's physical condition, which could affect the respirator fit and seal-check.	○	○	○

13	Personal Protective Equipment (PPE)	Yes	No	N/A
13.8	When interacting with and within 2 metres of **patients who screen negative, clinical office staff**: • Wear PPE based on their personal risk assessment and jurisdictional guidance. • Perform hand hygiene before and after contact with the patient or the patient environment and after the removal of PPE.	○	○	○
13.9	When interacting with and within 2 metres of patients **who screen positive** for an ARI, staff: • Wear a fit-tested, seal-checked N95 respirator (or equivalent) or a well-fitted medical mask based on risk assessment, gown, gloves, and eye protection. • Perform hand hygiene before and after contact with the patient and the patient environment and after the removal of PPE.	○	○	○
13.10	PPE is put on directly outside of the examination/procedure room.	○	○	○
13.11	PPE is removed and hand hygiene is performed just at the exit of the examination/procedure room.	○	○	○

Notes:

14. Aerosol-Generating Medical Procedures (AGMP)

14	Aerosol-Generating Medical Procedures	Yes	No	N/A
14.1	AGMPs are performed in a private room/area with the door closed.	○	○	○
14.2	During an AGMP, the number of people in the room is kept to a minimum with only experienced staff performing the procedure.	○	○	○
14.3	Staff performing AGMPs on a patient with an ARI are donning a fit-tested, seal-checked N95 respirator (or alternative), eye protection, gloves and gown.	○	○	○
14.4	Equipment and techniques that minimize exposure to respiratory pathogens are adhered to. **Resource:** PIDAC's Annex B: Best Practices for Prevention of Transmission of Acute Respiratory Infection in All Health Care Settings[28]	○	○	○

Notes:

15. Testing

15	COVID-19 Testing	Yes	No	N/A
15.1	Patient testing for COVID-19 is performed in accordance with the Ministry of Health guidance for testing. **Resource:** COVID-19 Provincial Testing Guidance[29]	○	○	○

Notes:

16. Vaccination

16	COVID-19 Vaccination	Yes	No	N/A
16.1	Patient vaccination, including booster, is offered to eligible individuals.	◯	◯	◯
16.2	Patient vaccination is performed in accordance with the Ministry of Health guidance for vaccination.	◯	◯	◯
16.3	If offering COVID-19 or other vaccines, vaccines are managed and performed according to the manufacturer's instructions (e.g., storage, dose intervals, eligibility requirements and contraindications, current recommendations on mixed vaccines schedules, documentation, patient education). **Resources:** • Infection Prevention and Control for Clinical Office Practice[3] • COVID-19 Vaccine-Relevant Information and Planning Resources[30]	◯	◯	◯
16.4	If offering COVID-19 or other vaccines, patients are provided counseling regarding vaccine side-effects.	◯	◯	◯
16.5	If offering COVID-19 or influenza vaccines, there is a process in place to facilitate physical distancing for post-vaccine monitoring.	◯	◯	◯
16.6	If offering COVID-19 or other vaccines, adverse events following immunization (AEFI) are managed and reported.	◯	◯	◯
16.7	There is adherence to sharps safety protocols.	◯	◯	◯
16.8	For patients who screen negative and who are coming to the office/clinic for vaccine/medication administration, HCWs and staff wear PPE based on their point-of-care risk assessment and jurisdictional guidance. Gloves are considered (e.g., with poor skin integrity and when administering some vaccines) as per the Canadian Immunization Guide.[31]	◯	◯	◯

Notes:

17. Occupational Health and Safety and Human Resources

17	Occupational Health and Safety and Human Resources	Yes	No	N/A
17.1	The clinical office has developed and implemented policies that support the highest possible vaccination rates for HCWs and other staff (e.g., COVID-19, influenza).	○	○	○
17.2	All staff are trained to self-monitor for infectious symptoms (e.g., acute respiratory illness symptoms, gastrointestinal symptoms).	○	○	○
17.3	All staff who become ill or test positive for COVID-19 report their illness to their manager/supervisor or to Employee Health/Occupational Health and Safety as per usual practice.	○	○	○
17.4	There is a process/policy in place for reporting any designated diseases of public health significance under the Health Protection and Promotion Act (O. Reg. 135/18).[32]	○	○	○
17.5	There is a process/policy in place for follow up of any exposures/infections stemming from the workplace that includes notification to the Ministry of Labour, Training and Skills Development for occupational illnesses.	○	○	○
17.6	Employer provides written notice within four days of being advised that a staff has an occupational illness, including an occupationally-acquired infection, or if a claim has been made to the Workplace Safety and Insurance Board (WSIB) by or on behalf of, the worker with respect to an occupational illness or infection, to the: Ministry of Labour, Training and Skills Development • Joint Health and Safety Committee (or health and safety representative) • Trade union (if any)	○	○	○
17.7	Jurisdictional guidance is followed for return-to-work following illness.	○	○	○
17.8	Staff report to their manager/supervisor or to Employee Health/Occupational Health and Safety before returning to work.	○	○	○
17.9	The number of staff working on site is minimized; tasks that can be done from home or outside of regular hours will minimize staff interactions with each other and patients.	○	○	○

Notes:

18. Reprocessing of Reusable Medical Equipment/Devices

For information on the requirements for reprocessing in the clinical office, please refer to the IPAC Checklist for Clinical Office Practice: Reprocessing of Medical Equipment/Devices.[5]

Additional Notes

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