Continuing Care Health Service Standards
Standard 11.0 Audit Readiness Checklist (ARC)

This ***Audit Readiness Checklist*** (ARC) is an optional resource intended to provide an overview of the evidence required to ensure a site or program is compliant with Infection Control and Prevention Standard (11.0). Policies and procedures must address but are not limited to 11.1 (a) through (n). Resources that support the CCHSS can be found in the ***CCHSS Standard 11.0 Cross Reference Tool*** .
Instructions: This is checklist may be printed off and used to document a site/program self-assessment (i.e., Yes, No, Unsure). The shaded areas are not applicable (no response required).

Standard 11 Infection and Prevention Control (IPC)
11.1 An Operator shall establish, implement and maintain documentated IPC policies and procedures which must address but are not limited to the following:

11.1 a)	**Performance of a point of care risk assessment to evaluate the risk factors related to the interaction between a client and the client's environment, which must include the client's immunization and screening status, to determine their potential for exposure to infectious agents and identify risks for transmission;**	**Auditor Observation**	**Binder Evidence**	**Interview**	**Chart Review**
	Policy, Procedure and Resource Document on Routine Practice				
	Staff must be aware of the process and management for ARO				
	Staff must be aware of what a point of care assessement entails				
	Immunization records of Pneumococcal and Influenza (Electronic or Paper)				
	TB screening documentation (Meditech, Point Click Care or Momentum)				
11.1 b)	**Hand hygiene programs for Staff, Clients, volunteers and visitors;**	**Auditor Observation**	**Binder Evidence**	**Interview**	**Chart Review**
	Alcohol based hand rub is easily accessible				
	Hand Hygiene station at entrance				
	Hand Hygiene posters throughout building for staff and visitors				
	Signage in key areas to remind staff-sinks, hand washing stations, rooms etc…				
	Supplies available for staff hand washing / gross soil.				
	Ensure that the hand sanitizers are not expired and not empty				
	Results of hand hygiene audity shared with staff, visitors, clients				
	Hand hygiene performed during medication administration				
	Hand Hygiene Policy				
	Resource Document or Policy should include 4 moments of hand hygiene				
	Hand Hygiene audits based on the 4 moments of hand hygiene				
	Action Plan related to hand hygiene audits if less than 90% compliance (QI)				
	Staff will bringing necessary hand hygiene supplies in a home living environment				

11.1 c)	**Source control to contain infectious agents from an infectious source including signage, separate entrances, partitions, early recognition, diagnosis, treatment and respiratory hygiene;**	**Auditor Observation**	**Binder Evidence**	**Interview**	**Chart Review**
	Observation of appropriate signage indicating proper precautions, brochures, etc.				
	Signage should indicate appropriate Personal Protective Equipement				
	Signs indicating isolation outside of rooms, if applicable in the moment				
	Evidence of respiratory hygiene program ie. Posters about cover your mouth, cold/flu				
	Signs must be seen for residents requiring additional precautions				
	Signage for ARO				
	Policy, Procedure and Resource Document referencing disease and transmission table				
	IPC Resource Manual for Continuing Care				
	Staff should know the process for early symptom recognition (respiratory, gastro)				
	Staff should know the process for diagnosis and management of resp/gastro/wound/skin				
11.1 d)	**Aseptic technique**	**Auditor Observation**	**Binder Evidence**	**Interview**	**Chart Review**
	No expired or open sterile supplies				
	Observation of sterile package are stored appropriately (stored in clean, wipeable non porous containers) and clean supplies				
	Observation that wound cart is regularly cleaned				
	Free of expired medication and surgical supplies				
	Policy, Procedure and Resource Document regarding care activites requiring aseptic technique (ie. IV, Catheters, Clean and Sterile storage)				
	Evidence of scheduled, regular cleaning of wound cart				
	Conversations with staff on aseptic technique				
11.1 e)	**Immunizations and screening requirements for Staff**	**Auditor Observation**	**Binder Evidence**	**Interview**	**Chart Review**
	Policy, Procedure and Resource Document-can include AHS Outbreak guideline for unimmunized staff during influenza outbreak				
	Documentation of process to determine Fitness to Work during a confirmed influenza outbreak				

