



Infectious Disease Control Checklist

Bargaining Unit:

Date Completed:

Representative Completing the Checklist and contact Information:

Introductions:

This checklist is designed to assess the controls your Employer has put in place to protect workers from the risks associated with screening, testing, and/or caring for patients with – or under investigation for – an infectious disease.

Please complete the following checklist and send to your Labour Relations Officer. Should any of these following controls not be in place, your LRO can advise you on how to escalate either through your Employer and/or the Ministry of Labour, Immigration Training & Skills Development.

I. Risk Assessment

<input type="checkbox"/> YES	<input type="checkbox"/> NO	Was an organizational infectious disease risk assessment completed and a report provided to the Joint Health and Safety Committee (i.e. Infectious Disease Threat Organizational Risk Assessment Tool, by the Public Services Health and Safety Association)? https://www.pshsa.ca/resources/infectious-disease-threats-risk-assessment-tool-for-acute-care
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Comments:

II. Personal Protective Equipment (PPE)

When screening or triaging patients for symptoms or risk factors, and/or caring for persons under investigation or confirmed with an infectious disease, are the following protocols in place:

<input type="checkbox"/> YES	<input type="checkbox"/> NO	The employer implements a policy on Standard Precautions which includes selection and use of PPE (e.g., indications, donning/doffing procedures).
<input type="checkbox"/> YES	<input type="checkbox"/> NO	The employer implements a policy on Transmission-based Precautions that includes the clinical conditions for which specific PPE should be used (e.g., Influenza, Measles).
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Are members receiving the PPE they determine is needed based on their point of care risk assessment (e.g. treatment causing patient to cough, producing droplets)?

<input type="checkbox"/> YES	<input type="checkbox"/> NO	Powered Air Purifying Respirators (PAPR) for low-or-high risk aerosol generating medical procedures (AGMPs) of novel diseases
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Full Impermeable Body Suits
<input type="checkbox"/> YES	<input type="checkbox"/> NO	N95 respirators
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Impermeable gown
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Gloves
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Eye Protection: (if yes, circle which eye protection used) <ul style="list-style-type: none"> • Face Shield – disposable that covers the front and sides of the face • Goggles
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Readily available surgical/procedural masks and clean gowns to provide for patients under investigation or confirmed to have an infectious disease.
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Surgical masks and work self-isolation protocol for workers who may have been exposed but have no symptoms and are being required to attend work.
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Workers trained on respiratory protection program – including training on care, use and limitations of PAPRS, N95 respirators, surgical masks, protective clothing, equipment and devices etc.
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Use alternatives to N95 respirators where necessary (e.g. <u>other disposable filtering facepiece respirators</u> , elastomeric respirators with appropriate filters or cartridges, powered air purifying respirators).
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Ensure adequate supply of respirators always available for non-emergency situations (e.g., close contact with patients with tuberculosis)

Comments:

III. Administrative Controls

Were the following administrative controls put in place?

<input type="checkbox"/> YES	<input type="checkbox"/> NO	The employer has implemented cleaning/disinfection policies which include routine and terminal cleaning and disinfection of rooms of patients on standard or additional precautions
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Patient flow and movement assessed and organized to limit exposure at all points of transfer.
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Reduce face-to-face HCW encounters with patients wherever possible (e.g. bundling activities, use of video monitoring).
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Cohort patients: Group together patients who are infected with the same organism to confine their care to one area.
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Adequate supply of hand-sanitizer available for patients and staff.

<input type="checkbox"/> YES	<input type="checkbox"/> NO	Screening area separate from rest of hospital (i.e. tented area).
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Procedure and signage in place requiring patients and visitors to use hand-sanitizer and surgical mask.
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Screening tool which reflects latest guidance – symptoms, close contact with someone with symptoms, and travel to areas with emerging/novel diseases.
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Stockpile of adequate number of respirators (N95 or greater in various sizes).
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Adequate number of N95 respirators immediately available and not locked up for staff based on point of care risk assessment and non-anticipated urgent situations (sudden intubation).
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Use of N95 respirators beyond the manufacturer-designated shelf life only for training and fit testing.
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Employer able to demonstrate that procurement and replacement measures in place to ensure adequate number of surgical masks and tissues for patients, respirators (N95s or greater) in various sizes for staff at risk
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Respiratory Protection program developed in consultation with the Joint Health and Safety Committee (JHSC).
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Staff fit-testing on N95 respirators up-to-date.
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Dedicated team of clinicians ready to don and doff higher level PPE, such as PAPRS in case of AGMPs for patients with novel/emerging diseases.
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Cohort HCWs: Assign designated teams of HCWs to provide care for patient who has suspected or confirmed infectious disease
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Policy and practice in place for the safe transfer of patients under investigation or diagnosed with an infectious disease
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Procedure in place to restrict all visitors with symptoms and/or risk factors
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Procedure in place to test any patient with febrile or gastrointestinal symptoms.
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Practice in place to monitor and/or test any susceptible worker exposed to a patient suspected or confirmed with an infectious disease
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Practice in place requiring workers with infectious disease symptoms to quarantine themselves
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Practice in place to rapidly identify any workers who may be have been exposed to a suspect or confirmed patient or coworker, and report this information to the JHSC
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Security staffing to ensure staff safety when trying to implement strict visitor and patient protocols.
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Exclude susceptible workers from contact with patients known or suspected to have an infectious disease which is assessed for during staff onboarding (workers without vaccinations or lab-confirmed immunity to MMR, Varicella, Hepatitis B, etc.)

<input type="checkbox"/> YES	<input type="checkbox"/> NO	The employer routinely audits compliance with PPE and hand hygiene protocol
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Outbreak Response Plan in place – developed in consultation with JHSC – which includes a definition, procedures for surveillance and containment, and a list of syndromes or pathogens for which monitoring is performed.

Comments:

IV. Engineering Controls

Were the following engineering controls put in place?

<input type="checkbox"/> YES	<input type="checkbox"/> NO	Plexi-glass barrier floor to ceiling with microphone for triage, screening, registration and reception.
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Adequate number of Negative pressure rooms <ul style="list-style-type: none"> • How many? Please specify _____ • Can it accommodate number of patients needing care?
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Properly maintain ventilation systems to provide air movement from a clean to contaminated flow direction. See: CSA Z317.2 Table 1 “HVAC Design Criteria”
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Working with local construction companies to jerry rig existing patient rooms to create more negative pressure rooms.
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Increase number of isolation rooms.
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Dedicated equipment for PUI and confirmed.
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Where negative pressure rooms are not available, closed-door single rooms with ante room for donning/doffing with area for disposal of PPE.
<input type="checkbox"/> YES	<input type="checkbox"/> NO	If no single room, an area where patients are 6 feet apart with easy access to respiratory supplies or an alternate location (such as being directed to wait in their car until they can be seen and assessed).
<input type="checkbox"/> YES	<input type="checkbox"/> NO	An area at the facility designated (e.g. an ancillary building or temporary structure) or identify and secure a location in the area to be a “respiratory virus care and treatment center” where patients suspected or confirmed with a novel/emerging disease will be placed.
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Use of safety engineering medical devices to reduce risk of exposure to bloodborne pathogens

Comments:
