

# MCCSS - COVID-19 PREPAREDNESS AND PREVENTION CHECKLIST

**Notes:**

The purpose of this tool and the observation process is to support developmental services agencies to follow the required direction in the Ministry of Health (MOH) COVID-19 Guidance: Congregate Living for Vulnerable Populations Guidelines and MCCSS Operational Direction. DS Compliance Unit Program Advisors are not public health experts. Please contact your local Public Health Unit if you have specific questions about the application of health direction to your agency and residences. Please contact your regional office if you have specific questions about MCCSS Operational Direction.

**This list is subject to change as new MOH guidance and MCCSS operational direction are provided over time.**

<b>Agency Name:</b> <b>Date of inspection:</b> <b>Previous outbreak? (Y/N)</b> <b>Was Public Health involved? (Y/N) If yes, any recommendations?</b>							
		<b>Site</b> <b>[address]</b>  <b>[date of inspection]</b> <b>Previous outbreak (Y/N)</b> <b>Was Public Health</b>					
	<b>PREPAREDNESS</b>	<b>SOURCE</b>	<b>FULL</b>	<b>PARTIAL</b>	<b>NO</b>	<b>N/A</b>	<b>OBSERVATIONS</b>
1	Designated COVID-19 lead or committee including role of response team	MoH/Public Health					
2	Designated Infection Prevention and Control lead or committee	MoH/Public Health					
3	Communication plan developed to inform residents, families, visitors and staff of steps taken to address COVID-19 in the residence and how updates will be communicated	MoH/Public Health					
4	Staff Communication regarding contacts and process if outbreak, including notification - public health notification, regional office, other agencies, board etc.	MoH/Public Health/MCCSS					
5	Staff Communication regarding COVID-19 resources, including assessment	MoH/Public Health/MCCSS					

PREPAREDNESS		SOURCE	FULL	PARTIAL	NO	N/A	OBSERVATIONS
6	Plan to ensure persons supported have access to medical care during an outbreak, including care required if infected/self-isolating	MoH/Public Health					
7	Plan to ensure persons supported have access to medications	MoH/Public Health					
8	Plan to ensure persons supported have access to mental health resources	MoH/Public Health					
9	Plan to ensure persons supported have access to harm reduction supplies	MoH/Public Health					
10	Plan to ensure persons support have access to PPE, especially masks for people accessing community and training is provided	MoH/Public Health					
11	Plan to ensure persons supported have access to addiction resources, including nicotine replacement and naloxone	MoH/Public Health					
12	Secured current family/SDM contact information for persons supported	MoH/Public Health					
13	Plan to ensure agency has an adequate supply of PPE and handwashing products, including communication to regional office	MoH/Public Health/MCCSS					
14	Registration and completion of surveys for Critical Supplies and Equipment	MCCSS					
15	Training procedures are developed and implemented for staff, persons supported and visitors - PPE, handwashing, respiratory etiquette, COVID-19 symptoms, physical distancing	MoH/Public Health/MCCSS					
16	Signage protocols - PPE, handwashing, respiratory etiquette, COVID-19 symptoms, physical distancing	MoH/Public Health					
STAFF REQUIREMENTS		SOURCE	FULL	PARTIAL	NO	N/A	OBSERVATIONS
1	Secured current contact information for staff	MoH/Public Health					
2	Address requirements for physical distancing (2 metres when possible)	MoH/Public Health					
3	Communication to staff regarding staying at home	MoH/Public Health/MCCSS					
4	Address staff requirements for disclosure/communication if experiencing symptoms or possible exposure (i.e. inform supervisor immediately, public health, MoL)	MCCSS					
5	Address requirements for wearing masks (throughout shift)	MoH/Public Health/MCCSS					