11.1 e)	**Immunizations and screening requirements for Staff Continued**	**Auditor Observation**	**Binder Evidence**	**Interview**	**Chart Review**
	During an outbreak, there is a process to discuss staffing influenza immunization information				
	Immunization data statistics/tracking tool or a clear process to determine staff's immunization status				
	What are your immunization and screening requirements for staff?				
11.1 f)	**Use of personal protective equipment by staff**	**Auditor Observation**	**Binder Evidence**	**Interview**	**Chart Review**
	Staff are observed wearing PPE when appropriate				
	Observations that PPE is available for use at point of care				
	Observation of available PPE				
	Auditor's conversations relating to PPE selection				
11.1 g)	**sharps safety program**	**Auditor Observation**	**Binder Evidence**	**Interview**	**Chart Review**
	Observation of appropriate bins for disposing of sharps properly, it could be tied to 11.3 as well				
	Observation of sharps are secured/ locked				
	Observation of sharps containers at the point of use and storage				
	Waste and Sharps Handling Resource (Home Care)				
	Process for reporting and analyzing injuries related to sharps				
	Process for monitoring, evaluating and improving outcomes of the sharp program				
	Process for selecting and evaluating devices (Hazard Identificaiton, Assessment and Control)				
	Education related to sharp safety procedures				
11.1 h i)	**cleaning of the Client care environment**	**Auditor Observation**	**Binder Evidence**	**Interview**	**Chart Review**
	Observation of site cleanliness, including Client’s room and high touch surfaces (handrails, counter, door handles)				
	Observation of cleaning schedules				
	Observation of separate clean and dirty supply rooms				
	Observation of Client’s personal care items are separated and labelled, when kept in shared rooms/bathrooms				
	Shelving clear of dust and debris, storage bins clear of dust and debris and on a cleaning schedule.				

11.1 h i)	**cleaning of the Client care environment Continued**	**Auditor Observation**	**Binder Evidence**	**Interview**	**Chart Review**
	Observation of cleaning supplies and chemicals properly secured (i.e. Chemicals locked at all times when unattended)				
	Observation of clean mop heads				
	Communal fridges do not have expired, unlabeled or opened food				
	Free of corrugated packing boxes in clean supply room				
	Evidence of cleaning schedule for site cleanliness, including client's room and high touch surfaces				
11.1 h ii)	**cleaning and disinfection of Non-Critical Medical Devices**	**Auditor Observation**	**Binder Evidence**	**Interview**	**Chart Review**
	Clean showers and tubs				
	Observation of clean non critical medical devices i.e. vital sign monitor, glucometer, stethoscopes				
	Observation of appropriate cleaning/disinfection of product being used as per manufacture and cleaning product guidelines				
	Documentation of cleaning and disinfection schedules				
11.1 h iii)	**handling of waste and linen;**	**Auditor Observation**	**Binder Evidence**	**Interview**	**Chart Review**
	Observation of linen kept off the floor and in a containers				
	Observation that clean linen containers are covered				
	Observation of a dirty to clean flow (transporting of waste and linen, keeping clean				
	Observation of laundry chutes clean and locked.				
	Observation of handling of waste and laundry				
	Garbage Bags are tied shut for removal from room and transported through the facility				
	Waste container appears clean, lined with plastic liner/garbage bag				
	Policy, Procedure regarding Biomedical Waste				
	Policy, Procedure regarding Waste Management				
11.1 j)	**Outbreak identification, management and control for staff, clients, volunteers and visitors**	**Auditor Observation**	**Binder Evidence**	**Interview**	**Chart Review**
	Documentation of process for management of clients with antibiotic resistant organisms (ARO)				
	Staff and management may be asked to describe the outbreak identification, management and control process				

11.1 k)	**Target Surveillanceand reporting of notifiable disease in acccordance with Notifiable Disease Management Guidelines**	**Auditor Observation**	**Binder Evidence**	**Interview**	**Chart Review**
	Notifiable Disease Report Manual, Guidelines and related documents				
	Staff will need to know how to report a notifiable disease				
11.1 l)	**IPC management of Operator-owned, Client-owned, and pet-therapy pets and animals;**	**Auditor Observation**	**Binder Evidence**	**Interview**	**Chart Review**
	If site has a pet, its living area is clean, well-maintained and does not pose a risk to clients.				
	Documentation of current pet health records and pet related cleaning schedules				
	Animals in Health Care Facilities Best Practice Guidelines				
11.1 m)	**The cleaning, disinfection, and sterilization of single use medical devices, intended for use with a single Client; and**	**Auditor Observation**	**Binder Evidence**	**Interview**	**Chart Review**
	Single Client Use Medical Device:Observation that Single-Client use is cleaned/disinfected appropriately and only reused on single Client i.e. ear cleaning equipment, CPAP/BIPAP masks, airway devices in specialty units (trach)				
	Dedicated resident/client equipment such as nail clippers: cleaned according to the manufacturer and labeled and stored in a clean manner that prevents use by another				
	Single Use Medical Device: Observation device is discarded after single use.				
	Documentation of cleaning and disinfection schedules for single use medical devices				
11.1 n)	**The cleaning, disinfection and sterilization of Reusable Medical Devices.**	**Auditor Observation**	**Binder Evidence**	**Interview**	**Chart Review**
	Observation that reusable medical devices cleaned according to manufacturer's instructions (e.g. Stethoscopes, urinals, bed basins, suction machines, foot care)				
	Observation of appropriate chemicals used for cleaning				
	Observation that all disinfectants used for the Disinfection of Medical Devices shall have a DIN from Health Canada and a MSDS.				
	Observation of reusable devices marked as dirty and marked as clean and process flow of how clean vs. dirty items are transported and stored				
	<u>For Client owned reusable medical devices</u> • Observation that clean device is cleaned appropriately as per Manufacturer's instructions • Observation that contaminated devices are properly stored and clearly labeled				

11.1 n)	**The cleaning, disinfection and sterilization of Reusable Medical Devices.**	**Auditor Observation**	**Binder Evidence**	**Interview**	**Chart Review**
	Evidence of manufacturer's instructions on cleaning medical devices				
	Documentation of cleaning schedule for reusable medical devices (e.g. suction machines, stethoscopes, urinals, etc)				
	Staff may be asked to describe the cleaning, disinfection and sterilization processes of reusable medical devices				
11.2	**An Operator shall ensure information on IPC policies and procedures is made available to staff, including contracted staff, clients, the clients' leagal representative, if applicable, volunteers, and visitors**	**Auditor Observation**	**Binder Evidence**	**Interview**	**Chart Review**
	Infection prevention and control policies and procedures are made available to clients and their legal representatives				
	Infection prevention and control policies and procedures are made available to visitors				
	Infection prevention and control policies and procedures are made available to staff and volunteers				
	Discussions with staff on where they can access IPC information and resources				
11.3	**An Operator shall ensure that Staff has access to the necessary equipment and supplies to carry out the policies and procedures in 11.1.**	**Auditor Observation**	**Binder Evidence**	**Interview**	**Chart Review**
	Observation that Equipment and supplies are available: • Biohazard bins, where appropriate; • Isolation carts, where appropriate; • Personal protective equipment at point of care; and • Disinfectant wipes for shared equipment.				
	Observation of Signage • Outbreak/isolation signage, where appropriate; and • Donning and doffing of personal protective equipment.				
	Conversations with staff on equipment and supplies				
11.4	**An Operator must ensure that there is documented procedure available to all staff on how to contact the local IPC or Public Health resource**	**Auditor Observation**	**Binder Evidence**	**Interview**	**Chart Review**
	Interviews with staff on how they may contact IPC designate if there are any concerns or questions				
	Documented procedure on how staff can contact the local IPC or Public Health resource				