STAFF REQUIREMENTS		SOURCE	FULL	PARTIAL	NO	N/A	OBSERVATIONS
6	Address requirements for wearing gloves (personal care, medication administration, laundry)	MoH/Public Health					
7	Training on use of PPE	MoH/Public Health					
8	Address process for informing management if experiencing symptoms	MoH/Public Health					
9	Address requirement of staff to only work at one site/agency and communication expectations (i.e. worked somewhere else)	MoH/Public Health					
10	Procedures to minimal staffing levels are maintained (backup staff)	MoH/Public Health					
11	Break times are staggered, masks may be removed but physical distancing must be maintained	MoH/Public Health/MCCSS					
12	Address group/team meetings (virtual only)	MoH/Public Health					
13	Communicate discussions between 2 staff must maintain physical distancing (2 metres)	MoH/Public Health					
14	Process for checking and documenting symptoms at beginning and end of shifts	MoH/Public Health/MCCSS					
SCREENING (*UPDATED*)		SOURCE	FULL	PARTIAL	NO	N/A	OBSERVATIONS
1	Restricting entrance to staff, residents and visitors who pass the screening process	MCCSS					
2	Signage protocols-established-implemented (in relevant language)	MoH/Public Health					
3	Screen (questions, temperature checks)	MoH/Public Health/MCCSS					
4	Address protection of staff facilitating the screening (barriers - PPE)	MoH/Public Health					
5	Use of hand sanitizer prior to entering and exiting residence/site	MoH/Public Health					
6	Availability and use of handwashing/sanitizing (expectations - before and after visit and education)	MoH/Public Health/MCCSS					
7	Address requirements for wearing masks (throughout visit) and provision if needed. Non-essential visitors must provide their own masks and wear them at all times during the visit.	MoH/Public Health/MCCSS					
8	Address requirements for physical distancing (2 metres when possible)	MoH/Public Health					
9	Established a log for visitors (including name of visitor, where and with whom visited, name of supervising staff)	MoH/Public Health/MCCSS					
10	Protocol for checking and documenting symptoms at end of visit	MoH/Public Health/MCCSS					

	<b>VISITOR GUIDELINES 2.0 (*NEW*)</b>	<b>SOURCE</b>	<b>FULL</b>	<b>PARTIAL</b>	<b>NO</b>	<b>N/A</b>	<b>OBSERVATIONS</b>
1	Non-essential and designated visitors allowed only when site is NOT currently in outbreak (at least one active case among resident or staff member). If an outbreak occurs, visits will be terminated.	MCCSS					
2	Process for communicating with residents, family/friends and staff about resumption of on-site visits and associated procedures including IPAC, scheduling and site-specific policies, including sharing an info package with visitors on IPAC, masking, operational procedures (e.g. limiting movement within residence, remaining within designated areas, restricting use of washroom), approach to dealing with non-adherence to policies and procedures, including discontinuation of visits).	MCCSS					
3	Visitors are to agree to comply with terms prior to each visit	MCCSS					
4	Establishment of dedicated areas for both indoor and outdoor visits	MCCSS					
5	Adequate staffing to implement protocols related to visits (alongside continuation of ongoing operations within the setting).	MCCSS					
6	Protocols to facilitate visits in manner aligned with physical distancing protocols, including areas off-limits to visitors	MCCSS					
7	Protocol for discontinuation of visits in case of non-adherence to rules	MCCSS					
8	Visitors must use face covering (non-medical mask) AT ALL TIMES during the visit (indoor and outdoor). Non-essential visitors must bring their own mask	MCCSS					
9	Designated and non-essential visitors must remain within designated spaces as identified by the agency	MCCSS					
10	Enhanced cleaning and disinfection of the space will occur following recommended IPAC standards	MCCSS					
11	If physical distancing and/or physical contact is unavoidable, resident and visitor must wear a face covering as well as follow rigorous hand hygiene before and after any contact	MCCSS					

	<b>SHORT-STAY ABSENCES AND OUTINGS (*NEW*)</b>	<b>SOURCE</b>	<b>FULL</b>	<b>PARTIAL</b>	<b>NO</b>	<b>N/A</b>	<b>OBSERVATIONS</b>
1	Residents who leave the residence for short-stay absence or outing must pass an active screening questionnaire every time they re-enter the home (in addition to the twice-daily monitoring for symptoms). Isolation practices will be initiated if individual does not pass the screening.	MCCSS					
2	Resident performs hand hygiene upon exit and entry of the home and maintains hand hygiene in the community	MCCSS					
3	Resident wears face covering when entering indoor space or within 2 metres/6 feet of others outside while in the community	MCCSS					
4	Resident encouraged to physical distance as much as possible	MCCSS					
5	Mask should only be removed indoors to eat or drink	MCCSS					
6	Agency should assist residents to obtain masks and facilitate use of masks during short-stay absence	MCCSS					
	<b>ESSENTIAL OVERNIGHT ABSENCES (Does not apply where a resident is returning from alternate location/hospital stay due to COVID-19. Enhanced precautions for 14 days) (*NEW*)</b>	<b>SOURCE</b>	<b>FULL</b>	<b>PARTIAL</b>	<b>NO</b>	<b>N/A</b>	<b>OBSERVATIONS</b>
1	Resident must pass active screening upon entry to home	MCCSS					
2	Resident must only have outdoor visitors for 14 days	MCCSS					
3	Monitor for symptoms	MCCSS					
4	Avoid use of common areas if possible. If not possible, face coverings must be worn	MCCSS					
5	Limit contact with other residents	MCCSS					
6	Only participate in group activities if physical distancing and face covering is maintained	MCCSS					
7	Practice frequent proper hand hygiene	MCCSS					
8	Adhere to respiratory etiquette	MCCSS					
9	Continue to follow appropriate physical distancing guidelines and COVID precautions, including when participating in community activities	MCCSS					
10	A subsequent overnight stay during a 14-day precautionary period resets the 14-day period	MCCSS					

<b>MONITORING</b>		<b>SOURCE</b>	<b>FULL</b>	<b>PARTIAL</b>	<b>NO</b>	<b>N/A</b>	<b>OBSERVATIONS</b>
1	Process for checking COVID-19 symptoms for persons supported twice daily and documentation requirements	MoH/Public Health					
2	Address establishing log of ill persons supports, staff and visitors, including any testing and results	MoH/Public Health					
<b>HOME ENVIRONMENT</b>		<b>SOURCE</b>	<b>FULL</b>	<b>PARTIAL</b>	<b>NO</b>	<b>N/A</b>	<b>OBSERVATIONS</b>
1	Home has been modified to indicate 2 metre distances, i.e. moving furniture, separating dining chairs, markers	MoH/Public Health/MCCSS					
2	Address physical distancing in bedrooms (one person only, beds 2 metres apart, partitions, alternating head and foot, no bunk beds)	MoH/Public Health					
3	Address requirements for congregate eating, common areas, group activities (staggered when possible, ensuring physical distancing)	MoH/Public Health/MCCSS					
4	Protocol for using single serve condiments (salt, ketchup etc.) including when and for whom it's applicable (i.e. visitors, not members of the same household)	MoH/Public Health					
5	Cleaning supplies are stored to ensure health and safety of individuals, including handwashing products	MoH/Public Health					
6	No touch garbage cans are available	MoH/Public Health					
7	High frequency surfaces and shared surfaces (e.g. bathrooms, kitchens, counters, computers, phones) are cleaned and disinfected twice and a documentation process has been	MoH/Public Health/MCCSS					
8	Process for removing/storing hard to clean, shared items	MoH/Public Health					
9	Bedding and towels are not shared	MoH/Public Health					
10	A regular schedule and documentation process for washing bedding (1 to 2 weeks) and towels (after 3 uses) is established	MoH/Public Health					
11	Laundry is only washed using hot water	MoH/Public Health					
12	Items that are hard to clean such as puzzles, plush toys are not shared. This includes personal hygiene items, i.e. toothbrushes	MoH/Public Health					

	OUTBREAK RESPONSE	SOURCE	FULL	PARTIAL	NO	N/A	OBSERVATIONS
1	Continue rigorous adherence to physical distancing, handwashing, respiratory etiquette and cleaning protocols (enhanced)	MCCSS					
2	Post signs informing of outbreak	MoH/Public Health					
3	Off-site or alternative locations have been identified for isolating ill residents	MoH/Public Health/MCCSS					
4	Criteria established for using alternative locations	MCCSS					
5	Transfer protocols (prior to - placement in private room, resident and staff use of PPE and handwashing, disinfecting room/area after resident leaves)	MoH/Public Health					
6	Transportation protocols - private not public, limit people in vehicle, PPE use, ill person in back seat. If using EMS, inform them of outbreak	MoH/Public Health					
7	Appropriate services have been identified for support off-site	MoH/Public Health					
8	Define outbreak area	MoH/Public Health/MCCSS					
9	Method for separating/grouping ill/exposed residents from residents not exposed, including use of bathrooms and meal times	MoH/Public Health/MCCSS					
10	Approaches to keep residents separated, i.e. partitions, designated parts of home	MoH/Public Health					
11	Ill residents should not use kitchen facilities or common areas	MoH/Public Health					
12	Consider discontinuing use of common areas	MoH/Public Health					
13	Residents in outbreak area should wear a mask if able to tolerate (especially if within 2 metres)	MoH/Public Health					
14	Staff assigned only to one group	MoH/Public Health/MCCSS					
15	Ensuring access to key services during outbreak (medical, mental health etc.)	MoH/Public Health					
16	Addressing measures for persons supported who are at increased risk (older, medically fragile, independent)	MoH/Public Health					
17	Address reporting accountabilities - public health, submitting a serious occurrence	MoH/Public Health/MCCSS					
18	Communication strategies - family, public health, regional office (program supervisor), shared services etc.	MoH/Public Health/MCCSS					
19	Communication strategies for media	MoH/Public Health					

	<b>OUTBREAK RESPONSE</b>	<b>SOURCE</b>	<b>FULL</b>	<b>PARTIAL</b>	<b>NO</b>	<b>N/A</b>	<b>OBSERVATIONS</b>
20	Enhanced screening protocols/ monitor for worsening symptoms	MoH/Public Health/MCCSS					
21	Enhanced PPE use and type (including for use of a ventilator) - in outbreak area should wear surgical mask, eye protection and gown	MoH/Public Health/MCCSS					
22	Enhanced cleaning protocols - chairs, tables between meals, kitchens and bathrooms between uses and regularly	MoH/Public Health					
23	Protocols for CPAP or aerosol generating medical procedure - must use N95 (staff must be fit tested)	MCCSS					
24	Testing protocols for staff, residents and visitors (testing should be facilitated for any resident who is symptomatic - MCCSS)	MoH/Public Health/MCCSS					
25	Identify and inform potentially exposed visitors and staff	MoH/Public Health					
26	Keep a log of ill residents, staff and visitors, including test results	MoH/Public Health					
	<b>NEW ADMISSIONS</b>	<b>SOURCE</b>	<b>FULL</b>	<b>PARTIAL</b>	<b>NO</b>	<b>N/A</b>	<b>OBSERVATIONS</b>
1	Process for screening over the phone	MoH/Public Health/MCCSS					
2	Process for testing for COVID-19 prior to admission + receiving results	MoH/Public Health/MCCSS					
3	Process for isolating for 14 days upon admission (negative results or if unable to conduct prior testing - MCCSS)	MoH/Public Health/MCCSS					
4	Delay admission when possible when positive results	MCCSS					
5	Process for staffing during the isolation (specific staff, PPE)	MoH/Public Health					
6	Process for service provision during isolation	MCCSS					
7	Not accepting new admissions during an outbreak, unless urgent, no alternative and public health has been consulted	MCCSS					

Definitions:

Full confirmation - observed implementation or documentation

Partially confirmed - received verbal verification only or meeting the criteria is in progress, partial processes developed and/or implemented

Not confirmed - no observed or verbal/written verification

N/A